



MEMORANDUM

Date: December 28, 2022

To: Subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC
Chief, Bureau of Child and Family Health
Ohio Department of Health *DGT*

Subject: Save Our Sight (SV24)
July 1, 2023 – June 30, 2024

The Ohio Department of Health (ODH), Bureau of Child and Family Health announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., February 6, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

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

If you have questions, please contact Cindy Penn at 614.466.5274 or e-mail at Cynthia.Penn@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: July 1, 2023 – June 30, 2024 of the total project period, July 1, 2022 – June 30, 2025. Reference the competitive Solicitation for more information.

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

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy 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: State funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate to the Save Our Sight Fund when they register their vehicles and/or renew license plates. This program is completely funded by the Save Our Sight Fund (State funds). Only the previously awarded applicant during the competitive application may apply for continuation funding for awarded component:

The Research Institute of Nationwide Children's Hospital may apply for up to \$475,000 for the Ohio Amblyopia Registry component.

The Ohio Ophthalmological Society may apply for up to \$475,000 for the Protective Eyewear component.

The Ohio Optometric Association may apply for up to \$475,000 for the Vision Health and Safety component.

The Prevent Blindness Ohio may apply for up to \$475,000 for the Vision Screening Training component.

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

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

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

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday February 6, 2023**.

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 25 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.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

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: The budget period for this application is July 1, 2023, through June 30, 2024.

Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at
<https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants>

A match of 10 % is required for the Protective Eyewear component portion of this grant for the purchase cost of protective eyewear. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

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

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) support costs for the July 1, 2023 to June 30, 2024.

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

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

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

1. To advance political or religious points of view or for fundraising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;

11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments electronically in GMIS: Revised Work Plan for July 1, 2023 – June 30, 2024.

a. Other Required Documentation:

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

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

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

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

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

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

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

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

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

G. Human Trafficking:

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

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

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

☐ Applicable ☒ Not Applicable to Save Our Sight

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

| Period | Report Due Date |
|------------------------|--------------------|
| July 1 – 31, 2023 | August 10, 2023 |
| August 1 – 31, 2023 | September 10, 2023 |
| September 1 – 30, 2023 | October 10, 2023 |
| October 1 – 31, 2023 | November 10, 2023 |
| November 1 – 30, 2023 | December 10, 2023 |
| December 1 – 31, 2023 | January 10, 2024 |
| January 1 – 31, 2024 | February 10, 2024 |
| February 1 – 29, 2024 | March 10, 2024 |
| March 1 – 31, 2024 | April 10, 2024 |
| April 1 – 30, 2024 | May 10, 2024 |
| May 1 – 31, 2024 | June 10, 2024 |
| June 1 – 30, 2024 | July 10, 2024 |

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

| Period | Report Due Date |
|------------------------|--------------------|
| July 1 – 31, 2023 | August 10, 2023 |
| August 1 – 31, 2023 | September 10, 2023 |
| September 1 – 30, 2023 | October 10, 2023 |
| October 1 – 31, 2023 | November 10, 2023 |
| November 1 – 30, 2023 | December 10, 2023 |
| December 1 – 31, 2023 | January 10, 2024 |
| January 1 – 31, 2024 | February 10, 2024 |
| February 1 – 29, 2024 | March 10, 2024 |
| March 1 – 31, 2024 | April 10, 2024 |
| April 1 – 30, 2024 | May 10, 2024 |
| May 1 – 31, 2024 | June 10, 2024 |
| June 1 – 30, 2024 | July 10, 2024 |

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

following dates:

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

Note: Obligations not reported on the final monthly or 4th 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 Date August 5, 2024 (5th day of 2nd month after a grant period ends). The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1. Deliverable Descriptions
B2. Deliverable Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Purpose, Goals, Objectives, and Strategies
- E. Program Plan
- F. Community Engagement Assessment Indicators
- G. Community Engagement Workplan Results

Appendix A

Submission
Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health
Bureau of Child and Family Health
Save Our Sight Program

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 January 4, 2023

Please email completed form to Cynthia Penn (cynthia.penn@odh.ohio.gov).

Appendix B1

Deliverable – Objective 1: Ohio Amblyope Registry Component Number 1

By June 30, 2024, create and maintain a statewide network to identify and register children diagnosed with Amblyopia to participate in Amblyope Registry services in all areas of the State, coordinate a comprehensive program to provide education, tools, resources and case management to children and families during patching therapy/treatment. All communications are to be within 10 business days of the received registration request. Reimbursement per month is not to exceed \$22,000. Total reimbursement for this deliverable is not to exceed \$264,000

Deliverable – Objective 2: Ohio Amblyope Registry Component Number 2

By September 10, 2023, select and submit two of the fourteen indicators in the SFY2023 Community Engagement Plan the subrecipient will target during SFY2024. Reimbursement for submission is \$500. Utilize Appendix F.

Deliverable – Objective 3: Ohio Amblyope Registry Component Number 3

By May 10, 2024, implement the two indicators in the SFY2023 Community Engagement Plan the subrecipient identified to target during SFY2024. Attach report in GMIS. Reimbursement for the submission is \$1,500. Utilize Appendix G.

Deliverable – Objective 4: Ohio Amblyope Registry Component Number 4

By the 10th of every month submit an excel based tracking tool that contains information about newly recruited healthcare professionals. Identify best practices to increase awareness of the OAR program and referral rates. Provide a monthly update on the submitted approved monitoring plan of current and newly recruited healthcare professionals. Recruitment must target potential healthcare members who serve the most economically vulnerable population (<200% Federal Poverty Level), minorities, and other segments of the population that experience a disproportionate burden as the priority population. Provide outreach activities in the monthly report or on an excel spreadsheet. Reimbursement will be \$50.00 per new healthcare professional. Total reimbursement is not to exceed \$1,800.

Deliverable – Objective 5: Ohio Amblyope Registry Component Number 5

By June 30, 2024, purchase and provide invoices for ODH-approved Amblyope Registry reading storybook for all new registrants regardless of services selected to ensure compliance with treatment regimens prescribed by eye care providers. Reimbursement is not to exceed the invoice amount. Total reimbursement for this deliverable is not to exceed \$28,000.

Deliverable – Objective 6: Ohio Amblyope Registry Component Number 6

By June 30, 2024, purchase and provide invoices for ODH-approved adhesive packs of patches for children in Ohio. Reimbursement for this deliverable is not to exceed the invoice amount. Purchase and provide invoices for cloth patches as needed for children in Ohio. Reimbursement for this deliverable is not to exceed the invoice amount. Reimbursement for purchase is based on the invoice amount. Total reimbursement for this deliverable is not to exceed \$165,350.

Deliverable – Objective 7: Ohio Amblyope Registry Component Number 7

By the 10th of every month enter, track, and report data in ODH data system. Provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives, and strategies of the Amblyope Registry Component using the monthly reporting template. Reimbursement for this deliverable is \$1,000.00 monthly. The total reimbursement for this deliverable is \$12,000

Deliverable – Objective 8: Ohio Amblyope Registry Component Number 8

By the 10th of every month submit at least four social media posts to ODH for approval about your work and programmatic successes for the upcoming month. Posts should not create a real or perceived conflict of interest. Posts should include relevant and valuable content and information (Examples may include sharing photos of your staff and programs in action; Thanking donators whenever you have an opportunity.) Reimbursement for this deliverable is \$50.00 a month. Total reimbursement for this deliverable is not to exceed \$600.

Deliverable – Objective 9: Ohio Amblyope Registry Component Number 9

By July 10, 2024, submit a final report that demonstrates how the OAR case management system met the needs of participants through a customer satisfaction survey. Report must include outcomes of participants' parent satisfaction surveys, any barriers to compliance, and strategies to be used to address identified barriers. The report must also include success stories and other pertinent information. Reimbursement for this deliverable is \$1,250. The total reimbursement for this deliverable is \$1,250.

Deliverable – Objective 10: Protective Eyewear Component Number 1

By June 30, 2024, process applications and distribute protective eyewear equipment. The program should target the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population that experience a disproportionate burden of vision health and safety concerns. Reimbursement per month is not to exceed \$11,875.00. Total reimbursement for this deliverable is not to exceed \$142,500.

Deliverable – Objective 11: Protective Eyewear Component Number 2

By September 10, 2023, select and submit two of the fourteen indicators in the SFY2023 Community Engagement Plan the subrecipient will target during SFY2024. Reimbursement for submission is \$500. Utilize Appendix F.

Deliverable – Objective 12: Protective Eyewear Component Number 3

By May 10, 2024, implement the two indicators in the SFY2023 Community Engagement Plan the subrecipient identified to target during SFY2024. Attach report in GMIS. Reimbursement for the submission is \$1,500. Utilize Appendix G.

Deliverable – Objective 13: Protective Eyewear Component Number 4

By June 30, 2023, purchase and provide invoices to ODH for pieces of protective eyewear equipment. Equipment may include ASTM-certified protective baseball/softball helmets, protective polycarbonate masks for baseball and softball players pitching and playing first and third bases, nonprescription sports goggles with polycarbonate lenses for any youth sports league activity, prescription sports goggles with polycarbonate lenses to aid youth players who are at high-risk for eye injuries and ANSI-approved eye/facial protective equipment for distribution to children enrolled in vocational training or other activities. Reimbursement for this deliverable is equal to invoice amount per piece of equipment. Total reimbursement for this deliverable is not to exceed \$200,000.00. Reimbursement for purchase is based on invoice amount. The total match for this deliverable is \$20,000.

Deliverable – Objective 14: Protective Eyewear Component Number 5 check this need more in this for flexibility

By June 30, 2023, develop and distribute materials in community-based sports/activity settings and instruction-based school settings to educate each target audience about children's vision safety in all counties of the state. Reimbursement per month is not to exceed invoice amount. Total reimbursement for this deliverable is \$116,650.00.

Deliverable – Objective 15: Protective Eyewear Component Number 6

By the 10th of every month report the actual number of children receiving Protective Eyewear services per county and provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives and strategies of the Protective Eyewear Component. Narrative must also include how the Protective Eyewear interfaced and shared information amongst all Save Our Sight Fund components. Report this monthly data using approved outcomes grid and the Protective Eyewear narrative template. Reimbursement for this deliverable is \$1,000 monthly. Total reimbursement for this deliverable is \$12,000.

Deliverable – Objective 16: Protective Eyewear Component Number 7

By the 10th of every month submit at least four social media posts to ODH for approval about your work and programmatic successes for the upcoming month. Posts should not create a real or perceived conflict of interest. Posts should include relevant and valuable content and information (Examples may include sharing photos of your staff and programs in action; Thanking donators whenever you have an opportunity.) Reimbursement for this deliverable is \$50.00 a month. Total reimbursement for this deliverable is not to exceed \$600.

Deliverable – Objective 17: Protective Eyewear Component Number 8

By June 30, 2024, submit a final report that demonstrates how the Protective Eyewear Component met the needs of participants through a customer satisfaction survey. Report must include outcomes of participants parent satisfaction surveys and any barriers to participation, success stories and other pertinent information. Include eye injuries prevented and pre- and post- test results. This report must also include an infographic of all services provided during the year. Total reimbursement for this deliverable is \$1,250.

Deliverable – Objective 18: Vision Health and Safety Component Number 1

By June 30, 2024, schedule and provide ODH approved research-based children's vision health and safety education program in traditional and nontraditional settings to at least 100,000 children (virtual, in person). The education program should serve the most economically vulnerable population (<200% Federal Poverty Level), who experience a disproportionate burden of health. The education programs should occur in all counties of the State and should include the distribution of vision health education materials and supplies to children who have received the ODH approved research-based children's vision health and safety education program. Each curriculum should serve at a minimum 10,000 students by the end of the year. Reimbursement per month is not to exceed \$38,262.50. Total reimbursement for this deliverable is not to exceed \$ 459,150.

Deliverable – Objective 19: Vision Health and Safety Component Number 2

By September 10, 2023, select and submit two of the fourteen indicators in the SFY2023 Community Engagement Plan the subrecipient will target during SFY2024. Reimbursement for submission is \$500. Utilize Appendix F.

Deliverable – Objective 20: Vision Health and Safety Component Number 3

By May 10, 2024, implement the two indicators in the SFY2023 Community Engagement Plan the subrecipient identified to target during SFY2024. Attach report in GMIS. Reimbursement for the submission is \$1,500. Utilize Appendix G.

Deliverable – Objective 21: Vision Health and Safety Component Number 4

By the 10th of every month submit at least 4 social media posts to ODH for approval about your work and programmatic successes for the upcoming month. Posts should not create a real or perceived conflict of interest. Posts should include relevant and valuable content and information (Examples may include sharing photos of your staff and programs in action; Thanking donors whenever you have an opportunity.) Reimbursement for this deliverable is \$50.00 a month. Total reimbursement for this deliverable is not to exceed \$600.

Deliverable – Objective 22 Vision Health and Safety Component Number 5

By the 10th of every month report the actual number of children receiving educational programming per county and provide a brief narrative describing efforts towards accomplishing deliverables. Report this monthly data using approved outcomes grid. Reimbursement for this deliverable is \$1,000 monthly. Total reimbursement for this deliverable is \$12,000.

Deliverable – Objective 23: Vision Health and Safety Component Number 6

By June 30, 2024, submit a final report that demonstrates knowledge change as measured by the administration of pre- and post- tests. For classroom-based sessions, pre- and post-tests must be administered to a statistically significant percentage of attendees. Include in the report how the needs of the participants were met through a customer satisfaction survey. Qualitative surveys of faculty are acceptable but can only be used to supplement the pre- and post-tests. Include in the report any barriers to providing parent/child education, success stories and other pertinent information. Report must include outcomes how parents/children were notified about healthy vision and vision screening. This report must also include an infographic of all services provided during the year. Total reimbursement for this deliverable is \$1,250.

Deliverable – Objective 24: Vision Screening Training Component Number 1

By June 30, 2024, schedule and provide an ODH approved evidence-based vision screener training to train and certify a minimum of 700 screeners receiving training in all counties of the State. Individuals who provide training must complete the ODH vision screening train the trainer program. Those vision screeners trained will be staff employed at public or private schools that have preschool and school aged children; staff employed at public or private licensed childcare centers; health care professionals employed in primary care settings; and a maximum of 50 screeners trained may be volunteers. Training dates and registration availability must be posted to the dedicated website. The vision screener training program should serve schools/childcare centers that serve the most economically vulnerable population (<200% Federal Poverty Level), who experience a disproportionate burden of health. Reimbursement per month is not to exceed \$23,250.00 Total reimbursement for this deliverable is not to exceed \$279,000.

Deliverable – Objective 25: Vision Screening Training Component Number 2

By September 10, 2023, select and submit two of the fourteen indicators in the SFY2023 Community Engagement Plan the subrecipient will target during SFY2024. Reimbursement for submission is \$500. Utilize Appendix F.

Deliverable – Objective 26: Vision Screening Training Component Number 3

By May 10, 2024, implement the two indicators in the SFY2023 Community Engagement Plan the subrecipient identified to target during SFY2024. Attach report in GMIS. Reimbursement for the submission is \$1,500. Utilize Appendix G.

Deliverable – Objective 27: Vision Screening Training Component Number 4

By June 30, 2024, purchase, distribute and provide invoices for equipment to ODH for certified screeners serving preschool and school aged children. Equipment must comply with ODH requirements and guidelines for the screening of preschool and school aged children (ORC 3313.69). Total reimbursement for this deliverable is not to exceed \$179,900.

Reimbursement for purchase is based on invoice amount.

The following equipment is approved for purchase.

- Occluder – Frosted Lens Glasses (preschool and school aged)
- Occluder – Mardi Gras Mask (age 10 and older)
- LEA VIP Single, Crowded 5 Feet (preschool and school aged)
- LEA Symbols, 10 Feet (kindergarten and 1st)
- SLOAN Chart 10 Feet (school age children)
- Light Box (school aged)
- PASS 2 (Smiley Face) (preschool and school aged)
- Ishihara 14 Plates (K, 1st or initial screening)
- Pseudoisochromatic Color Testing 16 Plates (K, 1st or initial screening)
- Color Vision Testing Made Easy (K, 1st or initial screening)
- Eye Check with light meter (preschool)

Deliverable – Objective 28: Vision Screening Training Component Number 5

By the 10th of every month submit at least four social media posts to ODH for approval about your work and programmatic successes for the upcoming month. Posts should not create a real or perceived conflict of interest. Posts should include relevant and valuable content and information (Examples may include sharing photos of your staff and programs in action; Thanking donors whenever you have an opportunity.) Reimbursement for this deliverable is \$50.00 a month. Total reimbursement for this deliverable is not to exceed \$600.

Deliverable – Objective 29: Vision Screening Training Component Number 6

By the 10th of every month enter, track and report data in ODH data system. Provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives and strategies of the Amblyope Registry Component

using the monthly reporting template. Reimbursement for this deliverable is \$1,000.00 monthly. Total reimbursement for this deliverable is \$12,000

Deliverable – Objective 30: Vision Screening Training Component Number 7

By June 30, 2024, submit a final report that demonstrates knowledge change as measured by the administration of pre- and post- tests. Report must include how the Vision Screener Certification Training Program met the needs of recipients through a customer satisfaction survey. Report must also include outcomes of recipient’s frequency of equipment use, satisfaction surveys about trainings, any barriers to providing equipment in hard-to-reach counties, success stories and other pertinent information. This report must also include an infographic of all services provided during the year. Total reimbursement for this deliverable is \$1,500.

| | Deliverable – Objective 18: Vision Health and Safety Component Number 1 | Deliverable – Objective 19: Vision Health and Safety Component Number 2 | Deliverable – Objective 20: Vision Health and Safety Component Number 3 | Deliverable – Objective 21: Vision Health and Safety Component Number 4 | Deliverable – Objective 22: Vision Health and Safety Component Number 5 | Deliverable – Objective 23: Vision Health and Safety Component Number 6 | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|---------|
| The Ohio Optometric Association | 459,150 | 500 | 1,500 | 600 | 12,000 | 1250 | | | | 475,000 |
| | | | | | | | | | | |
| | Deliverable – Objective 24: Vision Screening Training Component Number 1 | Deliverable – Objective 25: Vision Screening Training Component Number 2 | Deliverable – Objective 26: Vision Screening Training Component Number 3 | Deliverable – Objective 27: Vision Screening Training Component Number 4 | Deliverable – Objective 28: Vision Screening Training Component Number 5 | Deliverable – Objective 29: Vision Screening Training Component Number 6 | Deliverable – Objective 30: Vision Screening Training Component Number 7 | | | |
| The Prevent Blindness Ohio Affiliate | 279,000 | 500 | 1500 | 179,900 | 600 | 12,000 | 1,500 | | | 475,000 |

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

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

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

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

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

Appendix D

Save Our Sight Program Purpose, Goals, Objectives and Strategies Ohio Amblyope Registry Component

Purpose: Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates. The Amblyope Registry program strives to provide education and voluntary case management to parents or caregivers of children that are diagnosed with amblyopia. Amblyopia" means reduced vision in an eye that has not received adequate use during early childhood. Voluntary case management services assist children diagnosed with amblyopia gain access to needed medical, social, and educational services. The Amblyope Registry services include patches, books, posters, care planning, referral and linkage, monitoring, and follow-up.

In addition, the Save Our Sight Fund seeks to provide opportunities to raise awareness of amblyopia and through educational efforts to families, health professionals, and the general public to identify more children with amblyopia who currently are not receiving treatment. Additionally, the Save Our Sight Fund seeks to develop and implement a registry and targeted voluntary case management system to determine whether children with amblyopia are receiving professional eye care and to provide their parents/caregivers with information and support regarding their child's vision care.

Goals:

1. Maintain a registry and voluntary case management in the Ohio Department of Health-approved amblyope data system to determine whether children with amblyopia are receiving professional eye care and to provide their parents/caregivers with information and support regarding their child's vision care.
2. Promote awareness of amblyopia to families, health professionals and the general public in all counties of the State to identify children with amblyopia who currently are not receiving treatment.

Objective 1: By June 30, 2024, implement and evaluate a registry for children with amblyopia in all counties of the State.

Strategies:

1a Implement an Ohio Department of Health (ODH) approved plan for data entry, data tracking and case management in the ODH web-based amblyope registry database.

1a1 Collect and enter the following data variables: demographics of the child: name, address, date of birth, race, ethnicity, provider information: name, practice, address, number of referrals; and case management information: children registered with amblyopia who are receiving professional eye care, patches distributed, support to parents/caregivers and treatment follow up.

1a2 Describe how the data will be entered collected to include how the data entry error will be maintained at no more than .5 percent and how data will be processed. Data entry must be completed within 10 business days of receipt of printed registration requests.

1a3 By June 30, 2024, submit a final report that demonstrates how the OAR case management system met the needs of participants through a customer satisfaction survey. Report must include outcomes of participants parent satisfaction surveys and any barriers to compliance, success stories and other

pertinent
information.

Objective 2: By June 30, 2024, implement and evaluate a voluntary case management system for unique children newly diagnosed children participating in the registry. Voluntary case management includes the provision of patching kits, educational and compliance materials and periodic phone call and email contact for consultation for every new registrant at time of enrollment. Patching kits, educational materials and compliance materials must be sent within 10 business days of receipt of request in ODH web-based amblyopia registry database.

Strategies:

2a Provide detailed description of the written protocol that outlines the information and support to be used in providing voluntary case management for registrants on an individual basis.

2a1 Contact families individually of registry children to provide information and support at 30 calendar days; at 90 calendar days; at 180 calendar days; or as negotiated. Submit template that outlines information and support provided to families for ODH review and approval.

2a2 Distribute ODH approved educational materials/tools/resources to diagnosed children to assure compliance with treatment regimens prescribed by eye care providers. Distribute patching kits and educational materials and compliance materials to each of the newly enrolled 3,000 unique children in Ohio.

2b Provide detailed description of the evaluation of the case management system.

2b1 Identify factors that may affect participation in registry case management services and treatment compliance.

2b2 Assess barriers to follow up treatment compliance and the impact registry activities have on compliance rates for participants versus non-participants.

Objective 3: By June 30, 2024, increase recruitment of healthcare providers (optometrists, ophthalmologist, pediatricians, family practice physicians, school nurses, etc.) who refer children diagnosed with amblyopia to the Ohio Amblyopia Registry.

Strategies:

3a Provide detailed description of the recruitment plan to establish and maintain healthcare members and recruit new healthcare members. Recruitment must target potential healthcare members who serve the most economically vulnerable population (<200% Federal Poverty Level, Appendix E), minorities and other segments of the population that experience a disproportionate burden as the priority population. Strategy will ensure access to quality healthcare for all through the provision of patching kits and educational materials.

3b Provide a detailed description of a monitoring plan of current and newly recruited healthcare professionals.

Objective 4: By June 30, 2024, promote awareness of amblyopia in all counties of the state with ODH approved

materials.

Strategies:

4a Provide detailed description of how to establish and maintain formal, working relationships with critical partners to expand amblyopia awareness and registry program awareness. The Amblyopia Advisory Committee must include representation from ODH and Save Our Sight Project Directors or designee, healthcare providers and family members of diagnosed children.

4a1 Provide detailed description of how to establish and maintain amblyopia advisory committee who represent all regions of the State.

4a2 Submit the list of members and their roles within the Amblyopia Advisory Committee.

4a3 Promote awareness of amblyopia utilizing culturally and linguistically appropriate materials.

Objective 5: By June 30, 2024, plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components.

Strategies:

5a Develop and implement a communication strategy/plan that expresses the goals and methods of the Ohio Amblyopia Registry's outreach activities, including how the Ohio Amblyopia Registry will interface and share information amongst all Save Our Sight Fund components as well as the public.

Objective 6: Promote vision health in all counties of the State by expanding the use of community partners.

Strategies:

2a Provide a detailed description of how to establish and maintain formal, working relationships with critical community partners to expand vision health awareness.

2a1 By September 10, 2023, submit for review two of the 14 indicators of Community Engagement, you plan to focus on.

2a2 By May 10, 2024, implement identified Community Engagement Activities that the agency selected.

**Save Our Sight Program
Purpose, Goals, Objectives and Strategies
Protective Eyewear Component**

Purpose: The purpose of the Save Our Sight Program is to ensure that children in Ohio have good vision and healthy eyes. This program strives to prevent eye injuries by purchasing and distributing protective eyewear to youth participating in community-based sports settings and instruction-based school settings; educating parents and youth in the proper use of protective eyewear; and assisting local communities and the Ohio Department of Health in the development of policies and procedures regarding the proper use of protective eyewear.

Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

Ten percent of the purchase of protective eyewear must be in the form of a match from local agency funding or donated private funding.

Protective eyewear is defined as industrial quality eyewear that meets the standards of the American National Standard Practice for Occupational and Educational Eye and Face Protection approved by the American National Standards Institute (ANSI) or other approved protective devices for the head and eyes.

Goal: The goal of the Save Our Sight Children's Protective Eyewear Program is to ensure that children have good vision and healthy eyes through the prevention of eye injuries.

Objective 1: By June 30, 2024, Purchase and distribute (ANSI- approved eye/facial protective equipment for distribution to children enrolled in community settings) protective eyewear to prevent child eye injuries in sports/activity-related community-based settings.

Strategies:

1a Provide a detailed description of the plan to purchase and distribute sports-related and activity-related protective eyewear for children in community-based settings to prevent eye injuries.

1b Track detailed information regarding program outcomes (at a minimum, leagues contacted; coaches trained; goggles distributed; helmets distributed; children served; pre/post survey data; inquiries; pre/posttests; interest packets provided). Specify the number of eye injuries prevented in sports-related community-based settings.

1c Serve the most economically vulnerable population (<200% Federal Poverty Level), minorities, and underserved population that experience a disproportionate burden of vision health and safety concerns. Refer to Appendix E. Plan is to include how the successful applicant will ensure access to the provision of protective eyewear for children.

1d Collect and report program data.

1d1 Report program data monthly using approved outcomes grid.

1d2 Collect and maintain a data security and disaster recovery plan; protection of client confidentiality; and an audit trail for data collected.

Objective 2: By June 30, 2024, purchase and distribute protective eyewear equipment for the prevention of eye injuries in instruction-based programs in Ohio's schools (e.g., wood crafting, auto mechanics, welding, and chemistry classes).

Strategies:

2a Provide detailed description of the plan to purchase and distribute protective eyewear for children in schools in instruction-based programs (e.g., wood crafting, auto mechanics, welding, and chemistry classes) to prevent eye injuries.

2b Track detailed information regarding program outcomes (at a minimum, schools contacted; instructors trained; goggles distributed; children served; pre/post survey data; inquiries; interest packets provided; and research-based estimates of eye injuries prevented each year). Specify the number of eye injuries prevented in instructional based programs.

2c Serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population that experience a disproportionate burden of vision health and safety concerns. Refer to Appendix E.

2d Collect and report program data.

2d1 Report program data monthly using approved outcomes grid.

2d2 Collect and maintain a data security and disaster recovery plan; protection of client confidentiality; and an audit trail for data collected

Objective 3: By June 30, 2024, implement a research-based children's vision safety educational program specifically for sports related community-based settings and instructional-based programs to educate each target audience about children's vision safety in all counties of Ohio. All presentations and awareness materials about the Protective Eyewear program must be submitted to the Ohio Department of Health for review and approval before distribution.

Strategies:

3a Submit a copy of the research-based resources used to demonstrate effectiveness of the vision safety educational program.

3b Collect and report program data.

3b1 Report program data monthly using approved outcomes grid.

3b2 Collect and maintain a data security and disaster recovery plan; protection of client confidentiality; and an audit trail for data collected.

3b3 Report demonstrated increases in the knowledge gained as measured by the administration of pre- and post- tests. For classroom-based sessions, pre- and post-tests must be administered to each attendee and the results must be collected for each session. Qualitative surveys of faculty are acceptable but can only be used to supplement the pre- and post- tests.

3b4 Submit a final report that demonstrates how the Protective Eyewear component met the needs of recipients through a customer satisfaction survey. Report must include outcomes of recipient's parent satisfaction surveys and any barriers to providing equipment in hard-to-reach counties, success stories and other pertinent information. Include eye injuries prevented and pre/post test results.

Objective 4: By June 30, 2024, Plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components.

Strategies:

4a Develop and implement a communication strategy/plan that expresses the goals and methods of Protective Eyewear component outreach activities, including how the Protective Eyewear component will interface and share information amongst all Save Our Sight Fund components as well as the public.

Objective 5 Promote vision health in all counties of the State by expanding the use of community partners.

Strategies:

**Save Our Sight Program
Purpose, Goals, Objectives and Strategies
Vision Health and Safety Component**

Purpose: The purpose of the Save Our Sight Program is to ensure that children in Ohio have good vision and healthy eyes. The Save Our Sight Children's Vision Health and Safety Education Program strives to provide developmentally and culturally appropriate vision health and safety programs and materials for traditional and non-traditional classrooms. Eighty percent of what a child learns is learned visually. In Ohio, one in four school-aged children and one in twenty preschoolers have a vision problem. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

Goal: The goal of the Save Our Sight Children's Vision Health and Safety Education Program is to ensure that children in Ohio have good vision and healthy eyes by providing funding to 501(c) organizations that offer vision services in all counties of the state to reach the objectives and strategies listed below. The goals and objectives are to be accomplished by engaging in focused and collaborative approaches to ensuring vision health and eye safety in children and aim to serve groups that are disproportionately affected by this health issue.

Objective 1: By June 30, 2024, implement a research-based children's vision health and safety education program for children to educate each age group about children's vision health and safety in all counties of the State.

Strategies:

1a Provide detailed description of the research-based children's vision health and safety education program for traditional classroom settings. Development and funding of new children's vision health and safety education curriculum for traditional classroom settings will only be considered for funding if supported through formative and summative evaluations.

1a1 Identify each educational program that will be used for preschool and school-aged children in the traditional classroom setting by grade level.

1a2 Identify the specific, measurable learning goal per proposed education program.

1a3 Identify the specific, measurable learning objective per proposed education program.

1a4 Identify the target age group per proposed education program.

1a5 Identify the specific assessment and evaluation plan per proposed education program.

1a6 Identify the state academic standards met per proposed education program.

1a7 Identify specific handouts and materials that will be given to teachers and target age group students per proposed education program. Materials must be culturally and linguistically appropriate. Educational materials will be provided to the parents/caregivers of children who also received the educational program.

1a8 Submit a copy of the research-based resources used to demonstrate effectiveness of the traditional

classroom education programs to ODH.

1b Describe a plan to target the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population that experience a disproportionate burden of vision health and safety concerns. Specify attainable number, or percentage, of population to be reached.

1c Collect and report program data.

1c1 Report program data monthly using approved outcomes grid.

1c2 Report the actual traditional settings receiving research-based children's vision health and safety education programs per county.

1c3 Report the actual number of children receiving educational programming (specify method of data collection) per county.

1c4 Report demonstrated increases in the knowledge gained as measured by the administration of pre- and post- tests. For classroom-based sessions, pre- and post-tests must be administered to each attendee and the results must be collected for each session. Qualitative surveys of faculty are acceptable but can only be used to supplement the pre- and post- tests.

Objective 2: Promote vision health in all counties of the State by expanding the use of community partners.

Strategies:

2a Provide detailed description of how to establish and maintain formal, working relationships with critical community partners to expand vision health awareness.

2a1 By September 10, 2023, submit for review two of the 14 indicators of Community Engagement, you plan to focus on.

2a2 By May 10, 2024, implement identified Community Engagement Activities that the agency selected.

Objective 3: Plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components.

Strategies:

3a Develop and implement a communication strategy/plan that expresses the goals and methods of the Vision Health outreach activities, including how the Vision Health Program will interface and share information amongst all Save Our Sight Fund components as well as the public.

3b Develop or maintain a dedicated website and social platform and provide at minimum four posts a month.

**Save Our Sight Program
Purpose, Goals, Objectives and Strategies
Vision Screener Certification Training Component**

Purpose: The purpose of the Save Our Sight Program is to ensure that children in Ohio have good vision and healthy eyes. The Save Our Sight Children's Vision Screener Certification Training Program provides a voluntary children's vision screener training and certification programs for children in preschool, kindergarten and first grade. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

Goal: The goal of the Save Our Sight Children's Vision Screener Certification Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children's vision screener training and certification programs for children in preschool, kindergarten and first grade. This is accomplished by providing funding to 501(c) organizations that offer vision services in all counties of the state. These organizations must have demonstrated experience in the delivery of vision services.

Objective 1: By June 30, 2024, implement the Ohio Department of Health vision screening training for preschool, kindergarten and first grade children voluntary training and certification program for volunteers, child care providers, nurses, teachers, health care professionals practicing in primary care settings, and others serving children.

Strategies:

1a All vision screening trainers must successfully meet the requirements and complete the ODH vision screening train the trainer program on the current ODH Vision Screening Requirements and Guidelines for Preschool and School-Aged children. New trainers must be trained before teaching the curriculum.

1a1 Submit resumes for all new individuals conducting the vision screening training.

1a2 Vision screening trainers must have demonstrated experience with conducting vision screenings on at least 100 children.

1a3 Trainers must be at least 18 years old in order to participate in the ODH vision screening train the trainer program.

1a4 Vision screeners must demonstrate the ability and proficiency to the ODH to provide the training.

1b Implement the ODH approved Vision Screening Certification program.

1b1 Recruit potential vision screeners who will be trained, certified and equipped. Recruitment must target potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level, Appendix E), minorities and other segments of the population that experience a disproportionate burden as the priority population. Plan is to include how a minimum of 800 screeners trained will be staff employed at public or private schools that have preschool, kindergarten and first grade children; a minimum of 50 screeners trained will be staff employed at public or private licensed child care centers; a minimum of 10 screeners trained will be health care professionals employed in primary care settings; and, a maximum of 5 screeners trained may be volunteers. Plan is to include how successful applicant will increase diversity and competency of the health workforce and related industry workforces through recruitment, retention and training of racially, ethnically and culturally diverse individuals and through leadership action by healthcare organizations and systems. Successful applicant is to identify this strategy in the GMIS Health Equity Module.

1b2 Retain vision screeners who have been trained, certified and equipped.

1b3 Collect and report certification data as approved by ODH. Collecting of data must only be used for

purposes outlined within the purpose, goals, objectives and strategies outlined within grant component.

1b3a Certification data must include:

- Name
- Organization Information
- Contact Information
- Type of Organization
- Location of vision screenings that will be conducted
- Email
- Phone Number

1b3b Certification number

1b3c Estimated number of children that will be screened prior to participating in training.

1b3d Collect and report other info as requested by ODH.

Objective 2: By June 30, 2024 distribute vision screener equipment to certified screeners. Equipment must comply with the ODH Vision Screening Requirements and Guidelines for Preschool and School-Aged children 2017 (ORC 3313.69). Distribution of equipment can include :Occluder – Frosted Lens Glasses (preschool and school aged), Occluder – Mardi Gras Mask (age 10 and older), LEA VIP Single, Crowded 5 Feet (preschool and school aged), LEA Symbols, 10 Feet (kindergarten and 1st), SLOAN Chart 10 Feet (school age children), Light Box (school aged), PASS 2 (Smiley Face) (preschool and school aged), Ishihara 14 Plates (K, 1st or initial screening), Pseudoisochromatic Color Testing 16 Plates (K, 1st or initial screening), Color Vision Testing Made Easy (K, 1st or initial screening), Eye Check with light meter (preschool).

Strategies:

2a Distribute ODH approved equipment to screeners who have successfully completed the vision screening certification training and demonstrated ability to conduct vision screenings.

2b Describe policy for equipment distribution and return.

2b1 Submit the template to be used that serves as the formal agreement between the subgrantee agency and the individual vision screener. The template must include the type and number of pieces of equipment distributed to the certified screener. Only requested equipment piece of screening equipment shall be provided per screener trained and certified.

2c Collect and report program data.

2c1 Report program data monthly using approved outcomes grid.

2c2 Report actual name of screeners receiving training and certification per county by place of employment, type of employment, grade level(s) of children to be screened and by number of potential children to receive vision screening.

2c3 Submit a final report that demonstrates how the Vision Screener Certification Training Program met the needs of recipients through a customer satisfaction survey. Report must include results of pre/posttests, outcomes of recipient's frequency of equipment use, satisfaction surveys about trainings,

any barriers to providing equipment in hard-to-reach counties, success stories and other pertinent information.

2c4 Report other information requested by ODH.

Objective 3: By June 30, 2024, Plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components.

3a Develop a communication strategy/plan that expresses the goals and methods of the Vision Screener Certification Training Program outreach activities, including how the program will interface and share information amongst all Save Our Sight Fund components as well as the public.

Objective 4 Promote vision health in all counties of the State by expanding the use of community partners.

Strategies:

4a Provide detailed description of how to establish and maintain formal, working relationships with critical community partners to expand vision health awareness.

4a1 By September 10, 2023, submit for review two of the 14 indicators of Community Engagement, you plan to focus on.

4a2 By May 10, 2024, implement identified Community Engagement Activities that the agency selected.

Appendix E

Save Our Sight Program Plan

Directions: Applicant must address activities and method of evaluation/measures for the identified component(s) in which the applicant is applying for funds.

Activities: describes the actions that are necessary to create the conditions described in the Objective and Strategy. Describe how the activity is organized and carried out. Identify who is responsible for completing the activity as well as the projected date of completion.

Evaluation: describe a plan for demonstrating, in measurable terms, that the conditions in the Objective are actually achieved and the effectiveness/appropriateness of each activity is actually achieved.

Outcomes: describe overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. It is not acceptable to state "in progress."

| Save Our Sight Program Plan Ohio Amblyopia Registry Component | | | |
|---|------------|-------------------------------|---|
| Objective 1: By June 30, 2024, implement and evaluate a registry for children with amblyopia in all counties of the State. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| 1a Implement an Ohio Department of Health (ODH) approved plan for data entry, data tracking and case management in the ODH web-based amblyopia registry database. 1a1 Collect and enter the following data variables: demographics of the child: name, address, date of birth, race, ethnicity, provider information: name, practice, address, number of referrals; and case management information: children registered with amblyopia who are receiving professional eye care, patches distributed, support to parents/caregivers and treatment follow up. 1a2 Describe how the data will be entered collected to include how the data entry error will be maintained at no more than .5 percent and how data will be processed. Data entry must be completed within 10 business days of receipt of printed registration requests. 1a3 By June 30, 2024, submit a final report that demonstrates how the OAR case management | | | |

| system met the needs of participants through a customer satisfaction survey. Report must include outcomes of participants parent satisfaction surveys and any barriers to compliance, success stories and other pertinent information. | | | |
|--|------------|-------------------------------|---|
| | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>2a Provide detailed description of the written protocol that outlines the information and support to be used in providing voluntary case management for registrants on an individual basis.</p> <p>2a1 Contact families individually of registry children to provide information and support at 30 calendar days; at 90 calendar days; at 180 calendar days; or as negotiated. Submit template that outlines information and support provided to families for ODH review and approval.</p> <p>2a2 Distribute ODH approved educational materials/tools/resources to diagnosed children to assure compliance with treatment regimens prescribed by eye care providers. Distribute patching kits and educational materials and compliance materials to each of the newly enrolled 3,000 unique children in Ohio.</p> <p>2b Provide detailed description of the evaluation of the case management system.</p> <p>2b1 Identify factors that may affect participation in registry case management services and treatment compliance.</p> <p>2b2 Assess barriers to follow up treatment compliance and the impact registry activities have on compliance rates for participants versus non-participants.</p> | | | |

| Save Our Sight Program Plan Ohio Amblyope Registry Component | | | |
|---|------------|-------------------------------|---|
| Objective 3: By June 30, 2024, increase recruitment of healthcare providers (optometrists, ophthalmologist, pediatricians, family practice physicians, school nurses, etc.) who refer children diagnosed with amblyopia to the Ohio Amblyope Registry. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>3a Provide detailed description of the recruitment plan to establish and maintain healthcare members and recruit new healthcare members. Recruitment must target potential healthcare members who serve the most economically vulnerable population (<200% Federal Poverty Level, Appendix E), minorities and other segments of the population that experience a disproportionate burden as the priority population. Strategy will ensure access to quality healthcare for all through the provision of patching kits and educational materials.</p> <p>3b Provide a detailed description of a monitoring plan of current and newly recruited healthcare professionals.</p> | | | |
| Save Our Sight Program Plan Ohio Amblyope Registry Component | | | |
| Objective 4: By June 30, 2024, promote awareness of amblyopia in all counties of the state with ODH approved materials. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>4a Provide detailed description of how to establish and maintain formal, working relationships with critical partners to expand amblyopia awareness and registry program awareness. The Amblyope Advisory Committee must include representation from ODH and Save Our Sight Project Directors or designee, healthcare providers and family members of diagnosed children.</p> <p>4a1 Provide detailed description of how to establish and maintain amblyope advisory committee who represent all regions of the State.</p> <p>4a2 Submit the list of members and their roles within the Amblyope Advisory Committee.</p> | | | |

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| 4a3 Promote awareness of amblyopia utilizing culturally and linguistically appropriate materials | | | |
| Save Our Sight Program Plan Ohio Amblyope Registry Component | | | |
| Objective 5: By June 30, 2024, plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| 5a Develop and implement a communication strategy/plan that expresses the goals and methods of the Ohio Amblyope Registry's outreach activities, including how the Ohio Amblyope Registry will interface and share information amongst all Save Our Sight Fund components as well as the public. | | | |
| Save Our Sight Program Plan Ohio Amblyope Registry Component | | | |
| Objective 6: Promote vision health in all counties of the State by expanding the use of community partners. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| 2a Provide detailed description of how to establish and maintain formal, working relationships with critical community partners to expand vision health awareness. 2a1 By September 10, 2023, submit for review two of the 14 indicators of Community Engagement, you plan to focus on. 2a2 By May 10, 2024, implement identified Community Engagement Activities that selected. | | | |
| Save Our Sight Program Plan Protective Eyewear Component | | | |
| Objective 1: By June 30, 2024, Purchase and distribute (ANSI- approved eye/ facial protective equipment for distribution to children enrolled in community settings) protective eyewear to prevent child eye injuries in sports/activity related community-based settings. | | | |

| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
|---|------------|-------------------------------|---|
| <p>1a Provide detailed description of the plan to purchase and distribute sports-related and activity related protective eyewear for children in community-based settings to prevent eye injuries.</p> <p>1b Track detailed information regarding program outcomes (at a minimum, leagues contacted; coaches trained; goggles distributed; helmets distributed; children served; pre/post survey data; inquiries; pre/posttests; interest packets provided). Specify the number of eye injuries prevented in sports related community-based settings.</p> <p>1c Serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population that experience a disproportionate burden of vision health and safety concerns. Refer to Appendix E. Plan is to include how successful applicant will ensure access to the provision of protective eyewear for children.</p> <p>1d Collect and report program data.</p> <p>1d1 Report program data monthly using approved outcomes grid.</p> <p>1d2 Collect and maintain a data security and disaster recovery plan; protection of client confidentiality; and an audit trail for data collected.</p> | | | |
| <p align="center">Save Our Sight Program Plan Protective Eyewear Component</p> | | | |
| <p>Objective 2: By June 30, 2024, purchase and distribute protective eyewear equipment for the prevention of eye injuries in instruction-based programs in Ohio’s schools (e.g., wood crafting, auto mechanics, welding, and chemistry classes).</p> | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| Strategies: | | | |

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| <p>2a Provide detailed description of the plan to purchase and distribute protective eyewear for children in schools in instruction-based programs (e.g., wood crafting, auto mechanics, welding, and chemistry classes) to prevent eye injuries.</p> <p>2b Track detailed information regarding program outcomes (at a minimum, schools contacted; instructors trained; goggles distributed; children served; pre/post survey data; inquiries; interest packets provided; and research-based estimates of eye injuries prevented each year). Specify the number of eye injuries prevented in instructional based programs.</p> <p>2c Serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population that experience a disproportionate burden of vision health and safety concerns. Refer to Appendix E.</p> <p>2d Collect and report program data.</p> <p>2d1 Report program data monthly using approved outcomes grid.</p> <p>2d2 Collect and maintain a data security and disaster recovery plan; protection of client confidentiality; and an audit trail for data collected</p> | | | |
| <p align="center">Save Our Sight Program Plan Protective Eyewear Component</p> | | | |
| <p>Objective 3: By June 30, 2024, implement a research-based children’s vision safety educational program specifically for sports related community-based settings and instructional-based programs to educate each target audience about children’s vision safety in all counties of Ohio. All presentations and awareness materials about the Protective Eyewear program must be submitted to the Ohio Department of Health for review and approval before distribution.</p> | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>3a Submit a copy of the research-based resources used to demonstrate effectiveness of the vision safety educational program.</p> <p>3b Collect and report program data.</p> | | | |

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| <p>3b1 Report program data monthly using approved outcomes grid.</p> <p>3b2 Collect and maintain a data security and disaster recovery plan; protection of client confidentiality; and an audit trail for data collected.</p> <p>3b3 Report demonstrated increases in the knowledge gained as measured by the administration of pre- and post- tests. For classroom-based sessions, pre- and post-tests must be administered to each attendee and the results must be collected for each session. Qualitative surveys of faculty are acceptable but can only be used to supplement the pre- and post- tests.</p> <p>3b4 Submit a final report that demonstrates how the Protective Eyewear component met the needs of recipients through a customer satisfaction survey. Report must include outcomes of recipient's parent satisfaction surveys and any barriers to providing equipment in hard-to-reach counties, success stories and other pertinent information. Include eye injuries prevented and pre/post test results.</p> | | | |
| Save Our Sight Program Plan Protective Eyewear Component | | | |
| Objective 4: By June 30, 2024, Plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>4a Develop and implement a communication strategy/plan that expresses the goals and methods of Protective Eyewear component outreach activities, including how the Protective Eyewear component will interface and share information amongst all Save Our Sight Fund components as well as the public.</p> | | | |
| Save Our Sight Program Plan Protective Eyewear Component | | | |
| Objective 5 Promote vision health in all counties of the State by expanding the use of community partners. | | | |

| STRATEGIES | | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
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| <p>5a Provide detailed description of how to establish and maintain formal, working relationships with critical community partners to expand vision health awareness.</p> <p>5a1 By September 10, 2023, submit for review two of the 14 indicators of Community Engagement, you plan to focus on.</p> <p>5a2 By May 10, 2024, implement identified Community Engagement Activities that selected.</p> | | | |

| Save Our Sight Program Plan Vision Health and Safety Component | | | |
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| Objective 1: : By June 30, 2024, implement a research-based children’s vision health and safety education program for children to educate each age group about children’s vision health and safety in all counties of the State. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>1a Provide detailed description of the research-based children’s vision health and safety education program for traditional classroom settings. Development and funding of new children’s vision health and safety education curriculum for traditional classroom settings will only be considered for funding if supported through formative and summative evaluations.</p> <p>1a1 Identify each educational program that will be used for preschool and school-aged children in the traditional classroom setting by grade level.</p> <p>1a2 Identify the specific, measurable learning goal per proposed education program.</p> <p>1a3 Identify the specific, measurable learning objective per proposed education program.</p> <p>1a4 Identify the target age group per</p> | | | |

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| <p>proposed education program.</p> <p>1a5 Identify the specific assessment and evaluation plan per proposed education program.</p> <p>1a6 Identify the state academic standards met per proposed education program.</p> <p>1a7 Identify specific handouts and materials that will be given to teachers and target age group students per proposed education program. Materials must be culturally and linguistically appropriate. Educational materials will be provided to the parents/caregivers of children who also received the educational program.</p> <p>1a8 Submit a copy of the research-based resources used to demonstrate effectiveness of the traditional classroom education programs to ODH.</p> <p>1b Describe a plan to target the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population that experience a disproportionate burden of vision health and safety concerns. Specify attainable number, or percentage, of population to be reached.</p> <p>1c Collect and report program data.</p> <p>1c1 Report program data monthly using approved outcomes grid.</p> <p>1c2 Report the actual traditional settings receiving research-based children's vision health and safety education programs per county.</p> <p>1c3 Report the actual number of children receiving educational programming (specify method of data collection) per county.</p> <p>1c4 Report demonstrated increases in the knowledge gained as measured by the administration of pre- and post- tests. For classroom-based sessions, pre- and post-tests must be administered to each attendee and the results must be collected for each session.</p> | | | |
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| Qualitative surveys of faculty are acceptable but can only be used to supplement the pre- and post- tests. | | | |
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| Save Our Sight Program Plan Vision Health and Safety Component | | | |
| Objective 2: Promote vision health in all counties of the State by expanding the use of community partners. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>2a Provide detailed description of how to establish and maintain formal, working relationships with critical community partners to expand vision health awareness.</p> <p>2a1 By September 10, 2023, submit for review two of the 14 indicators of Community Engagement, you plan to focus on.</p> <p>2a2 By May 10, 2024, implement identified Community Engagement Activities that selected.</p> | | | |

| Save Our Sight Program Plan Vision Health and Safety Component | | | |
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| Objective 3: Plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>3a Develop and implement a communication strategy/plan that expresses the goals and methods of the Vision Health outreach activities, including how the Vision Health Program will interface and share information amongst all Save Our Sight Fund components as well as the public.</p> <p>3b Develop or maintain a dedicated website and social platform and provide at minimum four posts a month.</p> | | | |

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| Save Our Sight Program Plan Vision Screening Training Component | | | |
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| Objective 1 By June 30, 2024, implement the Ohio Department of Health vision screening training for preschool, kindergarten and first grade children voluntary training and certification program for volunteers, childcare providers, nurses, teachers, health care professionals practicing in primary care settings, and others serving children. | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| <p>1a All vision screening trainers must successfully meet the requirements and complete the ODH vision screening train the trainer program when the ODH guidelines are revised. New trainers must be trained before teaching the curriculum.</p> <p>1a1 Submit resumes for all new individuals conducting the vision screening training.</p> <p>1a2 Vision screening trainers must have demonstrated experience with conducting vision screenings on at least 100 children.</p> <p>1a3 Trainers must be at least 18 years old in order to participate in the ODH vision screening train the trainer program.</p> <p>1a4 Vision screeners must demonstrate the ability and proficiency to the ODH to provide the training.</p> <p>1b Implement the ODH approved Vision Screening Certification program.</p> <p>1b1 Recruit potential vision screeners who will be trained, certified and equipped. Recruitment must target potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level, Appendix E), minorities and other segments of the population that</p> | | | |

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| <p>experience a disproportionate burden as the priority population. Plan is to include how a minimum of 800 screeners trained will be staff employed at public or private schools that have preschool, kindergarten and first grade children; a minimum of 50 screeners trained will be staff employed at public or private licensed child care centers; a minimum of 10 screeners trained will be health care professionals employed in primary care settings; and, a maximum of 5 screeners trained may be volunteers. Plan is to include how successful applicant will increase diversity and competency of the health workforce and related industry workforces through recruitment, retention and training of racially, ethnically and culturally diverse individuals and through leadership action by healthcare organizations and systems. Successful applicant is to identify this strategy in the GMIS Health Equity Module.</p> <p>1b2 Retain vision screeners who have been trained, certified and equipped.</p> <p>1b3 Collect and report certification data as approved by ODH. Collecting of data must only be used for purposes outlined within the purpose, goals, objectives and strategies outlined within grant component.</p> <p>1b3a Certification data must include: Name Organization Information Contact Information Type of Organization Location of vision screenings that will be conducted Email Phone Number</p> <p>1b3b Certification number</p> <p>1b3c Estimated number of children that will be screened prior to</p> | | | |
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| participating in training. | | | |
| 1b3d Collect and report other info as requested by ODH. | | | |

| Save Our Sight Program Plan Vision Screening Training Component | | | |
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| Objective 2: By June 30, 2024, distribute vision screener equipment to certified screeners. Equipment must comply with the ODH Vision Screening Requirements and Guidelines for Preschool and School-Aged children 2017 (ORC 3313.69). Distribution of equipment can include :Occluder – Frosted Lens Glasses (preschool and school aged), Occluder – Mardi Gras Mask (age 10 and older), LEA VIP Single, Crowded 5 Feet (preschool and school aged), LEA Symbols, 10 Feet (kindergarten and 1 st), SLOAN Chart 10 Feet (school age children), Light Box (school aged), PASS 2 (Smiley Face) (preschool and school aged), Ishihara 14 Plates (K, 1 st or initial screening), Pseudoisochromatic Color Testing 16 Plates (K, 1 st or initial screening), Color Vision Testing Made Easy (K, 1 st or initial screening), and Eye Check with light meter (preschool) | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
| 2a Distribute ODH approved equipment to screeners who have successfully completed the vision screening certification training and demonstrated ability to conduct vision screenings. 2b Describe policy for equipment distribution and return. 2b1 Submit the template to be used that serves as the formal agreement between the subgrantee agency and the individual vision screener. The template must include the type and number of pieces of equipment distributed to the certified screener. Only requested equipment piece of screening equipment shall be provided per screener trained and certified. 2c Collect and report program data. 2c1 Report program data monthly using approved outcomes grid. 2c2 Report actual name of screeners | | | |

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| <p>receiving training and certification per county by place of employment, type of employment, grade level(s) of children to be screened and by number of potential children to receive vision screening.</p> <p>2c3 Submit a final report that demonstrates how the Vision Screener Certification Training Program met the needs of recipients through a customer satisfaction survey. Report must include results of pre/posttests, outcomes of recipient's frequency of equipment use, satisfaction surveys about trainings, any barriers to providing equipment in hard-to-reach counties, success stories and other pertinent information.</p> <p>2c4 Report other information requested by ODH.</p> | | | |
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**Save Our Sight Program Plan
Vision Screening Training Component**

Objective 3: By June 30, 2024, Plan, develop and implement cross program collaboration amongst all Save Our Sight Fund components.

| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
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| 3a Develop a communication strategy/plan that expresses the goals and methods of the Vision Screener Certification Training Program outreach activities, including how the program will interface and share information amongst all Save Our Sight Fund components as well as the public. | | | |

**Save Our Sight Program Plan
Vision Screening Training Component**

Objective 4 Promote vision health in all counties of the State by expanding the use of community partners.

| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
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| <p>4a Provide detailed description of how to establish and maintain formal, working relationships with critical community partners to expand vision health awareness.</p> <p>4a1 By September 10, 2023, submit for review two of the 14 indicators of Community Engagement, you plan to focus on.</p> <p>4a2 By May 10, 2024, implement identified Community Engagement Activities that you focused on.</p> | | | |
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Appendix F

| COMMUNITY ENGAGEMENT ASSESSMENT 14 INDICATORS | |
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| 14 - Indicator | Select 2 Indicators for Changes Mark a “X” Below |
| 1. Building respectful, trusting relationships between staff and participants (the people they serve). | |
| 2. Working with participants in a cooperative way and have shared goals. | |
| 3. Building community connections. | |
| 4. Working towards “health equity” – which means everyone has a just and fair opportunity to be healthy. | |
| 5. Meeting the needs of all cultures and languages. | |
| 6. Communicating openly and regularly. | |
| 7. Creating a welcoming and inviting setting. | |
| 8. Caring about participant “engagement” which means feeling connected to and involved with the program. | |
| 9. Working to “engage” (connect and involve) the people they serve. | |
| 10. Bringing people together to make decisions. | |
| 11. Helping participants develop new skills. | |
| 12. Making sure staff are well-trained. | |
| 13. Creating leadership opportunities. | |
| 14. Using information about participants to make decisions about the program. | |

Appendix G

| Community Engagement Workplan Results | | | |
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| Deliverable 3: By May 10, 2024, implement identified Community Engagement Activities that you focused on. | | | |
| Indicator 1 Selected: | | | |
| Indicator 2 Selected: | | | |
| STRATEGIES | ACTIVITIES | METHOD OF EVALUATION/MEASURES | OUTCOMES (use this column for program reports only) |
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