Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt.Governor

Bruce Vanderhoff, MD, MBA, Director

MEMORANDUM

Date: September 20, 2021

To: Ohio Equity Institute: Competitive Applicants

From: Dyane Gogan Turner, Chief DGT
Bureau of Maternal, Child and Family Health
Ohio Department of Health

Subject: Notice of Availability of Funds- Calendar Year 2022
January 1, 2022 – December 31, 2022

The Ohio Department of Health (ODH) Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of funds to support the Ohio Equity Institute grant.

All applications and attachments are due by 4:00 p.m. on Monday, November 1, 2021. Electronic applications received after Monday, November 1, 2021 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Monday, September 27, 2021 from 9:00am to 10:30am**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

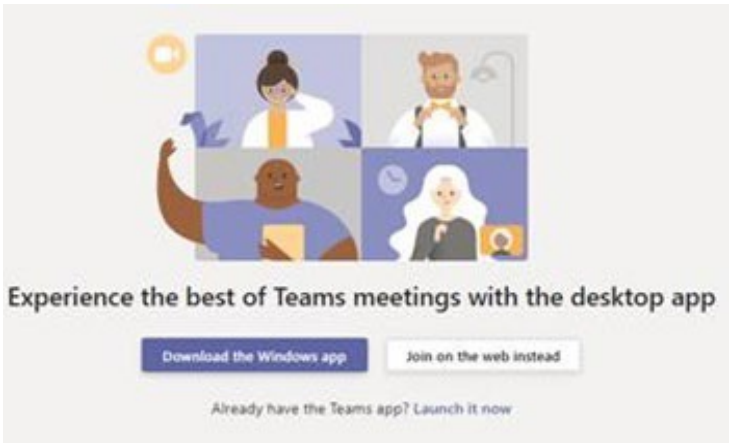
Microsoft Teams Meeting link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjAyZGNjZDctYjc1Ny00NGQzLWI1ZjgtOWEyMzQ2OTFhMTNi%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%220ef85b3a-9c50-48ed-a053-09a28491eeae%22%7d

Call-in information:

(614) 721-2972, Phone Conference ID: 443 859 772#

ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" below. If your agency does not have Microsoft Teams, you will be given the option to ***"Join on the web instead"*** *(screenshot below). There is also a call-in number below if you do not plan to use your device's audio.* ***Please note, this program works best in Google Chrome.***


Experience the best of Teams meetings with the desktop app
Download the Windows app
Join on the web instead
Already have the Teams app? Launch it now

The Bidders' Conference will attempt to be recorded, but we cannot guarantee the availability of a recording.

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Monday, October 4, 2021 to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Monday, October 4, 2021 to the Grants Administration Unit to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Kristin Snyder at Kristin.Snyder@odh.ohio.gov.

Important Date Reminders:

- Notice of Intent to Apply for Funds (Appendix A)—Monday, October 4, 2021 by 4:00pm
- ODH GMIS 2.0 Form (Appendix B), *if applicable*—Monday, October 4, 2021 by 4:00pm
- Bidders' Conference— Monday, September 27, 2021 at 9:00am
- Applications Due—Monday, November 1, 2021 by 4:00pm

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF MATERNAL CHILD AND FAMILY HEALTH

OHIO EQUITY INSTITUTE
SOLICITATION FOR YEAR 2022 (01/01/22 – 12/31/22)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 12/02/2019
For grant starts 10/1/2019 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website "ODH Application Gateway" and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, Monday, October 4, 2022 so access to the application via the Internet website "ODH Application Gateway" can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current 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.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: https://odh.ohio.gov/wps/portal/ gov/odh/home. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures
Manual (OGAPP)) or copy and paste the following link into your web browser: https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and- procedures-manual.

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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.

Budget Justification Certification language

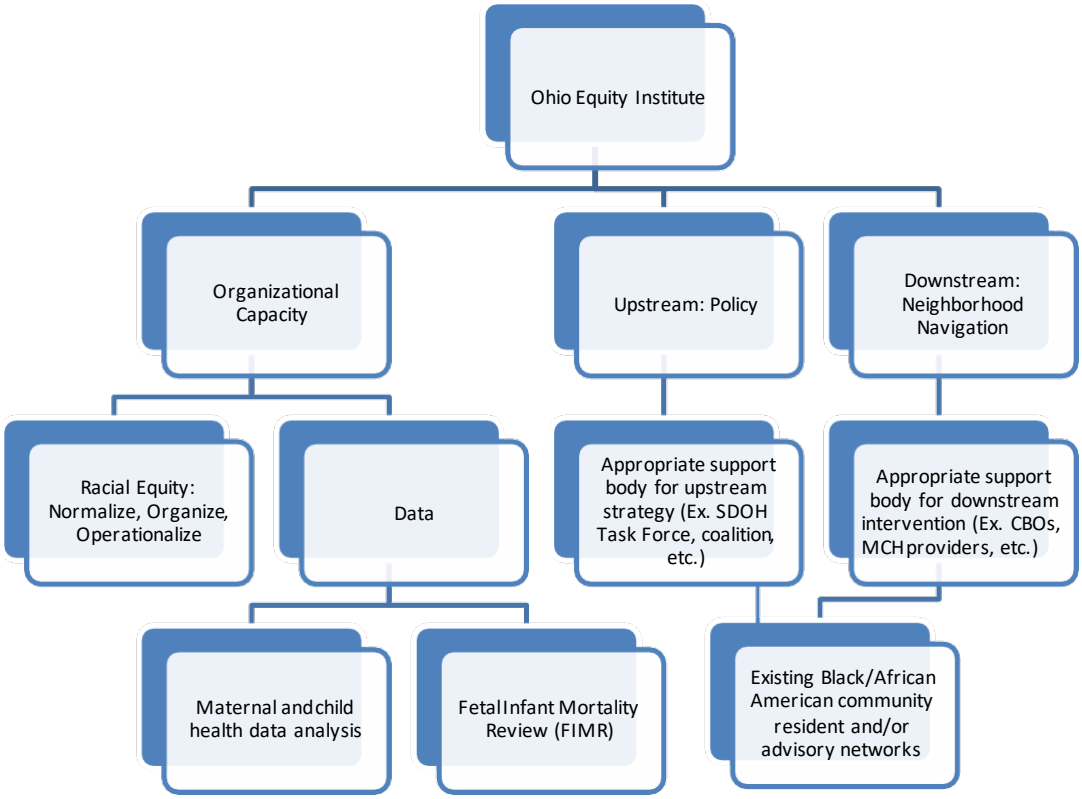
- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- 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. **Application Name:** Ohio Equity Institute

C. **Purpose:**

In 2019 Black infants were more than 2.8 times more likely to die than white infants. Ohio must amplify the vision and voices of communities most impacted by the injustices causing these unacceptable disparities in birth outcomes and infant deaths. It is important that we also support a locally-driven, holistic approach to racial inequities in birth outcomes and infant deaths led by those with the deepest knowledge about the changes needed—communities.



- Prioritize or focus on racial equity.
- Build and/or enhance internal racial equity organizational capacity.
    - Integration of racial equity into the foundation of entity policies and initiatives; including filling a full-time health equity role.
- Respect and follow the people most affected by poor birth outcomes and infant deaths as primary guides.
- Build power, amplify voices, and elevate communities and residents.
- Partner with other institutions and communities of color to adopt a shared agenda, goals, objectives, data analysis, use coordinated strategies and develop consistent metrics to measure progress.

- Develop and implement locally designed upstream strategies and downstream interventions through community engagement and use of local data to address drivers of racial inequities impacting poor birth outcomes and infant mortality.
- Serve as local expert for projects related to infant mortality and maternal and child health epidemiology.
- Identifying clear and effective ways to determine accountability and success.
    - Develop baselines, set goals, and measure progress.
    - Build accountability through a clear plan of action, monitoring, and evaluation
- Shared learning
    - Participate in a learning collaborative hosted by the Department to share lessons learned, successes and challenges. As well as serve as a resource to other grantees in responding to project design and implementation challenges.
    - Participate in technical assistance opportunities provided by the Department and/or contracted vendors.

D. **Qualified Applicants:** *All applicants must be a local public or non-profit agency and serve as a local health jurisdiction. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).*

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
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, November 1, 2021.**

E. ***Service Area:*** One entity will be selected to implement the OE22 grant in each of the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, Summit.

Additional data regarding priority service areas can be found in Appendix E.

F. **Number of Grants and Funds Available:** OE22 is supported by both state general revenue and federal Title V funds.

No more than one entity per county will be awarded funding for this grant. Up to ten (10) grants may be awarded for a total amount of up to $4,525,000. Eligible entities may apply for up to the amount stated per county as defined in the table below.

County	Maximum Funds Available
Butler	$ 322,375.00
Cuyahoga	$ 697,375.00
Franklin	$ 722,375.00
Hamilton	$ 578,625.00
Lorain	$ 319,875.00
Lucas	$ 389,875.00
Mahoning	$ 342,375.00
Montgomery	$ 437,375.00
Stark	$ 322,375.00
Summit	$ 392,375.00

Funded entities may subcontract with other organizations to implement grant activities.

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.

G. Due Date: All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, November 1, 2021.** Applications and required attachments received after this deadline will not be considered for review.

Contact Kirstin Snyder at Kristin.Snyder@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 110 and federal Title V funding.

I. Goal/Objectives:

Goals:

- By December 31, 2024, achieve a Black infant mortality rate of 8.4 in the ten funded counties collectively.
- By December 31, 2024, achieve a Black prematurity rate of 11.1 in the ten funded counties collectively.

Objectives:

- Serve 5,609 people through Neighborhood Navigation services by December 31, 2022.
  - 4,487 people served must self-identify as Black and/or African American.
- Identify 10 policies for adoption in the OE23 grant year by November 10, 2022.
- Develop 10 organizational action plans to normalize, organize and operationalize organizational change to advance racial equity within funded entities by the end of December 31, 2022.

Goals identified in alignment with the State Health Improvement Plan.

J. Program Period and Budget Period: The program period will begin January 1, 2022 and end on December 31, 2024. The budget period for this application is January 1, 2022 and end on December 31, 2022.

K. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)]The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

   Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

   - **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.

- **Standard1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. *Evidence of Health Equity Strategies*

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.

2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.

3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.

4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.

5) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.

6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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

The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, 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, work and play. 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, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):

1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state, or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; OhioHealth Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

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

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

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

[X Applicable ____ Not Applicable to Ohio Equity Institute.

O. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for thispurpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

P. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Kirstin Snyder at Kristin.Snyder@odh.ohio.gov.

Q. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

R. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, November 1, 2022 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

S. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

T. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

U. Review Criteria: All proposals will be judged on the quality, clarity, and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of

grant funds;

10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation Programs can insert further information about program specific review criteria (if applicable) [*Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.*]

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision**.

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

W. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Bureau_____], [Program_____] and as a sub-award of a grant issued by [granting agency] under the [grant name] grant, grant award number [grant award number], and CFDA number [CFDA number]."

X. **Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by 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:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. [Additional language is optional] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X Program Reports Required _____ No Program Reports Required

Period	Report Due Date
January 1 -March 21, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023

b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
January 1 – 31, 2022	February 10, 2022
February 1 – 28, 2022	March 10, 2022
March 1 – 31, 2022	April 10, 2022
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022
June 1 – 30, 2022	July 10, 2022
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023

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

Period	Report Due Date
January 1 -March 21, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023

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

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 **February 5, 2023**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

Y. Special Condition(s): A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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

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

12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federalfunds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

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.

AA. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend $750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the $750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to https://harvester.census.gov/facweb/ or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letters.

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., 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 on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 20 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 11-point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
   - Primary Reason
   - Funding
   - Justification
   - Personnel
   - Other Direct Costs
   - Equipment
   - Contracts
   - Compliance Section
   - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s)).**
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program:
    - Data security policies
    - Logic model
    - Workplan
    - Budget justification (required by ODH Grants Services Unit)

One copy of the following document(s) must be e-mailed to https://harvester.census.gov/facweb/ or mailed to the address listed below:

Complete Copy & E-mail or Mail to ODH

Current Independent Audit
(latest completed organizational fiscal period; **only if not previously submitted**)

Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

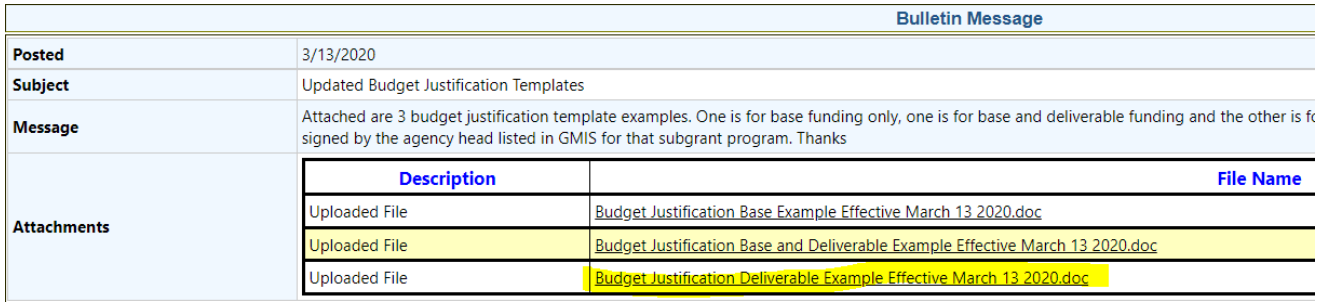
A. Application Information: Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.

B. Budget: Prior to completion of the budget section, please review page 12 of the solicitation for unallowable costs.

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

1. **Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met.

   A budget justification example can be found on the GMIS Bulletin Board posted March 13, 2020. Use the budget justification document/template labeled "Budget Justification Deliverable Example Effective March 13, 2020."



Bulletin Message	
Posted	3/13/2020
Subject	Updated Budget Justification Templates
Message	Attached are 3 budget justification template examples. One is for base funding only, one is for base and deliverable funding and the other is fo signed by the agency head listed in GMIS for that subgrant program. Thanks
Attachments	

Description	File Name
Uploaded File	Budget Justification Base Example Effective March 13 2020.doc
Uploaded File	Budget Justification Base and Deliverable Example Effective March 13 2020.doc
Uploaded File	Budget Justification Deliverable Example Effective March 13 2020.doc

2. **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period January 1, 2022 – December 31, 2022.

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

3. **Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

C. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via 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.

D. Project Narrative:

Executive Summary:

Executive summary must include:

- Description of target population(s)
  - Identify the target population
  - Using data to support and/or demonstrate the burden of health disparities and health inequities
- Describe the public health problem(s) that the program will address.
- Services and programs to be offered and what agency or agencies will implement each identified scope of work:
  - Organizational health equity capacity
    - Health equity role
    - Data/epidemiology/FIMR
  - Neighborhood Navigation
  - Policy

Description of Applicant Agency/Documentation of Eligibility/Personnel:

- Eligibility to apply
  - Briefly discuss the applicant agency's eligibility to apply.
- Agency and program structure
  - Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.
- Capacity
  - Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
  - Describe your organization's familiarity with racial equity and any current work to address health inequities in your programs and services. Describe any relevant organizational policies, plans, programs, publications, or trainings as attachments to this application.
- Team composition
  - Please identify each proposed team member, experience, role/core responsibilities and organization.

Problem/Need:

- Identify and describe the local health status concern(s) that will be addressed by the program.
    - Only restate national and state data if local data is not available.
    - The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators.
    - The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.
- Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.
- Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology:

- Describe how the submitted workplan content will be coordinated, implemented, and monitored.
    - Articulate how your organization will facilitate the outlined grant scopes of work: organizational capacity, Neighborhood Navigation, and policy.
- Describe how you will prioritize racial equity in all OEI activities.
- Identify how data will be used to drive implementation of grant scopes of work.
- Develop an OEI logic model and include as an application attachment.

E. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire 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.

F. 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.)

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on

or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00p.m. on or before Monday, November 1, 2021**.

Attachments as required by Program:

- Data security policies
- Logic model
- Workplan
- Budget justification (required by ODH Grants Services Unit)

III APPENDICES

A. Notice of Intent to Apply For Funding
B. GMIS Access Request Form
C. C1. Deliverable – Objective Descriptions
   C2. Deliverable – Objective Allocations
D. Application Review Form
E. Priority Service Areas
F. Organizational Capacity Scope
   F.1 Core Competencies of Position
   F.2 LHD Health Equity Core Competencies
   F.3 Expectations of the Health Equity Position
   F.4 Recommended Organizational Health Equity Tools
G. Epidemiology Scope
H. Neighborhood Navigator Scope
   H.1 Neighborhood Navigator Activities
   H.2 Non-traditional Avenues of Outreach
I. Policy Scope
   I.1 Policy Activities
   I.2 OEI Policy Process
J. Workplan Template
K. Minimum Number of Unique People Required to be Served
L. REDCap Data Entry
M. Data Security Requirements
N. Fetal Infant Mortality Review

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Bureau of Maternal, Child & Family Health

ODH Program Title: Ohio Equity Institute (OE22)

Submission Required

See due date below.

New Applicants must submit the GMIS Access form with the Notice of Intent to Apply for Funding Form

Reimbursement Type
Select one of the options below:
☐ Monthly
OR
☐ Quarterly

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover ALL INFORMATION REQUESTED MUST BE COMPLETED.

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

Type of Applicant Agency *(Check One)*

☐ County Agency ☐ Hospital ☐ Local Schools

☐ City Agency ☐ Higher Education ☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

_____ _____

Agency Head (Print Name) Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

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

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

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: http://supplier.ohio.gov/.

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. **THE NOIAF AND REQUIRED FORMSMUST BE EMAILED TO Kristin.Snyder@odh.ohio.gov by October 4, 2022.**

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

Appendix B

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

GMIS Training, User Access, Access Change or Deactivation Request

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

Date: _____

Check the type of access and complete the information requested:

[_] Employee —needs GMIS Training

[_] New Employee —needs GMIS Access. Effective Date of Activation: _____

[_] Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

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

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Email Notifications: [ ] Yes [ ] No

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

_____ _____ _____

_____ _____ _____

Authorization Signature for User Access/Change/Deactivation:

_____ _____

Signature of Agency Head or Agency Financial Head | Printed Name of Agency Head or Agency Financial Head

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

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

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

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

Appendix C1

Name of Subgrant Program: Ohio Equity Institute
Budget Period: 1/1/22-12/31/22
# of Deliverables: 23
Use Budget Justification Scenario #: Deliverable Funding Only, Scenario 1

X Deliverables Only

ADMINISTRATIVE/REPORTING

Deliverable 1: Administrative
Up to 20% of total cost of the grant to support administrative costs.

Includes participation in technical assistance coordinated by ODH. Technical assistance may include: OEI-wide meetings (could require travel for in-person), regional meetings, individual one-on-ones w/ the OEI State Team or TA from external partners.

Validation: Monthly connection to OEI State Team via technical assistance
Due date: Monthly; 10th of each month

Deliverable 2: Monthly Reporting
Provide comprehensive monthly reporting on progress towards each grant deliverables using the ODH-provided monthly reporting template.

Validation: Submission of completed monthly reporting template.
Due date: Monthly; 10th of each month

Deliverable 3: Quarterly Reporting
Complete required quarterly reporting template and submit updated documents listed below. All open response questions must be reported to qualify for payment. The following core documents must be included.:

- Updated workplan (reporting progress on and/or completion of all activities listed must be provided to qualify for payment)
- Updated SDOH Team Charter, roster, and action plan (reporting progress on and/or completion of all activities listed must be provided to quality for payment)
- Data analysis plan (updates and progress on identified data analysis must be provided)
- If applicable, mapping of priority service area usage.

Validation: Submission of completed quarterly reporting template and required attachments
Due date: 10th of April, July, October, January

Deliverable 4: Workplan
Submission of finalized workplan inclusive of all funded scopes of work: organizational capacity (health equity & data), neighborhood navigation and policy. Required workplan content to be provided by ODH in the format of a template.

Validation: Submission of finalized workplan
Due date: April 10, 2022

HEALTH EQUITY

Deliverable 5: Organizational Health Equity Self-assessment

Complete an organizational health equity self-assessment to identify information for reflection, discussion, planning, and organizational development.

Self-assessment tool to be identified by organization and must achieve the following as identified by the Bay Area Regional Health Inequities Initiative1:

- Provide a comprehensive set of information from a variety of sources about strengths and areas for improvement with respect to skills and capacities that support institutional capacity to address health inequities;
- Stimulate internal dialogues about how a LHD can build its capacity to address health inequities and optimally align its functioning with goals to reduce health inequities; and
- Guide strategic planning and other organizational development activities based on a broad set of information about current capacity to address health inequities.
- Provide ongoing measures to assess the LHDs progress towards identified goals developed during the assessment process.

Organizations must submit responses to the following questions as a result of their self-assessments:

- What surprised you?
- What confirmed what you already suspected?
- What challenges your perception of your LHD?
- What do you want to know more about, where could your understanding go deeper?
- What was glaringly missing that you had expected to see?
- Given these findings, what do you see as OEI's role in the process of making change?
- What additional support or resources might you need to successfully fulfill OEI's role in the change process?
- When reviewing the results, did you find any of OEI's values supported or challenged?
- Who else should be brought into the review and discussion process about how to make changes in your LHD based on these results?
- What implications do you see these results having for how your LHD could do OEI work in a way that more effectively addresses social determinants of health/root causes of racial inequity?
- Based on these results, what opportunities exist to build upon for action?
- What potential barriers do you foresee to undertaking change? What are some strategies to address those barriers?
- What is your communication strategy for sharing the results, implications and plans for next steps?
- What is the scale, pace, and sequencing of action steps that OEI could understand to make change?
- What conversations do you want to have with:
  - Each other/internal OEI team;
  - Other members of the department;
  - People outside of the department; and
  - Other OEI funded entities in the county.
- Are there any questions or considerations you would like to direct to the executive or management team?

Validation: Submission of comprehensive responses to identified reflection questions.
Due date: 10/10/22

Deliverable 6: Establish or adopt an organizational Racial Equity Core Team

Establish or adopt an organizational Racial Equity Core Team. Core Team will engage in institutional racial equity actions, including the development and implementation of the organizational racial equity plan, though activities such as the

1 Bay Area Regional Health Inequities Initiative, Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation, https://bd74492d-1deb-4c41-8765-52b2e1753891.filesusr.com/ugd/43f9bc_d4d3dcc60ab1412a913b296353719b3f.pdf

"seven 'C's" identified by the Government Alliance on Race and Equity2:

1) Catalyzing equitable systems change in government and in the community
2) Coordinating the design and implementation of an action plan—often called a Racial Equity Action Plan, Equity Strategic Plan, or Annual Racial Equity Work Plan.
3) Cultivating and developing new racial equity leadership and active community engagement
4) Capacity-building to disseminate learning, skills, and tools for operationalizing equity
5) Communicating about racial equity across departments and management levels
6) Collecting and analyzing data for documenting, measuring, and evaluating progress
7) Championing racial and social justice and celebrating and sustaining success

Develop a Racial Equity Core Team charter. Charter at a minimum must include:

- Charter name
- Date/version
- Meeting schedule (set standing meeting days/time)
- Group Agreement (Ground Rules or Group Norms)
- Project mission/define the problem
- Call to Action (Why is this project important now? How do you know a problem exists? Include all quantitative and qualitative data available.)
- AIM Statement (Specific and Measurable Performance Improvement Goal): (Measure of change) + (in what) + (by whom) + (by when)
- Implementation Plan/Milestones (Due dates and durations. Key milestones: Insert target dates and activities.)
- Team members: roles, responsibilities
- Stakeholders: roles, needs/requirements

Validation: Submission a Racial Equity Core Team charter
Due date: 3/10/22

Deliverable 7: Organizational Racial Equity Action Plan
Create a racial equity action plan. Action plan content should include the five components identified by the Government Alliance on Race and Equity3:

1) Racial Equity Guiding Statement
   a) How does your jurisdiction's existing mission statement relate to racial equity?
   b) What is OEI's unique role in the jurisdiction-wide effort to achieve racial equity?
   c) What principles or shared values are reflected in this guiding statement?

2) Identify Results and Community Indicators then Create Outcomes
   a) What needs or opportunities were identified during the research and assessment phase of this process?
   b) What needs to be different in our jurisdiction's culture, workforce, policies, practices, and procedures? What change do we ideally want (not just for what we would settle)?
   c) What does our jurisdiction define as the most important racially equitable outcomes?
   d) What are some known racial inequities in your jurisdiction? What are the root causes or factors creating these racial inequities?

---

2 Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: Racial Equity Core Teams: The Engines of Institutional Change, https://www.racialequityalliance.org/wp-content/uploads/2018/11/RaceForward_CORETeamsToolGuide_Final.pdf

3 Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: Racial Equity Action Plans: A How-to Manual, https://www.racialequityalliance.org/resources/racial-equity-action-plans-manual/

e) How does your jurisdiction's relationship with communities of color need to change? How can those most adversely affected by an issue be actively involved in solving it?
f) How will proposed outcomes address root causes of racial disparities and advance institutional and/or systemic change?

3) Create Actions to Achieve Each Outcome
   a) Were any actionable solutions identified during the information gathering phase of this process? Are there actions prioritized by communities of color?
   b) What is a specific change in policy, practice, or procedure that could help produce more equitable outcomes?
   c) How will an action decrease racial disparities?
   d) Are there any unintended consequences? Can they be mitigated?
   e) What capacity is needed to successfully implement the action?
   f) How will an action be implemented and by whom?
   g) Is the action achievable within the lifetime of the plan?
   h) Is the action measurable and how will it be measured?

4) Create Performance Measures for Each Action and Commit to a Completion Date
   a) What is your timeline?
   b) How will you evaluate and report progress over time?
   c) How will you know the action is complete?
   d) Can you retain stakeholder participation and ensure internal and public accountability?

5) Identify the Lead Position or Body that Holds the Position Accountable for Completion of Each Action

Do not submit a narrative response to the reflection questions identified. These reflection questions suggest the type of information to be reflected on during the development and/or included in the action plan that achieve a high-quality, comprehensive plan of action.

Validation: Submission of comprehensive action plan inclusive of all five required components
Due date: 1/10/23

Deliverable 8: GARE Membership
$1,500 to support organization's application process to join the Government Alliance on Race & Equity as a Core member.

https://www.racialequityalliance.org/members/join/

Validation: Proof of application
Due date: 7/10/22

EPIDEMIOLOGY (and FIMR)

Deliverable 9: Priority Service Areas
Submit final priority service area methodology. Analysis must be complete to qualify for payment. Priority geographies at a zip code or census tract level must be identified and included.

Reference Appendix E for priority service area data. OEI teams should refine priority service geographies based on additional data sources and local context.

Validation: Submission of priority service areas
Due date: 3/10/22

Deliverable 10: Data analysis plan
Submit data analysis plan of required and locally derived data metrics.

Validation: Submission of data analysis plan
Due date: April 10, 2022

Deliverable 11: Perinatal Periods of Risk Phase 1
Complete PPOR Phase 1.

Validation: PPOR Phase 1 results submitted
Due date: June 10, 2022

Deliverable 12: Data dissemination
Communicate infant mortality or infant mortality-related data through defined channels in order to reach various target groups. Leveraging the Center for Disease Control and Prevention's data dissemination framework4 to develop and distribute a data product.

The purpose of data dissemination is to:

- Elicit immediate action
- Promote behavior change
- Share new information or insights
- Solicit support or participation
- Educate about recent findings or accomplishments
- Document magnitude of health problem
- Justify program activities
- Prepare for an upcoming intervention or program

Key components of data dissemination:

- Establish communications message
- Define the audience
- Select the communication channel
- Market the message
- Evaluate the impact

Validation: Submission of data product shared with stakeholders
Due date: Quarterly; 10th of April, July, October, January

Deliverable 13: Annual report template
Submit annual report template. All outlined ODH-required components must be included to qualify for payment.

Validation: Submission of annual report template
Due date: September 10, 2022

4 CDC Data Dissemination: https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/21/data-dissemination_ppt_final_09252013.pdf

Deliverable 14: Annual report
Submit annual data report. All ODH-required components must be included to qualify for payment.

Validation: Submission of annual report
Due date: January 10, 2023

Deliverable 15: OEI project mid-year self-assessment
Complete mid-year self-assessment in alignment with expected monitoring and evaluation plan activities.

Validation: Submission of completed assessment
Due date: July 10, 2022

Deliverable 16: Fetal Infant Mortality Review (FIMR)
Completion of all required FIMR objectives.

Objective 1: Administrative
Administrative (25% of maximum level of funding) reimbursement when staff is identified by time equivalent (e.g. 0.5 FTE, 1.0 FTE) and maintained to support the coordination and implementation of deliverables not to exceed 25% of maximum level of funding for FIMR. Reimbursement will be provided in four quarterly payments based on retention of identified staff at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement will not be paid unless a new staff person is identified and approved by ODH during that quarter or before) report to ODH by 4/10/2022, 7/10/2022 and 10/10/2022, 1/10/2023.

Objective 2: Quarterly Reports
Submission of completed quarterly FIMR reports to ODH for approval by 4/10/2022, 7/10/2022 and 10/10/2022, 1/10/2023. All data fields must be complete to qualify for payment ($1,500 per quarter). The total amount billed on the quarterly report must match the amount expensed for Deliverable 17 in GMIS per the OEI Running Expenditure Report. Fetal death cases must also be entered into the Case Reporting System with the National Center for Child Fatality Review and Prevention for payment. Case Review Team recommendations and Community Action Team activities must be documented quarterly.

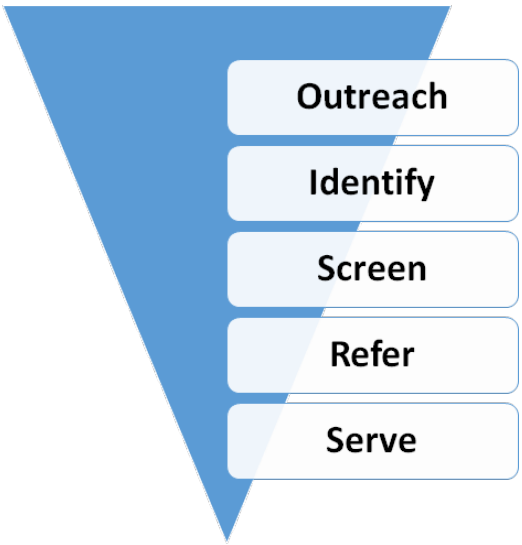
Objective 3: Fetal Death Reviews
Completion of a minimum required number of fetal death reviews based on 15% of 3-year averages compiled using Vital Statics (VS) data provided by ODH per Appendix N. Averages will be based on 2018 – 2020 VS data. Quarterly submission of a fetal death review tracking sheet in a format provided by ODH is required. The Quarterly reimbursement and tracking sheet example are included in Appendix N. For all cases reviewed, fetal death cases must be entered into the Case Reporting System with the National Center for Child Fatality Review and Prevention. Final payment is contingent upon completion of required number of fetal death reviews and documentation in the Case Reporting System

Objective 4: Maternal Interviews
Completion of maternal interview information (infant and fetal death reviews) must be entered into the National Center for Child Fatality Review and Prevention Case Reporting System Quarterly deliverable total to be calculated using the following formula: (Total maternal interviews completed) x ($300) quarterly. Maximum reimbursement of 15 maternal interviews per year ($300 per maternal interview.) Maximum funding amounts listed in Appendix N.

Should a portion of Objective 4: Maternal Interviews funds be used to provide incentives for completion of maternal interviews, the following reporting documentation must be provided to ODH quarterly. Subrecipients are required to maintain a log of all client incentives purchased and distributed. Log must contain amount of incentive, type of incentive (Ex. gift card, gas card, etc.), the card number (if applicable), date given, client identifier, signature and name of staff providing incentive.

NEIGHBORHOOD NAVIGATION

Deliverable 17: Serve Black and/or African American people through Neighborhood Navigation



Identify, screen, refer and serve Black and/or African pregnant people (85% of total goal) and additional populations (up to 15% of totally goal) as outlined in Appendix H.

Per Appendix K, serve required minimum of unique people by providing appropriate connections or referrals. Three required follow-ups must be completed to qualify for payment and comply with all REDCap Data Entry protocols, Appendix L. May be reimbursed monthly or quarterly as confirmed by REDCap data entry. *At least 25% of awarded OEI grant dollars (not including FIMR) must be tied to this deliverable.*

Validation: REDCap data as monitored by ODH
Due date: Monthly; 10th of each month

Deliverable 18: Prioritization of Black/African American communities served by Neighborhood Navigation

As validated by REDCap data, 80% of people served must identify as Black and/or African American. Reimbursement will be received biannually, at the close of Q2 and Q4, as validated by ODH. A sliding scale (see table below) will be used to determine proportion of reimbursement of this deliverable biannually. Therefore, teams will be eligible for 50% of the annual deliverable amount based on the average proportion of Black/African American people served during the identified quarters (Q1/Q2 and Q3/Q4). *At least 5% of awarded OEI grant dollars (not including FIMR) must be tied to this deliverable.*

Proportion of people who self-identify as Black and/or African American	0-24%	25-49%	50-74%	75-100%
Proportion of Del. # reimbursement	25%	50%	75%	100%

Validation: REDCap Data as validated by ODH
Due date: Biannually; July 10, 2022 & January 10, 2023

Deliverable 19: Prioritization of non-traditional avenues of outreach

Per Appendix H, 75% of peopled served must be identified through non-traditional avenues of outreach. Reimbursement will be received biannually, at the close of Q2 and Q4, as validated by ODH.

Validation: REDCap Data as validated by ODH
Due date: Biannually; July 10, 2022 & January 10, 2023

Deliverable 20: Needs met through referral or connection
Of people served, 95% of identified needs were addressed by an appropriate connection or referral. (Average; proportional to the actual number of people served.) Reimbursement will be received biannually, at the close of Q2 and Q4, as validated by ODH.

Validation: REDCap Data as validated by ODH
Due date: Biannually; July 10, 2022 & January 10, 2023

Deliverable 21: Resource portfolio
Develop and maintain a portfolio of resources to facilitate connections and referrals for eligible people to needed clinical and social services as identified by the screening tool. The portfolio should, at a minimum, include referral resources for screening needs identified in the ODH-provided Neighborhood Navigator screening tool.

Validation: Submit resource portfolio
Due date: April 10, 2022

POLICY

Deliverable 22: Social Determinants of Health team documents
Per Appendix I, using the ODH-provided template develop a Social Determinants of Health team document inclusive of:

- Team charter
- Team roster
- Key milestones

Validation: Submission of SDOH Team document
Due date: July 10, 2022

Deliverable 23: Select area of focus for policy change
Identify the policy change focus area. Submit document outlining the policy change area of focus and the policy your team will pursue for adoption in OE23, and implementation in OE24. Template will be provided by ODH, but at a minimum will include the following information:

- Policy change to be pursued by SDOH Team
- Data shared with, and utilized by the SDOH team, to determine area of focus
- Logic of how the selected policy change will address root causes of inequities in birth outcomes for Black and/or African American families
- Identify policy performance and outcome measures
    - Select and submit performance and outcome measures that will be used to monitor and evaluate the effectiveness of policy change efforts over the 3-year grant period. These performance and outcome measures must answer the questions:
        - What did we do?
        - How well did we do it?
        - What Difference did it make?

Validation: Submission of policy identification document
Due date: December 10, 2022

Appendix C2
Deliverable Allocations

Name of Subgrant Program: Ohio Equity Institute
Budget Period: 1/1/22-12/31/22
# of Deliverables: 23
Use Budget Justification Scenario #: Deliverable Funding Only, Scenario 1

X Deliverables Only

	*Deliverable 1	Deliverable 2	Deliverable 3	Deliverable 4	Deliverable 5
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lorain	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

	Deliverable 6	Deliverable 7	Deliverable 8	Deliverable 9	Deliverable 10
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lorain	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

	Deliverable 11	Deliverable 12	Deliverable 13	Deliverable 14	Deliverable 15
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lorain	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

	Deliverable 16	**^Deliverable 17**	**~Deliverable 18**	**Deliverable 19**	**Deliverable 20**
Butler	$ 19,375.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	$ 34,375.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	$ 36,875.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	$ 28,125.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lorain	$ 16,875.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	$ 19,375.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	$ 16,875.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	$ 21,875.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	$ 19,375.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	$ 21,875.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

	Deliverable 11	**Deliverable 22**	**Deliverable 23**	**Deliverable 24**
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lorain	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

Funding for Deliverable 1 cannot exceed 20% of total grant funding.

^Funding for Deliverables 17 must comprise at least 25% of total grant funding.

~Funding for Deliverable 18 must comprise at least 5% of total grant funding.

Appendix D
Application Review Form

Applicant Information	
Applicant Agency: **GMIS #:**	**Amount Requested: $** OEI – $ FIMR- $

Required Components	Provided	Comments
Budget Justification	☐	**Meet requirements:** Up to 20% Del 1 - At least 25% Del 17 – At least 5% Del 18 - Match GMIS -
Project Narrative	☐	
OE22 Workplan	☐	
Logic Model	☐	
Data Security Policy	☐	
Budget Justification	☐	

Category	Max Score	Score	Comments
Executive Summary	**5**		
Description of target population(s) • Identify the target population • Using data to support and/or demonstrate the burden of health disparities and health inequities	1		
Describe the public health problem(s) that the program will address.	1		

Services and programs to be offered and what agency or agencies will implement each identified scope of work:
• Organizational health equity capacity
  ○ Health equity role
  ○ Data/epidemiology/FIMR
• Neighborhood Navigation
• Policy
	3		

Description of Applicant Agency/Documentation of Eligibility/Personnel	**11**		
Eligibility to apply • Briefly discuss the applicant agency's eligibility to apply.	1		
Agency and program structure • Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.	3		

Capacity • Describe the capacity of your organization, its personnel, or contractorsto communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. • Describe your organization's familiarity with racial equity and any current work to address health inequities in your programs and services. Describe any relevant organizational policies, plans, programs, publications, or trainings as attachments to this application.	4		
Team composition • Please identify each proposed team member, experience, role/core responsibilities and organization.	3		
Problem/Need	**9**		
Identify and describe the local health status concern(s) that will be addressed by the program. • Only restate national and state data if local data is not available. • The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. • The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.	5		
Explicitly describe segments of the target population who experiences a disproportionateburden for the health concern or issue; or whoare at an increased risk for the problem addressed by this funding opportunity.	3		
Include a description of other agencies/organizations, in your area, also addressing this problem/ need.	1		
Methodology	**20**		
Describe how the submitted workplan content will be coordinated, implemented, andmonitored. • Articulate how your organization will	10		

facilitate the outlined grant scopes of work: organizational capacity, Neighborhood Navigation, and policy.			
Describe how you will prioritize racial equity in all OEI activities.	5		
Identify how data will be used to drive implementation of grant scopes of work.	3		
Develop an OEI logic model and include as an application attachment.	2		
TOTAL	**50**		

Appendix E
Priority Service Areas

The data included in the tables below was provided by the Ohio Department of Health (ODH). For each of the ten OEI counties Vital Statistics ZIP code level birth and mortality data was combined for years 2015 through 2019. All the chosen indicators included *best* represent the population, goals, and objectives of the OEI 2.0 grant.

Method:

The number of 'Black Births', 'Black Preterm Birth (PTB)', 'Black Low Birth Weight (LBW)', and 'Black Deaths' were determined for each ZIP code within the county, then from those data the 'Black Infant Mortality Rate (IMR)', 'Percent (%) Black PTB', and '% Black LBW' rates were calculated accordingly. Next, the total for *all ZIP codes combined* was provided in the row labeled 'Total.' The '% Total Black Births' for each ZIP code was then calculated by taking the 'Black Births' count for a given ZIP code and dividing it by the 'Total' Black births within that county. The result is the proportion, or how much, of the Black births in a ZIP code contribute to the total Black births within the county itself over the five-year period. Using the same process, the '% Total Black PTB,' '% Total Black LBW,' and '% Total Black Deaths' was reported for each ZIP code. Finally, for each of those percentages conditional formatting was used to determine if the value was above or below the county average. ZIP code values that are *above* average within the county are highlighted in yellow. ODH recommends prioritizing at a minimum the ZIP codes where *at least* three of the '% Total' indicators are yellow.

Black Birth Outcomes in the 10 OEI Counties (2015 - 2019 Combined Data)

Butler	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
45011	628	7	78	7	*	1.1%	12.4%	24.1%	21.9%	25.9%	14.9%
45013	185	2	20	4	*	1.1%	10.8%	7.1%	6.3%	6.6%	8.5%
45014	714	10	62	14	19.6	1.4%	8.7%	27.4%	31.3%	20.6%	29.8%
45015	57	1	9	2	*	1.8%	15.8%	2.2%	3.1%	3.0%	4.3%
45042	91	0	12	0	*	0.0%	13.2%	3.5%	0.0%	4.0%	0.0%
45044	509	10	75	17	33.4	2.0%	14.7%	19.5%	31.3%	24.9%	36.2%
45050	53	0	3	0	*	0.0%	5.7%	2.0%	0.0%	1.0%	0.0%
45056	35	0	8	0	*	0.0%	22.9%	1.3%	0.0%	2.7%	0.0%
45067	26	0	2	0	*	0.0%	7.7%	1.0%	0.0%	0.7%	0.0%
45069	256	2	21	3	*	0.8%	8.2%	9.8%	6.3%	7.0%	6.4%
45241	16	0	0	0	*	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%
45246	35	0	11	0	*	0.0%	31.4%	1.3%	0.0%	3.7%	0.0%
Total	**2605**	**32**	**301**	**47**							

Cuyahoga	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
44017	59	2	10	2	*	3.4%	16.9%	0.2%	0.4%	0.2%	0.4%
44022	24	1	4	0	*	4.2%	16.7%	0.1%	0.2%	0.1%	0.0%
44040	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44070	79	1	9	1	*	1.3%	11.4%	0.3%	0.2%	0.2%	0.2%
44101	3	0	1	0	*	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%
44102	1019	16	162	21	20.6	1.6%	15.9%	3.7%	3.2%	3.8%	4.6%
44103	843	20	140	14	16.6	2.4%	16.6%	3.0%	4.0%	3.3%	3.1%

44104	2074	46	371	41	19.8	2.2%	17.9%	7.5%	9.3%	8.8%	9.1%
44105	1999	43	309	30	15.0	2.2%	15.5%	7.2%	8.7%	7.3%	6.6%
44106	785	10	126	11	14.0	1.3%	16.1%	2.8%	2.0%	3.0%	2.4%
44107	219	1	27	4	*	0.5%	12.3%	0.8%	0.2%	0.6%	0.9%
44108	1443	39	249	31	21.5	2.7%	17.3%	5.2%	7.9%	5.9%	6.9%
44109	685	21	105	14	20.4	3.1%	15.3%	2.5%	4.2%	2.5%	3.1%
44110	1132	23	171	24	21.2	2.0%	15.1%	4.1%	4.6%	4.1%	5.3%
44111	609	6	81	12	19.7	1.0%	13.3%	2.2%	1.2%	1.9%	2.7%
44112	1208	26	200	23	19.0	2.2%	16.6%	4.3%	5.2%	4.8%	5.1%
44113	343	5	54	7	*	1.5%	15.7%	1.2%	1.0%	1.3%	1.5%
44114	77	2	17	3	*	2.6%	22.1%	0.3%	0.4%	0.4%	0.7%
44115	692	7	123	16	23.1	1.0%	17.8%	2.5%	1.4%	2.9%	3.5%
44116	21	0	4	0	*	0.0%	19.0%	0.1%	0.0%	0.1%	0.0%
44117	407	7	61	5	*	1.7%	15.0%	1.5%	1.4%	1.4%	1.1%
44118	824	10	104	7	*	1.2%	12.6%	3.0%	2.0%	2.5%	1.5%
44119	437	4	85	5	*	0.9%	19.5%	1.6%	0.8%	2.0%	1.1%
44120	1561	24	219	23	14.7	1.5%	14.0%	5.6%	4.8%	5.2%	5.1%
44121	1219	13	164	19	15.6	1.1%	13.5%	4.4%	2.6%	3.9%	4.2%
44122	488	7	53	4	*	1.4%	10.9%	1.8%	1.4%	1.3%	0.9%
44123	803	14	108	12	14.9	1.7%	13.4%	2.9%	2.8%	2.6%	2.7%
44124	310	6	35	3	*	1.9%	11.3%	1.1%	1.2%	0.8%	0.7%
44125	1109	19	154	19	17.1	1.7%	13.9%	4.0%	3.8%	3.7%	4.2%
44126	30	2	3	0	*	6.7%	10.0%	0.1%	0.4%	0.1%	0.0%
44127	244	3	35	3	*	1.2%	14.3%	0.9%	0.6%	0.8%	0.7%
44128	1822	31	276	27	14.8	1.7%	15.1%	6.5%	6.3%	6.6%	6.0%
44129	131	5	19	1	*	3.8%	14.5%	0.5%	1.0%	0.5%	0.2%
44130	201	1	19	2	*	0.5%	9.5%	0.7%	0.2%	0.5%	0.4%
44131	17	0	2	0	*	0.0%	11.8%	0.1%	0.0%	0.0%	0.0%
44132	806	10	123	5	*	1.2%	15.3%	2.9%	2.0%	2.9%	1.1%
44133	39	0	3	0	*	0.0%	7.7%	0.1%	0.0%	0.1%	0.0%
44134	140	2	10	2	*	1.4%	7.1%	0.5%	0.4%	0.2%	0.4%
44135	564	9	92	11	19.5	1.6%	16.3%	2.0%	1.8%	2.2%	2.4%
44136	67	0	9	0	*	0.0%	13.4%	0.2%	0.0%	0.2%	0.0%
44137	1265	26	207	18	14.2	2.1%	16.4%	4.5%	5.2%	4.9%	4.0%
44138	23	0	0	0	*	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
44139	104	0	11	1	*	0.0%	10.6%	0.4%	0.0%	0.3%	0.2%
44140	10	0	3	0	*	0.0%	30.0%	0.0%	0.0%	0.1%	0.0%
44141	5	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44142	68	1	10	3	*	1.5%	14.7%	0.2%	0.2%	0.2%	0.7%
44143	453	5	54	3	*	1.1%	11.9%	1.6%	1.0%	1.3%	0.7%
44144	172	6	24	6	*	3.5%	14.0%	0.6%	1.2%	0.6%	1.3%
44145	45	2	5	1	*	4.4%	11.1%	0.2%	0.4%	0.1%	0.2%
44146	1068	19	146	17	15.9	1.8%	13.7%	3.8%	3.8%	3.5%	3.8%
44147	67	1	8	0	*	1.5%	11.9%	0.2%	0.2%	0.2%	0.0%
44149	17	0	4	1	*	0.0%	23.5%	0.1%	0.0%	0.1%	0.2%
44190	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Total	27833	496	4209	452

Franklin	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
43004	620	8	63	6	*	1.3%	10.2%	2.1%	2.3%	1.8%	1.6%
43016	113	0	15	0	*	0.0%	13.3%	0.4%	0.0%	0.4%	0.0%
43017	102	0	13	2	*	0.0%	12.7%	0.4%	0.0%	0.4%	0.5%
43026	336	3	26	1	*	0.9%	7.7%	1.2%	0.9%	0.7%	0.3%
43054	124	2	15	1	*	1.6%	12.1%	0.4%	0.6%	0.4%	0.3%
43065	19	0	1	0	*	0.0%	5.3%	0.1%	0.0%	0.0%	0.0%
43068	1125	24	137	17	15.1	2.1%	12.2%	3.9%	6.9%	3.9%	4.6%
43081	675	4	79	7	*	0.6%	11.7%	2.3%	1.1%	2.2%	1.9%
43085	129	3	19	1	*	2.3%	14.7%	0.4%	0.9%	0.5%	0.3%
43109	3	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
43110	1152	10	149	9	*	0.9%	12.9%	4.0%	2.9%	4.2%	2.4%
43119	239	5	31	4	*	2.1%	13.0%	0.8%	1.4%	0.9%	1.1%
43123	320	1	38	1	*	0.3%	11.9%	1.1%	0.3%	1.1%	0.3%
43125	242	3	33	2	*	1.2%	13.6%	0.8%	0.9%	0.9%	0.5%
43137	6	0	2	0	*	0.0%	33.3%	0.0%	0.0%	0.1%	0.0%
43201	471	9	69	11	23.4	1.9%	14.6%	1.6%	2.6%	1.9%	3.0%
43202	39	1	5	0	*	2.6%	12.8%	0.1%	0.3%	0.1%	0.0%
43203	628	7	93	6	*	1.1%	14.8%	2.2%	2.0%	2.6%	1.6%
43204	666	10	98	12	18.0	1.5%	14.7%	2.3%	2.9%	2.8%	3.2%
43205	634	8	105	8	*	1.3%	16.6%	2.2%	2.3%	3.0%	2.2%
43206	849	8	140	12	14.1	0.9%	16.5%	2.9%	2.3%	3.9%	3.2%
43207	1011	9	139	14	13.8	0.9%	13.7%	3.5%	2.6%	3.9%	3.8%
43209	484	6	60	7	*	1.2%	12.4%	1.7%	1.7%	1.7%	1.9%
43210	7	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
43211	1365	18	227	26	19.0	1.3%	16.6%	4.7%	5.2%	6.4%	7.0%
43212	23	0	1	0	*	0.0%	4.3%	0.1%	0.0%	0.0%	0.0%
43213	1701	15	201	20	11.8	0.9%	11.8%	5.9%	4.3%	5.7%	5.4%
43214	110	1	9	1	*	0.9%	8.2%	0.4%	0.3%	0.3%	0.3%
43215	70	1	14	1	*	1.4%	20.0%	0.2%	0.3%	0.4%	0.3%
43216	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
43217	41	0	5	0	*	0.0%	12.2%	0.1%	0.0%	0.1%	0.0%
43219	2116	39	248	25	11.8	1.8%	11.7%	7.3%	11.2%	7.0%	6.7%
43220	101	3	11	0	*	3.0%	10.9%	0.3%	0.9%	0.3%	0.0%
43221	53	0	4	0	*	0.0%	7.5%	0.2%	0.0%	0.1%	0.0%
43222	107	2	20	2	*	1.9%	18.7%	0.4%	0.6%	0.6%	0.5%
43223	786	13	120	12	15.3	1.7%	15.3%	2.7%	3.7%	3.4%	3.2%
43224	2177	18	224	29	13.3	0.8%	10.3%	7.5%	5.2%	6.3%	7.8%
43227	1342	13	182	17	12.7	1.0%	13.6%	4.6%	3.7%	5.1%	4.6%
43228	1762	10	173	18	10.2	0.6%	9.8%	6.1%	2.9%	4.9%	4.9%
43229	2492	43	277	36	14.4	1.7%	11.1%	8.6%	12.3%	7.8%	9.7%
43230	893	7	88	8	*	0.8%	9.9%	3.1%	2.0%	2.5%	2.2%

43231	1043	11	76	13	12.5	1.1%	7.3%	3.6%	3.2%	2.1%	3.5%
43232	2642	34	328	42	15.9	1.3%	12.4%	9.1%	9.7%	9.2%	11.3%
43235	202	0	14	0	*	0.0%	6.9%	0.7%	0.0%	0.4%	0.0%
Total	**29022**	**349**	**3552**	**371**							

Hamilton	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
45001	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
45002	23	0	1	0	*	0.0%	4.3%	0.1%	0.0%	0.0%	0.0%
45030	11	0	0	0	*	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
45052	2	0	1	0	*	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
45111	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
45140	37	2	3	0	*	5.4%	8.1%	0.2%	0.8%	0.1%	0.0%
45202	384	6	69	8	*	1.6%	18.0%	2.2%	2.4%	2.7%	2.8%
45203	190	2	29	2	*	1.1%	15.3%	1.1%	0.8%	1.1%	0.7%
45204	230	5	28	5	*	2.2%	12.2%	1.3%	2.0%	1.1%	1.7%
45205	739	7	125	11	14.9	0.9%	16.9%	4.2%	2.8%	4.8%	3.8%
45206	414	12	71	8	*	2.9%	17.1%	2.3%	4.9%	2.8%	2.8%
45207	299	2	39	5	*	0.7%	13.0%	1.7%	0.8%	1.5%	1.7%
45208	50	3	7	1	*	6.0%	14.0%	0.3%	1.2%	0.3%	0.3%
45209	51	0	7	0	*	0.0%	13.7%	0.3%	0.0%	0.3%	0.0%
45211	1357	14	188	11	8.1	1.0%	13.9%	7.6%	5.7%	7.3%	3.8%
45212	282	5	43	6	*	1.8%	15.2%	1.6%	2.0%	1.7%	2.1%
45213	283	6	44	4	*	2.1%	15.5%	1.6%	2.4%	1.7%	1.4%
45214	586	11	85	16	27.3	1.9%	14.5%	3.3%	4.5%	3.3%	5.6%
45215	769	5	102	10	13.0	0.7%	13.3%	4.3%	2.0%	4.0%	3.5%
45216	212	2	39	3	*	0.9%	18.4%	1.2%	0.8%	1.5%	1.0%
45217	168	2	16	3	*	1.2%	9.5%	0.9%	0.8%	0.6%	1.0%
45218	45	0	4	7	*	0.0%	8.9%	0.3%	0.0%	0.2%	2.4%
45219	238	8	41	0	*	3.4%	17.2%	1.3%	3.2%	1.6%	0.0%
45220	154	2	31	0	*	1.3%	20.1%	0.9%	0.8%	1.2%	0.0%
45221	2	0	1	0	*	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
45223	743	13	116	8	*	1.7%	15.6%	4.2%	5.3%	4.5%	2.8%
45224	696	9	110	15	21.6	1.3%	15.8%	3.9%	3.6%	4.3%	5.2%
45225	1121	10	174	17	15.2	0.9%	15.5%	6.3%	4.0%	6.7%	5.9%
45226	17	1	3	1	*	5.9%	17.6%	0.1%	0.4%	0.1%	0.3%
45227	294	1	33	1	*	0.3%	11.2%	1.7%	0.4%	1.3%	0.3%
45229	814	8	135	17	20.9	1.0%	16.6%	4.6%	3.2%	5.2%	5.9%
45230	171	3	33	4	*	1.8%	19.3%	1.0%	1.2%	1.3%	1.4%
45231	1330	15	193	21	15.8	1.1%	14.5%	7.5%	6.1%	7.5%	7.3%
45232	783	9	116	15	19.2	1.1%	14.8%	4.4%	3.6%	4.5%	5.2%
45233	48	0	10	0	*	0.0%	20.8%	0.3%	0.0%	0.4%	0.0%
45236	188	1	26	2	*	0.5%	13.8%	1.1%	0.4%	1.0%	0.7%
45237	929	16	138	16	17.2	1.7%	14.9%	5.2%	6.5%	5.3%	5.6%
45238	1142	13	136	15	13.1	1.1%	11.9%	6.4%	5.3%	5.3%	5.2%

45239	846	17	114	19	22.5	2.0%	13.5%	4.8%	6.9%	4.4%	6.6%
45240	1050	23	147	22	21.0	2.2%	14.0%	5.9%	9.3%	5.7%	7.6%
45241	81	1	12	2	*	1.2%	14.8%	0.5%	0.4%	0.5%	0.7%
45242	57	0	6	1	*	0.0%	10.5%	0.3%	0.0%	0.2%	0.3%
45243	12	0	0	0	*	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
45244	21	0	2	0	*	0.0%	9.5%	0.1%	0.0%	0.1%	0.0%
45246	252	1	26	2	*	0.4%	10.3%	1.4%	0.4%	1.0%	0.7%
45247	93	0	6	0	*	0.0%	6.5%	0.5%	0.0%	0.2%	0.0%
45248	59	0	8	1	*	0.0%	13.6%	0.3%	0.0%	0.3%	0.3%
45249	36	2	5	2	*	5.6%	13.9%	0.2%	0.8%	0.2%	0.7%
45250	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
45251	440	10	51	6	*	2.3%	11.6%	2.5%	4.0%	2.0%	2.1%
45252	14	0	2	0	*	0.0%	14.3%	0.1%	0.0%	0.1%	0.0%
45253	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
45255	30	0	5	1	*	0.0%	16.7%	0.2%	0.0%	0.2%	0.3%
Total	**17799**	**247**	**2581**	**288**							

Lorain	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
44001	9	0	1	0	*	0.0%	11.1%	0.4%	0.0%	0.3%	0.0%
44011	50	0	3	0	*	0.0%	6.0%	2.3%	0.0%	1.0%	0.0%
44012	13	1	3	0	*	7.7%	23.1%	0.6%	3.0%	1.0%	0.0%
44028	2	0	0	0	*	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
44035	780	20	126	12	15.4	2.6%	16.2%	35.2%	60.6%	41.0%	44.4%
44039	55	0	5	0	*	0.0%	9.1%	2.5%	0.0%	1.6%	0.0%
44050	4	0	0	0	*	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
44052	658	4	89	10	15.2	0.6%	13.5%	29.7%	12.1%	29.0%	37.0%
44053	208	3	26	1	*	1.4%	12.5%	9.4%	9.1%	8.5%	3.7%
44054	13	0	1	0	*	0.0%	7.7%	0.6%	0.0%	0.3%	0.0%
44055	356	5	47	3	*	1.4%	13.2%	16.1%	15.2%	15.3%	11.1%
44074	57	0	5	1	*	0.0%	8.8%	2.6%	0.0%	1.6%	3.7%
44089	1	0	1	0	*	0.0%	100.0%	0.0%	0.0%	0.3%	0.0%
44090	10	0	0	0	*	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%
44275	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	**2217**	**33**	**307**	**27**							

Lucas	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
43412	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
43522	1	0	1	0	*	0%	100%	0.0%	0.0%	0.1%	0.0%
43528	81	0	7	2	*	0%	9%	1.0%	0.0%	0.6%	1.7%
43537	92	0	5	0	*	0%	5%	1.2%	0.0%	0.4%	0.0%
43542	2	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
43558	5	0	1	0	*	0%	20%	0.1%	0.0%	0.1%	0.0%

43560	52	1	8	2	*	2%	15%	0.7%	1.0%	0.7%	1.7%
43566	3	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
43571	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
43604	667	8	141	10	15.0	1%	21%	8.6%	7.9%	12.5%	8.4%
43605	598	2	86	6	*	0%	14%	7.7%	2.0%	7.6%	5.0%
43606	588	6	103	9	*	1%	18%	7.6%	5.9%	9.1%	7.6%
43607	933	12	129	21	22.5	1%	14%	12.0%	11.9%	11.4%	17.6%
43608	650	6	112	8	*	1%	17%	8.4%	5.9%	9.9%	6.7%
43609	666	19	105	22	33.0	3%	16%	8.6%	18.8%	9.3%	18.5%
43610	245	9	44	7	*	4%	18%	3.2%	8.9%	3.9%	5.9%
43611	316	3	45	4	*	1%	14%	4.1%	3.0%	4.0%	3.4%
43612	561	6	78	8	*	1%	14%	7.2%	5.9%	6.9%	6.7%
43613	399	7	46	3	*	2%	12%	5.1%	6.9%	4.1%	2.5%
43614	461	8	49	4	*	2%	11%	5.9%	7.9%	4.3%	3.4%
43615	1011	10	109	9	*	1%	11%	13.0%	9.9%	9.6%	7.6%
43616	31	0	0	0	*	0%	0%	0.4%	0.0%	0.0%	0.0%
43617	11	0	0	0	*	0%	0%	0.1%	0.0%	0.0%	0.0%
43620	261	0	46	2	*	0%	18%	3.4%	0.0%	4.1%	1.7%
43623	113	4	17	2	*	4%	15%	1.5%	4.0%	1.5%	1.7%
43635	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
43697	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
Total	**7751**	**101**	**1132**	**119**							

Mahoning	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
44401	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
44405	191	1	34	2	*	1%	18%	5.9%	2.0%	6.1%	3.7%
44406	17	0	2	0	*	0%	12%	0.5%	0.0%	0.4%	0.0%
44429	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
44436	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
44449	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
44471	39	1	4	1	*	3%	10%	1.2%	2.0%	0.7%	1.9%
44502	477	8	88	3	*	2%	18%	14.7%	15.7%	15.9%	5.6%
44503	4	0	0	0	*	0%	0%	0.1%	0.0%	0.0%	0.0%
44504	132	1	18	2	*	1%	14%	4.1%	2.0%	3.3%	3.7%
44505	525	8	89	10	19.0	2%	17%	16.2%	15.7%	16.1%	18.5%
44506	85	0	16	0	*	0%	19%	2.6%	0.0%	2.9%	0.0%
44507	278	7	47	7	*	3%	17%	8.6%	13.7%	8.5%	13.0%
44509	409	6	70	9	*	1%	17%	12.6%	11.8%	12.7%	16.7%
44510	164	2	35	3	*	1%	21%	5.1%	3.9%	6.3%	5.6%
44511	352	4	59	6	*	1%	17%	10.9%	7.8%	10.7%	11.1%
44512	300	11	52	6	*	4%	17%	9.3%	21.6%	9.4%	11.1%
44514	42	0	6	0	*	0%	14%	1.3%	0.0%	1.1%	0.0%
44515	215	2	33	5	*	1%	15%	6.6%	3.9%	6.0%	9.3%
44672	5	0	0	0	*	0%	0%	0.2%	0.0%	0.0%	0.0%

Total	3239	51	553	54

Montgomery	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
45066	2	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45309	4	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45315	44	0	7	0	*	0%	16%	0.5%	0.0%	0.6%	0.0%
45322	140	0	8	1	*	0%	6%	1.5%	0.0%	0.6%	0.8%
45325	1	0	1	0	*	0%	100%	0.0%	0.0%	0.1%	0.0%
45327	9	0	2	0	*	0%	22%	0.1%	0.0%	0.2%	0.0%
45342	172	4	12	2	*	2%	7%	1.9%	3.0%	1.0%	1.6%
45345	5	0	0	1	*	0%	0%	0.1%	0.0%	0.0%	0.8%
45354	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45377	39	0	7	1	*	0%	18%	0.4%	0.0%	0.6%	0.8%
45401	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45402	489	7	83	5	*	1%	17%	5.3%	5.2%	6.6%	4.0%
45403	231	2	27	3	*	1%	12%	2.5%	1.5%	2.2%	2.4%
45404	182	2	10	2	*	1%	5%	2.0%	1.5%	0.8%	1.6%
45405	1044	13	160	15	14.4	1%	15%	11.3%	9.7%	12.8%	12.1%
45406	1160	29	171	16	13.8	3%	15%	12.6%	21.6%	13.6%	12.9%
45409	30	0	3	0	*	0%	10%	0.3%	0.0%	0.2%	0.0%
45410	221	6	32	4	*	3%	14%	2.4%	4.5%	2.6%	3.2%
45413	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45414	610	12	85	8	*	2%	14%	6.6%	9.0%	6.8%	6.5%
45415	247	4	28	4	*	2%	11%	2.7%	3.0%	2.2%	3.2%
45416	278	6	39	5	*	2%	14%	3.0%	4.5%	3.1%	4.0%
45417	1667	20	273	29	17.4	1%	16%	18.1%	14.9%	21.8%	23.4%
45419	46	1	5	1	*	2%	11%	0.5%	0.7%	0.4%	0.8%
45420	139	2	17	0	*	1%	12%	1.5%	1.5%	1.4%	0.0%
45424	570	6	58	8	*	1%	10%	6.2%	4.5%	4.6%	6.5%
45426	919	8	122	10	10.9	1%	13%	10.0%	6.0%	9.7%	8.1%
45429	76	0	9	0	*	0%	12%	0.8%	0.0%	0.7%	0.0%
45431	118	2	14	1	*	2%	12%	1.3%	1.5%	1.1%	0.8%
45432	54	0	9	0	*	0%	17%	0.6%	0.0%	0.7%	0.0%
45439	109	1	11	1	*	1%	10%	1.2%	0.7%	0.9%	0.8%
45440	117	1	10	1	*	1%	9%	1.3%	0.7%	0.8%	0.8%
45449	241	4	25	2	*	2%	10%	2.6%	3.0%	2.0%	1.6%
45458	151	3	16	3	*	2%	11%	1.6%	2.2%	1.3%	2.4%
45459	108	1	10	1	*	1%	9%	1.2%	0.7%	0.8%	0.8%
Total	9226	134	1254	124							

Stark	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
44601	151	3	21	4	*	2.0%	13.9%	6.2%	11.1%	7.0%	12.9%

44608	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44614	7	0	0	0	*	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%
44626	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44632	3	0	0	0	*	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
44634	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44641	9	0	1	0	*	0.0%	11.1%	0.4%	0.0%	0.3%	0.0%
44646	233	3	33	5	*	1.3%	14.2%	9.6%	11.1%	11.0%	16.1%
44647	29	1	3	1	*	3.4%	10.3%	1.2%	3.7%	1.0%	3.2%
44662	5	0	3	0	*	0.0%	60.0%	0.2%	0.0%	1.0%	0.0%
44685	5	0	0	0	*	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
44688	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44701	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44702	14	0	1	0	*	0.0%	7.1%	0.6%	0.0%	0.3%	0.0%
44703	176	0	18	1	*	0.0%	10.2%	7.2%	0.0%	6.0%	3.2%
44704	129	3	12	1	*	2.3%	9.3%	5.3%	11.1%	4.0%	3.2%
44705	460	4	63	6	*	0.9%	13.7%	18.9%	14.8%	21.0%	19.4%
44706	126	2	18	2	*	1.6%	14.3%	5.2%	7.4%	6.0%	6.5%
44707	354	3	41	4	*	0.8%	11.6%	14.5%	11.1%	13.7%	12.9%
44708	178	1	17	0	*	0.6%	9.6%	7.3%	3.7%	5.7%	0.0%
44709	150	2	19	2	*	1.3%	12.7%	6.2%	7.4%	6.3%	6.5%
44710	139	1	23	1	*	0.7%	16.5%	5.7%	3.7%	7.7%	3.2%
44714	128	1	13	2	*	0.8%	10.2%	5.2%	3.7%	4.3%	6.5%
44718	37	2	3	1	*	5.4%	8.1%	1.5%	7.4%	1.0%	3.2%
44720	60	0	6	1	*	0.0%	10.0%	2.5%	0.0%	2.0%	3.2%
44721	28	1	5	0	*	3.6%	17.9%	1.1%	3.7%	1.7%	0.0%
44730	13	0	0	0	*	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%
Total	**2439**	**27**	**300**	**31**							

Summit	Black Births	Black PTB	Black LBW	Black Deaths	Black IMR	% Black PTB	% Black LBW	% Total Black Births	% Total Black PTB	% Total Black LBW	% Total Black Deaths
44056	58	0	4	1	*	0.0%	6.9%	0.9%	0.0%	0.4%	1.0%
44067	64	1	11	1	*	1.6%	17.2%	1.0%	1.1%	1.1%	1.0%
44087	233	0	20	0	*	0.0%	8.6%	3.5%	0.0%	2.0%	0.0%
44146	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44202	11	0	1	0	*	0.0%	9.1%	0.2%	0.0%	0.1%	0.0%
44203	222	2	28	2	*	0.9%	12.6%	3.3%	2.2%	2.8%	1.9%
44221	100	3	12	2	*	3.0%	12.0%	1.5%	3.3%	1.2%	1.9%
44223	76	1	11	0	*	1.3%	14.5%	1.1%	1.1%	1.1%	0.0%
44224	128	0	19	0	*	0.0%	14.8%	1.9%	0.0%	1.9%	0.0%
44236	24	0	1	0	*	0.0%	4.2%	0.4%	0.0%	0.1%	0.0%
44250	4	0	2	0	*	0.0%	50.0%	0.1%	0.0%	0.2%	0.0%
44260	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44262	6	0	1	0	*	0.0%	16.7%	0.1%	0.0%	0.1%	0.0%
44264	3	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44278	88	2	12	1	*	2.3%	13.6%	1.3%	2.2%	1.2%	1.0%

44286	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44301	461	10	79	9	*	2.2%	17.1%	6.9%	10.9%	8.0%	8.6%
44302	126	2	19	3	*	1.6%	15.1%	1.9%	2.2%	1.9%	2.9%
44303	58	1	5	0	*	1.7%	8.6%	0.9%	1.1%	0.5%	0.0%
44304	117	0	16	1	*	0.0%	13.7%	1.7%	0.0%	1.6%	1.0%
44305	494	10	78	14	28.34	2.0%	15.8%	7.4%	10.9%	7.9%	13.3%
44306	1142	13	191	18	15.76	1.1%	16.7%	17.1%	14.1%	19.2%	17.1%
44307	598	7	109	12	20.07	1.2%	18.2%	8.9%	7.6%	11.0%	11.4%
44308	6	0	3	0	*	0.0%	50.0%	0.1%	0.0%	0.3%	0.0%
44309	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44310	441	2	58	9	*	0.5%	13.2%	6.6%	2.2%	5.8%	8.6%
44311	328	6	60	5	*	1.8%	18.3%	4.9%	6.5%	6.0%	4.8%
44312	86	1	6	1	*	1.2%	7.0%	1.3%	1.1%	0.6%	1.0%
44313	419	6	50	7	*	1.4%	11.9%	6.3%	6.5%	5.0%	6.7%
44314	384	8	53	5	*	2.1%	13.8%	5.7%	8.7%	5.3%	4.8%
44319	41	0	9	0	*	0.0%	22.0%	0.6%	0.0%	0.9%	0.0%
44320	814	15	121	12	14.74	1.8%	14.9%	12.2%	16.3%	12.2%	11.4%
44321	77	1	3	2	*	1.3%	3.9%	1.2%	1.1%	0.3%	1.9%
44325	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44333	45	0	4	0	*	0.0%	8.9%	0.7%	0.0%	0.4%	0.0%
44334	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44685	30	1	7	0	*	3.3%	23.3%	0.4%	1.1%	0.7%	0.0%
44720	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	**6695**	**92**	**993**	**105**							

Data Source: Resident Birth and Mortality Files from the Ohio Department of Health Bureau of Vital Statistics
** Rates based on fewer than 10 infant deaths do not meet standards of reliability or precision and are suppressed.*
PTB= Preterm birth
IMR= Infant mortality rate (per 1,000 live births)
LBW= Low birthweight

Appendix F
Organizational Capacity Scope

One (1) FTE Health Equity Position

Fill and sustain 1 (whole) FTE Health Equity position.

F.1 Core Competencies of Position 5

What are the skills and abilities needed by local health department staff to effectively address health inequities?

Personal Attributes	Knowledge of Public Health Framework	Understand the Social, Environmental and Structural Determinants of Health	Community Knowledge	Leadership
• life-long learner • self-reflective • reflects the diversity of the population that is served • passionate • creative and innovative • perseverant • active listener	• prepares program plans • understands / uses data in a systematic approach • takes a systems approach • understands PH core functions and services • conducts evaluation • conducts assessments • develops, analyzes and advocates for policies • organizes community	• understands and applies social justice principles • understands underlying causes of health inequities • understands connection between race, class, gender and health	• builds on strengths and assets of self and the community • works well and is comfortable with diversity • comfortable working in communities • knowledgeable about community issues & resources • understands current immigration patterns and issues	• works well within the LHD and in the community and serves as liaison between the two • engages, mobilizes, coaches and mentors others • understands and navigates power dynamics • "politically astute": is committed to understanding diverse interest groups and power bases including but not limited to City and County officials, State and Federal policy makers, leaders within organizations and the wider community, and the dynamic between them, so as to lead the organization more effectively.
Collaboration Skills	**Community Organizing**	**Problem Solving Ability**	**Cultural Competency Humility**	
• employs good interpersonal skills • "team" player • shares power • trusts partners • communicates well across disciplines	• inspires community involvement and ownership • inspires and builds trust • develops & promotes community leadership • develops & promotes community networks • values/elicits input and feedback from community	• uses negotiation and conflict resolution • willing to take risks • learns from failure	• respects cultures and demonstrates cultural humility • appreciates that diverse perspectives and roles are necessary to promote public health issues • communicates effectively across cultures • interprets data effectively across cultures	

5 Bay Area Regional Health Inequities Initiative, Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation, https://bd74492d-1deb-4c41-8765-52b2e1753891.filesusr.com/ugd/43f9bc_d4d3dcc60ab1412a913b296353719b3f.pdf

F.2 LHD Health Equity Core Competencies 6

What are the characteristics of a local health department that can effectively address health inequities?

Institutional Commitment to Address Health Inequities	Hiring to Address Health Inequities	Structure that Supports True Community Partnerships	Support Staff to Address Health Inequities	Transparent & Inclusive Communication (community, staff, partners, etc.)
• integrate public health and health equity into workforce and program development • decision making is inclusive • institutional commitment to primary prevention • institutional commitment to addressing health inequities • clear vision, goals and benchmarks • succession plan provides for continuity of vision and promotes new leadership • strategic plan and mission statement address health inequities • institutional practices reflect stated commitment to address health inequities	• Human Resources operations develop and promote job specifications and qualifications that reflect the skills and characteristics desired to address health equity • Human Resources operations' incorporate social justice principles, seek diversity, reflect the populations served, expand language capacity, build the workforce's capacity to address health inequities • Human Resources operations' provide living wages, schedule flexibility and continuing education • diversity at all levels of organization	• community partnerships are welcome and supported • structured to act • collaborates with other agencies and stakeholders to amplify health equity • addresses the needs of community residents such as child care, refreshments, etc., to promote their participation	• mentors staff • strongly supports professional growth • consistent supervision to reinforce practice • required training for all new permanent staff	• transparent communication • communication is multi-directional • solicits and uses community input • decision making is shared with community partners
Institutional Support for Innovation	**Creative Use of Categorical Funds**	**Community Accessible Data & Planning**	**Streamlined Administrative Process**	
• supports innovation (thinking outside box) • time for reflective thought • time to plan	• categorical and other funding sources are creatively braided or interwoven to provide a continuum and are sustained over time • non silo-ed ongoing/ stable funding	• data and needs assessments are accessible to community • integrated data are used for planning	• administrative processes are flexible and promote ease of use	

6 Bay Area Regional Health Inequities Initiative, Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation, https://bd74492d-1deb-4c41-8765-52b2e1753891.filesusr.com/ugd/43f9bc_d4d3dcc60ab1412a913b296353719b3f.pdf

F.3 Expectations of the Health Equity Position

- Develop organizational goals and objectives to address, reduce, and eliminate racial disparities and inequities.
- Design and/or coordinate organizational changes to enhance activities to eliminate health disparities and inequities
- Develop an organizational action plan to normalize, organize and operationalize organizational change to advance racial equity in alignment with Government Alliance on Race and Equity (GARE) 7 or other appropriate tools.
- Activities of the position should support growth toward or strengthening of LHD Health Equity Core Competencies **8**.

Normalize

Use a racial equity framework: Jurisdictions must use a racial equity framework that clearly articulates our vision for racial equity and the differences between individual, institutional, and structural racism—as well as implicit and explicit bias. It is important that staff—across the breadth and depth of a jurisdiction—develop a shared understanding of these concepts.

- Advocate for the use of a racial equity lens in creation in organizational and program policies and practices.
- Facilitate organizational completion of an organizational self-assessment tool.
- Build a common understanding among employees about the organization's equity goals and analysis, and its key strategies to achieve them.
    - Ex. Securing an organizational commitment to race/equity work; creating a more equitable organization culture

Operate with urgency and accountability: While it is often believed that change is hard and takes time, we have seen repeatedly that when we prioritize change and act with urgency, change is embraced and can occur quickly. The most effective path to accountability comes from creating clear action plans with built-in institutional accountability mechanisms. Collectively, we must create greater urgency and public will in order to achieve racial equity.

Organize

Build organizational capacity: Jurisdictions need to be committed to the breadth and depth of institutional transformation so that impacts are sustainable. While elected leaders and other top officials are a critical part, change takes place on the ground. We must build infrastructure that creates racial equity experts and teams throughout local and regional government.

- Develop an action plan to build internal capacity through racial equity training and actions. 9
- Staff teams within every department, with focus on the Maternal and Child Health department(s) for purposes of this grant, must be sufficiently knowledgeable, equipped with the necessary tools, and given responsibility for incorporating racial equity policies and processes into their regular job duties if a jurisdiction is to advance its goals successfully.
    - Ex. Recruiting, hiring, and retaining a diverse workforce; Developing accountability to partnership with communities of color; Applying an anti-racism lens to program, advocacy and decision making

Partner with other institutions and communities: The work of government on racial equity is necessary but not sufficient. To achieve racial equity, government must work in partnership with communities and other institutions

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7 Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: Racial Equity: Getting to Results, https://www.racialequityalliance.org/wp-content/uploads/2017/09/GARE_GettingtoEquity_July2017_PUBLISH.pdf

8 Bay Area Regional Health Inequities Initiative, Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation, https://bd74492d-1deb-4c41-8765-52b2e1753891.filesusr.com/ugd/43f9bc_d4d3dcc60ab1412a913b296353719b3f.pdf

9 Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: A Resource Guide to Put Ideas into Action, https://racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf

to achieve meaningful results.

- Establish or adopt a Racial Equity Core Team.
- Lead organizational change in authentic partnership and shared power and decision making with communities.
- Support local infant mortality stakeholders by building and maintaining relationships to promote community-based racial equity work.
    - Participate in aligned OEI-funded efforts. At a minimum, engagement with the OEI SDOH policy and navigation strategies.
    - When available, participate in health equity-related partner meetings.
    - Facilitate conversations and learning opportunities on racial equity for community stakeholders.

Operationalize

Implement racial equity tools: Racial inequities are neither natural nor random—they have been created and sustained over time. Inequities will not disappear on their own; tools must be used to change the policies, programs, and practices that perpetuate inequities. Using tools will help achieve better results within communities. Support organization in utilizing racial equity-related strategies and best practices in program design and implementation.

- Implement tool, as approved by ODH, to ensure racial equity is part of the planning, implementation and evaluation of programs and projects.
- Integrate racial equity into the foundation of entity policies and initiatives.

Be data-driven: Measurement must take place at two levels— first, to measure the success of specific programmatic and policy changes, and second, to develop baselines, set goals, and measure progress towards goals. It is critical that jurisdictions use data in this manner for accountability.

- Work with epidemiologists and programs to ensure data collected, reported, and used considers health disparities and inequities.

F.4 Recommended Organizational Health Equity Tools:
Below are the tools ODH recommends leveraging for purposes of the OEI grant. However, entities may identify different, preferred tools if they can validate their ability to support these identified core competencies.

Normalize

- Self-assessment
    - Bay Area Regional Health Inequities Initiative, Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation
        - https://bd74492d-1deb-4c41-8765-52b2e1753891.filesusr.com/ugd/43f9bc_d4d3dcc60ab1412a913b296353719b3f.pdf
- Resource Guide
    - Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: A Resource Guide to Put Ideas into Action
        - https://racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf

Organize

- Action Plan
    - Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: Racial Equity Action Plans: A How-to Manual
        - https://www.racialequityalliance.org/resources/racial-equity-action-plans-manual/
- Racial Equity Core Team
    - Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: Racial Equity Core Teams: The Engines of Institutional Change
        - https://www.racialequityalliance.org/wp-content/uploads/2018/11/RaceForward_CORETeamsToolGuide_Final.pdf

Operationalize

- Racial Equity Tool
    - Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: Racial Equity Toolkit: An Opportunity to Operationalize Equity
        - https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf
- Data
    - Government Alliance on Race and Equity, Advancing Racial Equity and Transforming Government: Racial Equity: Getting to Results
        - https://www.racialequityalliance.org/wp-content/uploads/2017/09/GARE_GettingtoEquity_July2017_PUBLISH.pdf

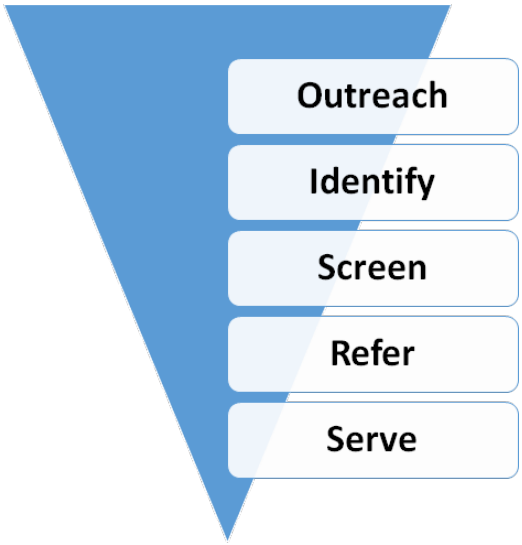
Appendix G
Epidemiology Scope

Epidemiology Activities

- Serve as local expert for projects related to infant mortality and maternal and child health epidemiology.
- Secure access to and regularly analyze data from a variety of sources including, but not limited to: Vital Statistics, Child Fatality Review (CFR), Fetal Infant Mortality Review (FIMR), Pregnancy-Associated Mortality Review (PAMR), Ohio Department of Medicaid-funded Infant Mortality Reduction Initiatives, Ohio Medicaid Assessment Survey (OMAS), Ohio Pregnancy Assessment Survey (OPAS), Social Vulnerability Index (SVI)[10], etc.
- Produce findings from analyses and interpret results for program review, priority setting, outcomes evaluation, and quality improvement.
    - Complete PPOR Phase 1.
- Consult with ODH quarterly re: preliminary county-level infant death data.
- Participate on the local Fetal Infant Mortality Review (FIMR) Case Review Team (CRT).
- Develop equity in birth outcomes priority service areas for outreach, and community engagement of organization and community partner activities.
    - Based on the data, determine the zip codes and/or census tracts to be designated as priority geographies for the duration of the three-year grant period.
    - Describe methodology of identifying priority geographies including the variables and data sources utilized.
        - On a quarterly basis, verify through locally developed mechanisms, where outreach activities and the priority population are being served in relation to priority geographies.
- Data dissemination
    - Dissemination of data should include establishing a communications message, defining the audience, selecting a communication channel, marketing the message tailored to the audience, and evaluating the impact of the final product.
        - Data products can include but are not limited to data profiles, ranking tables, data dashboards, priority geography maps, fulfilling external or internal data requests, data briefs, data reports etc.
- All of the activities described above should be incorporated within the OEI Data Analysis Plan.

[10] CDC Social Vulnerability Index: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Appendix H
Neighborhood Navigator Scope



H.1 Neighborhood Navigator Activities

- Conduct non-traditional forms of outreach which may include (but are not limited to):
  - Court systems, daycare centers, education systems, faith-based community, food pantries, homeless shelters, jails/correction centers, local businesses, public housing, social media, prenatal care providers, canvassing, etc.
- Identify and engage eligible individuals in need of clinical and social services across the designated priority service areas.
- Screen individuals to determine eligibility and need.
  - Eligibility and need will be determined utilizing the ODH-defined screening tool and will be documented using the ODH-determined platform.
    - 80% of people served must be African American.
    - 75% of people served must be from the identified priority service areas.
  - The ODH-defined screening tool components will, at a minimum include:
    - Waiver
    - Program eligibility
    - Client contact information
    - Client demographics
    - Pregnancy status
    - Current support services
    - Client history
    - Risk factors and referrals
    - Setting client was identified
    - Follow-ups
- Refer or connect the individual served to appropriate community resources
  - Ensure that 95% of all identified needs are addressed by an appropriate connection or referral.
- Follow-up with people to ensure identified health and social service needs have been addressed via a successful connection or referral, and any barriers or access issues have been documented within 14 days of connection.
  - Follow-up, at a minimum, must be conducted and documented 3 times.
- Identified strategies must be a shared goal and priority with existing Black and/or African American community and advisory networks.
  - Planning, design, and implementation of strategies must be in shared collaboration with community

advisory networks and local African American communities.

- Identified strategies must prioritize racial equity in the planning, design and implementation of the intervention through use of the Government Alliance on Race & Equity Racial Equity Toolkit or other approved tool.
    - Local OEI Epidemiologist is responsible for running analysis of birth outcomes to determine priority services areas.
- Serve minimum number of pregnant people and additional population as defined in Appendix L.
    - Eighty (80) percent of people served by OEI Neighborhood Navigators must self-identify as Black and/or African American.
    - Neighborhood Navigation Eligibility
        - 85% of people served must be:
            - 1) Pregnant
            - 2) Self-identify as Black and/or African American
    - Optional Additional Population Eligibility
        - Up to 15% of people served may be:
        - Although the primary priority population for OEI 2.0 Neighborhood Navigation is Black pregnant people, subrecipients are able to serve up to 15% of their required number from another population as chosen and defined by applicant. Application must show logic behind why serving this additional population will serve to improve birth outcomes for Black families. This group must be chosen based on data showing that there is a need in the community to serve this population. Populations may include groups such as: pre-conception, postpartum, or fathers.
        - ODH eligibility for this additional population: self-identify as Black and/or African American
        - The number of individuals allowable to be served through this scope of work is 15% of the minimum required # of pregnant people.
            - Example: Subrecipient is required to serve 100 individuals through Navigation. Subrecipient may choose to serve 15 of those individuals from their additional defined population.
        - It is expected that this additional population is served through the same Neighborhood Navigation process as outlined above (i.e., outreach, identification, screening, referral and 3 follow-ups).
        - Neighborhood Navigators will enter screening, referral, and follow-up data into the ODH-provided REDCap screening tool.
        - Subrecipient will be responsible for identifying community resources that are relevant for additional populations. Community resources must be included in the resource portfolio.
        - Local OEI Epidemiologist will be responsible for monitoring all REDCap data on an ongoing basis (monthly at a minimum).

H.2 Non-traditional Avenues of Outreach

Seventy-five percent (75%) of people served must be identified through non-traditional avenues of outreach.

- The purpose of the Neighborhood Navigator strategy is to serve as an outreach, identification and referral resource for all existing local programs that support healthy pregnancy, both clinical and social.
    - Navigation is intended to serve as an entry point to connect pregnant people to existing settings where services are already being provided.
        - Navigation should not be in competition of existing services but serve as an access point to identify and connect pregnant people to existing services through a short-term relationship of outreach, identification, screening, referral, and follow-up.
        - Navigation is not intended to address deficiencies in existing service providers' screening and referral processes. (For example, a particular service provider does a poor job of providing wrap-around referrals for people they serve and the responsibility is transitioned to a Neighborhood Navigator.)
- <u>The vision of the Neighborhood Navigator strategy is to establish local capacity to connect currently unserved pregnant people to needed clinical and social services.</u>

- Unserved pregnant people are defined as disconnected from existing systems and programs.
- Each OEI team is tasked with identifying avenues that result in engagement with pregnant people currently disconnected from programs that support healthy pregnancy.
- All primary avenues must be considered non-traditional outreach and prioritized in grant activities.
    - These primary avenues must be considered non-traditional and are expected to authentically fill a gap in existing outreach and identification capacity in the county. These non-traditional avenues are likely to support outreach and identification of pregnant people where existing systems and programs do not currently reach.
    - Examples of non-traditional outreach include (this list is not exhaustive):
        - Court systems, childcare centers, education systems, faith-based community, food pantries, homeless shelters, jails/correction centers, local businesses, prenatal care providers, public housing/apartments, social media, etc.
- Any traditional forms of outreach will be considered secondary avenues and require justification as grant activities.
    - Examples of traditional outreach include (this list is not exhaustive):
        - Referrals from the following service providers (this includes identification via wait lists and physical locations) WIC, Pathways Community HUB, community health worker programs, home visiting programs, Medicaid and JFS.
            - These service providers were identified as existing programs that are designed and expected to provide comprehensive screening and referral to other needed services.

Appendix I
Policy Scope

I.1 Policy activities

- Form and/or join a local collaborative focused on addressing the social determinants of health (SDOH) for Black mothers, fathers and families that will address root causes of racial inequities in birth outcomes.
- Host and/or attend SDOH Team meetings on a regular, ongoing basis that contribute to the upstream policy change goals of the OEI grant.
- Assist in the process of identifying and selecting a local policy change to pursue that will address a root cause of racial inequities in birth outcomes.
    - OEI Epidemiologist is expected to share localized data to assist in the identification of social determinants of health impacting birth outcomes of Black families, including but not limited to:
        - Birth outcomes data, including disparities in outcomes by race
        - SDOH data, including disparities in outcomes by race
        - Provide context of the needs of Black pregnant people in your community by sharing Neighborhood Navigation REDCap data.
- Support the development and implementation of upstream, community-designed strategies that respond to key drivers of inequities in birth outcomes in communities who experience the greatest burden of Black infant deaths.
    - Yr. 1 (OE22): Selection of policy; Identification of performance and outcome measures
        - Strategies must involve policy approaches that can affect large populations through regulation, increased access, or economic incentives. 11 Strategies should focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential.
        - When selecting a policy change for adoption, subrecipients must determine performance and outcomes measures that they will monitor over the three-year grant period. Subrecipients must also determine who will be responsible for collecting and monitoring this information. Put data sharing agreements in place as necessary.
    - Yr. 2 (OE23): Adoption of policy; Collection of baseline data
        - For the purposes of this grant, adoption is defined as a detailed outline of the identified policy/practice that will be implemented, and should include necessary agreement from all parties, represented by signatures, needed for future implementation.
        - Subrecipients must submit baseline data in each of the performance and outcomes measures that were identified in year 1.
    - Yr. 3 (OE24): Implementation of policy; Collection of implementation data
        - Subrecipients must implement the policy change that was identified and adopted in previous grant years.
        - A policy implementation template will be provided by ODH for documentation of implementation.
        - Subrecipients must report on performance and outcomes measures identified in year 1 and change from baseline data reported in year 2.

I.2 OEI Policy Process

- Facilitate the development and implementation of an upstream, community-designed strategy that responds to key drivers of inequities in birth outcomes in communities who experience the greatest burden of Black infant deaths utilizing the Centers for Disease Control and Prevention's Policy Process 12.
    - Consider existing Ohio resources: Ohio State Health Improvement Plan13; A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation,

11 https://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm

12 https://www.cdc.gov/policy/polaris/policyprocess/index.html

13 https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship

Education and Employment 14; Connections Between Racism and Health: Taking Action to Eliminate Racism and Advance Health Equity15; Taking Action: Eliminating Racial Disparities in Infant Mortality16; Ohio Infant Mortality Reduction Plan 2015-202017; Ohio Commission on Infant Morality: Committee Report, Recommendations and Data Inventory18; COVID-19 Ohio Minority Health Strike Force Blueprint 19; Eliminating Racial Disparities in Infant Mortality Task Force Recommendations (when available; projected July 1, 2021).

- For purposes of this grant, we will use the Centers for Disease Control and Prevention's definition of upstream, "Upstream interventions involve policy approaches that can affect large populations through regulation, increased access or economic incentives."20
    - Upstream strategies should:
        - Focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential.
        - Be institutional and structural changes, not programs and services.
        - Opportunities for Black women and families to have "better access and outcomes".
        - We want to create infrastructures and systems that ensure equitable access of resources and supports.
        - Create opportunities to have choice in the places where Black families live.
        - We don't want individuals to be solely responsible for changes/opportunities that are created (we are focused institutions and structures).
    - Strategies must address at least one of the Healthy People 2030 five key areas of social determinants of health:
        - Economic stability: employment, food insecurity, housing instability, poverty
        - Education: early childhood education and development, enrollment in high education, high school graduation, language, and literacy
        - Social and Community Context: civic participation, discrimination, racism, incarceration, social cohesion
        - Health and Health Care: access to healthcare, health literacy
        - Neighborhood and Built Environment: access to foods that support healthy eating, crime and violence, environmental conditions, quality of housing
    - Example strategies: policy, systems changes, etc.
    - Identified strategies must prioritize racial equity in the planning, design and implementation of the strategy through use of the Government Alliance on Race & Equity Racial Equity Toolkit, or other identified racial equity resource.
        - Strategies should be explicit about addressing institutional racism, as well as expanding opportunity, access, and choice for individuals.
    - Strategies eligible for this scope of work may not meet the definition of downstream as defined by the CDC. (Downstream is defined by the CDC as strategies involving "individual-level behavioral approaches for prevention or disease management."
- Identified strategies must be a shared goal and priority with existing Black and/or African American community and advisory networks.
    - Planning, design, and implementation of strategies must be in shared collaboration with the community

14 https://www.healthpolicyohio.org/social-determinants-of-infant-mortality-advisory-group/

15 https://www.healthpolicyohio.org/connections-between-racism-and-health-taking-action-to-eliminate-racism-and-advance-equity/

16 https://www.healthpolicyohio.org/taking-action-eliminating-racial-disparities-in-infant-mortality/

17 https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/maternal-child-health-program/ocpim/OCPIM%20Infant%20Mortality%20Reduction%20Plan%202015-2020

18 http://cim.legislature.ohio.gov/

19 https://coronavirus.ohio.gov/static/MHSF/MHSF-Blueprint.pdf

20 https://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm

and advisory networks and local African American communities.

- Ground each SDOH Team meeting with local data.
- Coordination of local efforts between subrecipient and community partners in order to create collective impact in response to racial equity in birth outcomes and infant mortality. To accomplish collective impact, 5 criteria are needed: a common agenda, shared measurement system, mutually reinforcing activities, continuous communication, and a backbone organization.

Appendix J
Workplan Template

The workplan template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals)

You may organize the workplan in any format that meets your needs (ex: you may organize sections by goals and objectives or organize sections by each OEI scope of work). However, action steps included should encompass all activities needed to be completed to reach OEI goals.

Key Action Steps should not list out grant deliverables. Workplan should serve to monitor and evaluate progress over time; as well as a template for replication and scaling successful activities.

WORKPLAN SAMPLE

Example of ODH's goals and objectives for the OEI program are listed below for reference:

Goals:

- By December 31, 2024, achieve a Black infant mortality rate of 8.4 in the ten funded counties collectively.
- By December 31, 2024, achieve a Black prematurity rate of 11.1 in the ten funded counties collectively.

Objectives:

- Serve 5,609 people through Neighborhood Navigation services by December 31, 2022.
  - 4,487 people served must self-identify as Black and/or African American.
- Identify 10 policies for adoption in the OE23 grant year by November 10, 2022.
- Develop 10 organizational action plans to normalize, organize and operationalize organizational change to advance racial equity within funded entities by the end of December 31, 2022.

OEI 2.0 Project Workplan

Section 1 (List goal, objective, or scope of work here)					
Key Action Steps	**Timeline**	**Expected Outcome**	**Data Source and Evaluation Methodology**	**Person/Area Responsible**	**Quarterly Updates**
Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.	*An expected completion date (month and year) must be defined for each action step.*	*An expected outcome must be defined for each action step.*	*An evaluative measure must be defined for each action steps.*	*A responsible person must be identified for each action steps.*	*Please update progress towards expected outcome every quarter.*

WORKPLAN TEMPLATE

Subrecipient:
GMIS Project Number:

Goals (please list the long-term goals [by December 31, 2024] that subrecipient is working to achieve through the OEI grant below):

-

Objectives (please list the objectives for current grant year [by December 31, 2022] that the subrecipient is working to achieve below):

-

OEI 2.0 Project Workplan

Section 1 (List goal, objective, or scope of work here)					
Key Action Steps	**Timeline**	**Expected Outcome**	**Data Source and Evaluation Methodology**	**Person/Area Responsible**	**Quarterly Updates**
					Q1: Q2: Q3: Q4:
					Q1: Q2: Q3: Q4:
					Q1: Q2: Q3: Q4:
					Q1: Q2: Q3: Q4:
					Q1: Q2: Q3: Q4:

Appendix K
Minimum Number of People Required to be Served by Neighborhood Navigation

County	Minimum required # of unique pregnant people to serve	Maximum allowable # of people from additional population as defined by subrecipient	Total # of unique people to be served*
Butler	105	16	120
Cuyahoga	1197	180	1376
Franklin	1230	185	1415
Hamilton	821	123	944
Lorain	104	16	119
Lucas	353	53	406
Mahoning	180	27	207
Montgomery	431	65	496
Stark	138	21	159
Summit	319	48	366

Data Source: Resident Birth and Mortality Files from the Ohio Department of Health Bureau of Vital Statistics
*Eighty percent (80%) of people served must self-identify as Black and/or African American.

The minimum number of unique pregnant people to be served was determined by proportion (30%) of Black/African American women, by county of residence, who gave birth in 2019 and met the OEI 2.0 (OE22) eligibility criteria.

Appendix L
REDCap Data Entry

Neighborhood Navigator client data collection as required by the Ohio Equity Institute grant must be entered into REDCap within ten days of the activity.

> Example: If a 3rd follow-up occurred on the 10th of the month, all associated data *must* be entered into REDCap by the 20th of the month.

However, in order to ensure OEI teams, have the most accurate data for each reimbursement, all data collected during a month *must* be entered into REDCap by close of business on the 4th day of the following month (or the next business day if the 4th falls on a weekend). ODH will send REDCap data extracts on the 5th of the month (or the next business day if the 5th falls on a weekend). OEI teams will need to use this data extract to request the appropriate reimbursement for the number of people verified as served (waiver provided, eligible for OEI services, and 3rd follow up completed) during the previous month. ODH will also use the REDCap data on this date to determine appropriate reimbursement for Deliverable 17.

OEI teams will only receive reimbursement for the number of people verified as served in REDCap on the 5th of the month. If a woman is served during a month, but her data is not entered by the deadline, **you will not be reimbursed** until the final expenditure report of the grant year (December). (Ex. For the month of January, ODH validates 40 people served in REDCap during the data export on February 5th. However, a Neighborhood Navigator enters 3rd follow-up dates on 3 additional people served during the month of January after February 5th. These additional 3 people will not be eligible for reimbursement until the final expenditure report of the grant year of December.) Additionally, only data entered by ODH-funded positions will be eligible for submission and reimbursement from ODH.

To bill for one unit of Del. 17, all of the following must be documented in REDCap:

- Written or verbal consent *must* be provided by the client.
- Each client must be eligible for navigator services.
- All three required follow-up attempts must be documented in REDCap.

<u>Additional Notes:</u>

- The case closed variable in REDCap is not considered when verifying pregnant people or other people as served – as a Neighborhood Navigator may choose to maintain a relationship w/ that person beyond the 3 required follow-ups based on their needs.
- The date of initial contact in REDCap does not impact ability to bill. ODH only accounts for those people who are eligible and receive the three required follow-ups during the referenced reporting period.
- You may only enter follow-up dates as they occur. Please do not list anticipated future follow-up dates into REDCap. People who have follow-up dates listed as in the future may be deemed ineligible for payment.

Your monthly progress report should accurately reflect the number of people served during the given reporting month.

You can bill for this number of people served monthly. For those who are on quarterly payment, it will be the cumulative number of people served during the quarter. However, everyone (regardless of reimbursement frequency) should accurately reflect the number of people served in their monthly report.

Appendix M
Data Security Requirements

Security of client records and of information passed between client and agency staff are vital in order for clients to receive effective services. Unless both client and agency staff can be assured that the written and verbal communication between them will remain confidential and secure, they may withhold information, thereby diminishing the quality of care.

To assure high standards of data security, OEI funded entities and all sub-grant/contract agencies must develop written policies and operating procedures regarding data security. These written policies must address:

1. Data collection,
2. Storage and security of records including while transported outside of the agency,
3. Record retention,
4. Client access to records,
5. Release of health information,
6. Re-disclosure,
7. Employee responsibility in confidentiality, including through communication with computers, electronic mail, telephone, cell phones, etc.,
8. Responsibility to the public,
9. Data corrections, deletions, destruction.

All employees must be trained and provided with an annual review of data security policies and operation procedures. Documentation that this has been met is required. Training must address:

1. Securing files, records, and computerized data;
2. Ensuring that only authorized persons have access to confidential materials;
3. Treating other confidential information as confidential;
4. Documenting clients' consent for release of confidential materials;
5. Conducting all interviews/counseling sessions with necessary privacy;
6. Avoiding unauthorized conversations.

Data security policies must be submitted with application. Training of staff to comply with submitted data security policies must be achieved annually.

Appendix N
Fetal Infant Mortality Review (FIMR)

Maximum FIMR Funding, by County
Deliverable 16: Fetal Infant Mortality Review

County	Maximum FIMR Funding
Butler	$19,375.00
Cuyahoga	$34,375.00
Franklin	$36,875.00
Hamilton	$28,125.00
Lorain	$16,875.00
Lucas	$19,375.00
Mahoning	$16,875.00
Montgomery	$21,875.00
Stark	$19,375.00
Summit	$21,875.00

Maximum Fetal Death Review Funding, by County
Deliverable 16: Fetal Infant Mortality Review; Objective 3: Fetal Death Reviews
Eligible to be reimbursed quarterly.

County	Maximum Fetal Death Review Funding (Total cost)	Maximum Fetal Death Review Funding (1 Unit Cost)
Butler	$5,000.00	$1,250.00
Cuyahoga	$17,000.00	$4,250.00
Franklin	$19,000.00	$4,750.00
Hamilton	$12,000.00	$3,000.00
Lorain	$3,000.00	$750.00
Lucas	$5,000.00	$1,250.00
Mahoning	$3,000.00	$750.00
Montgomery	$7,000.00	$1,750.00
Stark	$5,000.00	$1,250.00
Summit	$7,000.00	$1,750.00

Minimum Number of Death Reviews Required, by County
Deliverable 16: Fetal Infant Mortality Review, Objective 3: Fetal Death Reviews

County	Minimum Number
Butler	4
Cuyahoga	13

Franklin	19
Hamilton	11
Lorain	3
Lucas	5
Mahoning	3
Montgomery/Dayton	7
Stark	4
Summit	5

Fetal Death Review Tracking Sheet

Below are screen shots taken from the draft Excel spreadsheet each that should be used to track FIMR case progress. The finalized tracking sheet will be provided by ODH at least 30 days prior to the start of the grant.

Case Identifier	Type of Death	Mother: Date and Method of Attempted Contact		
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
	Fetal Death	Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
	Infant Death	Date:		Phone Call Email Letter/Postcard Text Other
		Date:		Phone Call Email Letter/Postcard Text Other
		Date:		Phone Call Email Letter/Postcard Text Other
		Date:		Phone Call Email Letter/Postcard Text Other
		Date:		Phone Call Email Letter/Postcard Text Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
	☐ Fetal Death	Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
	☐ Infant Death	Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other
		Date:		☐ Phone Call ☐ Email ☐ Letter/Postcard ☐ Text ☐ Other