



MEMORANDUM

Date: September 25, 2024

To: Subrecipient agencies

From: Kelly Friar, Chief *Kelly Friar 9/25/24*
Bureau of HIV, STIs, and Viral Hepatitis
Ohio Department of Health

Subject: Early Intervention Services Solicitation (EI25) (April 1, 2025 – March 31, 2026)

The Ohio Department of Health (ODH), Bureau of HIV, STIs, and Viral Hepatitis announces the availability of grant funds.

All electronic applications and attachments are due by 4 p.m., on Tuesday, November 12, 2024. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) manual rules, policy and procedure updates posted on the GMIS bulletin board, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/competitive-solicitation-proposals-archive-section>.

If you have questions, please contact Angela Street at 614-644-1852 or e-mail at Angela.Street@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding Base and Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: April 1, 2025- March 31, 2026, of the total project period, April 1, 2024, and end on March 31, 2028. Reference the competitive solicitation for more information.

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

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

B. Number of Grants and Funds Available: The Ryan White Part B program is supported by federal funding from Health Resources and Services Administration (HRSA). Up to seven (7) grants will be awarded for an amount up to \$2,845,421.00 for Early Intervention Services (EIS).

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

C. Formatting Requirements for Attachments

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

D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4 p.m. on Monday, November 11, 2024.**

Only the currently funded agencies listed below are qualified to apply for the EIS continuation funding in 2023:

Agency	Award Total
Metro Health	\$257,333.00
University Hospitals	\$223,942.00
Canton City Public Health	\$150,000.00
Equitas Health	\$1,477,375.00
Third Street Community Clinic	\$188,989.00
Caracole, Inc	\$359,308.00
Public Health- Dayton & Montgomery County	\$188,474.00
Total:	\$2,845,421.00

II. PROGRAM UPDATES:

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

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.

B. Program Narrative: Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Briefly describe any substantial changes to your Early Intervention Service (EIS) program for the three service objectives (EIS, Outreach Services, Health Education/Risk Reduction) over the previous year. Where applicable, please describe the changes made and specify the program component.

Note any personnel or equipment deficiencies that will need to be addressed during this budget cycle. Describe plans for hiring and training, as necessary. Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This

includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART-IE) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. Workplan key objectives and format can be found in Appendix B of this solicitation.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

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

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

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx>

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

2. 2025 Budget via GMIS: Complete requested budget information as follows:

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

Any personnel listed in the budget must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before

contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

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

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.
23. Syringes for Syringe Service Programs.

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

4. Indirect (Facilities and Administration):

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

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

Base the budget solely upon direct costs.

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the Early Intervention Services Workplan attachment.

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

a. Other Required Documentation:

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

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

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

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

- **For Non-Profit Organizations Only:**

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

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

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

- a. Victims of human trafficking are included in your agency's target population.
 1. At-risk population.
 2. Mental health population.
 3. Homeless population.

Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ **X** Applicable ☐ Not Applicable to Early Intervention Services (EI25).

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

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

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipient program reports must be completed and submitted via GMIS by the following dates. **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

Report	Report Due Date
Interim Progress Report (April 1, 2025-September 30, 2025)	October 31, 2025
Annual Progress Report (April 1, 2025-March 31, 2026)	April 30, 2026

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

Period	Report Due Date
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026
February 1 – 28, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026

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

Period	Report Due Date
April 1 – June 30, 2025	July 10, 2025
July 1 – September 30, 2025	October 10, 2025
October 1 – December 31, 2025	January 10, 2026
January 1 – March 31, 2026	April 10, 2026

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

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted via GMIS by 4:00 p.m. on or before May 5, 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 Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient program and expenditure reports via the ODH's GMIS system indicates acceptance of

OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Continuation Solicitation ReimbursementType Form
- B. 2025 Early Intervention Services Workplan Template
- C. Evidence of Health Equity Strategies Checklist

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health Office of
Medical Director
Bureau of HIV, STI, Viral Hepatitis

ODH Program Title:
Early Intervention Services (EI25)

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

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by 10/8/2024

Please email completed form to Maria Kapenda at maria.kapenda@odh.ohio.gov.

Instructions:

- Applicants must submit the workplan for Early Intervention Services.
- All the required key objectives noted in the solicitation must be represented in the table. (Provide at least 2 activities per required key objective but avoid day-to-day operational details.)

Definitions:

- **Key Objective:** List the number of the required objective that each proposed activity/strategy relates to, using the numbered list at the top of each table. If it does not relate to a required objective, leave this blank.
- **Activities:** These should be SMARTIE (specific, measurable, achievable, relevant, time-bound, Inclusive, and Equitable). Focus on the primary activities you need to accomplish each of the objectives and any recommended or other activities you propose.
- **Outcomes:** what the activities will produce (reports, materials) or the difference they will make (results, impact).
- **Indicators:** List measures that your program will use to assess whether each activity was completed (process measures) or whether activities had the intended outcomes (outcome measures). When possible, these should reflect the indicators of the State Integrated Prevention/Care Plan.
- **Target Date:** Date by which you plan to meet your indicator or complete a key activity or strategy.

Relationship to the application narrative: Applicants should complete this and provide it as a separate attachment as part of their final application. The application narrative should refer to this work plan but should not repeat the information. They should be complementary.

2025 Early Intervention Workplan Template

Early Intervention Services (EIS) is described as: a combination of essential services (testing, outreach, and education) that are coordinated with the regional HIV prevention and care programs. EIS includes the identification of individuals at points of entry (e.g., Emergency rooms, syringe service programs, substance abuse & mental health treatment programs, sexually transmitted disease clinics, homeless shelters, counseling, testing and referral sites, or federally qualified health centers) and referrals to access the provision of services: HIV testing and targeted counseling, linkage to care, health education, and literacy training.

EIS must incorporate the following key objectives:

1. Conduct targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services.
 - Coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.
2. Provide referrals for people living with HIV (PLWH) to services that improve HIV care and treatment services at key points of entry.
3. Refer individuals who test positive to regional disease intervention specialists to ensure appropriate prevention interventions are conducted, including partner services.
4. Enroll individuals who test HIV negative but are considered “high-risk” into the Prevention Assistance Program Interventions (PAPI) database to access Pre-Exposure Prophylaxis (PrEP).
5. Enhance access and linkage for people considered to be at high-risk for HIV infection to PrEP/PEP/biomedical prevention providers.
6. Enhance access and linkage for PLWH to HIV care and treatment services such as: HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Treatment.
7. Provide Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.
 - Outreach services includes the provision of the following three activities: Identification of people who do not know their HIV status and linkage into medical care, provision of additional information and education on health care coverage options, re-engagement of people who know their status into medical care.
 - Health Education/Risk Reduction is the provision of education to clients living with HIV about reducing the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Health education may include: Biomedical prevention strategies such as PrEP/PEP and treatment as prevention, health care coverage options, health literacy and treatment adherence.
8. Provide short-term health navigation for those with positive STI/HIV results.
 - Medical care coordination: health literacy services regarding HIV, HCV, STI, and TB transmission, symptoms, progression, and basic treatment coordinating with pharmacists; helping individuals prepare for and remember medical appointments; reviewing information shared by medical providers; accompanying individuals to medical appointments upon request.
 - Benefits advocacy, including education about insurance access and options, assessment and coordination of access to health insurance.
 - Adherence support: adherence assessments; educating individuals about treatment regimens, dosing schedules, potential side effects and side effects management; medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps).

- Social services and housing coordination: coordinating transportation services to access relevant medical appointments, assistance accessing nutrition resources; providing housing referrals; coordinating referrals to volunteer opportunities, job training, or employment programs; providing basic household budgeting assistance.
 - Substance use risk assessment and risk reduction services (perform or refer): education related to substance use risk and harms, information about risk reduction options; coordination of access to bio-medical prevention and harm reduction tools and services including, but not limited to, overdose education and naloxone distribution services, syringe exchange services; confirmed linkage to treatment/counseling, (e.g., first appointment for Medication Assisted Therapy, completion of detoxification, etc.).
 - Sexual health risk assessment and risk reduction services: education related to sexual health risk and risk reduction options; education regarding risk reduction tools and how to access them if not provided directly; access to counseling regarding risk reduction strategies.
 - Linkage to evidence-based biomedical prevention tools that emerge and that are endorsed by ODH during this grant period, e.g. novel vaccines, long-acting PrEP.
9. Participate in the Ohio Community Planning Group, Combined Care and Prevention Meetings, and the Ohio Integrated Prevention/Care Plan Work Groups (as applicable).

[illegible]

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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

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