



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

MEMORANDUM

Date: December 14, 2022

To: MetroHealth System

From: Michele Shough, Chronic Disease Director, Bureau of Health Improvement and Wellness, Ohio Department of Health
MS

Subject: MetroHealth System HD24 6/30/23 to 6/29/24

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., January 23, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the FY22 Solicitation for more information. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Michele Shough at michele.shough@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding Base and Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: June 30, 2023, to June 29, 2024] of the total project period June 30, 2021, to June 29, 2024. Reference the competitive Solicitation for more information.

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

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

B. Number of Grants and Funds Available: Funds for this subgrant are supported by the Centers for Disease Control and Prevention cooperative agreement DP21-2102. One grant will be provided for a total of up to \$220,000.

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

C. Formatting Requirements for Attachments:

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

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, January 23, 2023.**

II. PROGRAM UPDATES:

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

B. Program Narrative: Complete and submit a narrative statement (do not exceed 15 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Include a description of the changes made during Year 2 to the Stroke Coach Service Pilot Project to identify the following:

1. The target population and plans to recruit additional participants.
2. The education modules provided to the Community Health Worker and training to the MetroHealth social workers to assist in the identification of the target population.
3. How data will be provided by Better Health Partnership (BHP) to assist ODH in addressing the following CDC Performance Measure:
 - C8b - # of patients at highest risk for stroke events within clinical and community settings selected by the recipient that engage with healthcare extenders (e.g., CHWs and patient navigators) for post-event discharge support and follow up.
4. Current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed for the Stroke Coach Service Pilot Project.

SCOPE OF WORK

The MetroHealth Clinical Consulting Team (CCT) will be expected to assist with the following:

- Provide clinical consultation and technical assistance to Coverdell facilities, Emergency Medical Services (EMS), Coverdell Leadership Team, and Ohio Coverdell Stroke Program staff as needed to:
 - Develop and provide workforce development training opportunities.
 - Review and analyze data to identify trends and areas for quality improvement, improve data quality, inform program planning, and identify training opportunities.
 - Revise the annual Coverdell hospital survey.
- Provide technical assistance to Coverdell facilities to complete chart data abstractions and re-abstractions.
- Participate in a kick-off meeting with ODH Coverdell program staff within 15 days of notification of grant award to review scope of work activities and monthly reporting requirements.
- Assist ODH in writing cooperative agreement applications and CDC reports (i.e., annual evaluation reports, Health Impact Statements, CDC Coverdell publications).

- Assist ODH in stroke related literature review and appropriate educational resources.
- Participate in monthly calls with ODH to provide progress on activities and plan for upcoming events.
- Participate in CDC Coverdell monthly calls and other relevant CDC Coverdell workgroups as appropriate.
- Participate in ODH programmatic desk audit or site visit during the program period.
- Participate in other relevant stroke-related meetings, conferences, and webinars to share information about the Ohio Coverdell Stroke Program and share best practices with peers. Identify the latest developments in the field.
- Participate in evaluation activities (i.e., interviews, meetings, surveys).
- Review any updates to the Case Ascertainment Guidance from CDC as it is made available, and update and submit the Re-Abstraction Process document as applicable.

C. Objectives and Work Plan: Provide a brief report addressing elements of each activity on the current (Year 2) workplan, including current status (met, ongoing or unmet); major findings; and how barriers were addressed.

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

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. In the Program Narrative, provide a description of the criteria (i.e., race, ethnicity, disability, age, insurance status, geographic region) and process by which Metrohealth system stroke patients are identified and recruited for referral to the Better Health Pathways (BHP) HUB for the Stroke Coach Service Pilot Project. Provide a brief description on how stroke disproportionately impacts the target population. Provide a brief description of the BHP HUB and the pathways that help address health disparities. Describe the process that will be used by the BHP Community Health Worker (CHW) assigned to the project to assess patients for social determinants of health needs and open pathways to assist the patients post-discharge from the hospital. Describe how MetroHealth CCT will work with the BHP agency to provide updates to ODH on selected data elements, identify and complete Plan-Do-Study-Act (PDSA) cycles as needed, and obtain feedback on project activities. Include a description of the data dashboard and how data collected may help guide future decisions on stroke reduction activities.

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

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

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=994056>

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

2. [2024] Budget via GMIS: Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period June 30, 2023 to June 29, 2024. Funds may be used to support personnel, staff training, travel (see OBM website <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule>), and supplies directly related to planning, organizing, and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;

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

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

4. Indirect (Facilities and Administration):

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

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

Base the budget solely upon direct costs.

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

F. Other Application Requirements: None

a. Other Required Documentation:

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

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

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

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

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

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

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

G. Human Trafficking:

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

- a. Victims of human trafficking are included in your agency’s target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking,

Not Applicable to the Ohio Coverdell Stroke Program.

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

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

Reports shall be submitted as follows:

- a. Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
June 30-July 31, 2023	August 10, 2023
August 1-31, 2023	September 10, 2023
September 1-30, 2023	October 10, 2023
October 1-31, 2023	November 10, 2023
November 1-30, 2023	December 10, 2023
December 1-31, 2023	January 10, 2024
January 1-31, 2024	February 10, 2024
February 1-28, 2024	March 10, 2024
March 1-31, 2024	April 10, 2024
April 1-30, 2024	May 10, 2024
May 1-31, 2024	June 10, 2024
June 1-29, 2024	July 10, 2024

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

[Period	Report Due Date
June 30-July 31, 2023	August 10, 2023
August 1-31, 2023	September 10, 2023
September 1-30, 2023	October 10, 2023
October 1-31, 2023	November 10, 2023
November 1-30, 2023	December 10, 2023
December 1-31, 2023	January 10, 2024
January 1-31, 2024	February 10, 2024
February 1-28, 2024	March 10, 2024

March 1-31, 2024	April 10, 2024
April 1-30, 2024	May 10, 2024
May 1-31, 2024	June 10, 2024
June 1-29, 2024	July 10, 2024

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

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

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 5, 2024. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

I. APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions (if applicable)
- C. Evidence of Health Equity Strategies Checklist

II. ATTACHMENTS

- A. Coverdell Subgrant Year 3 Progress Report— Attachment #1

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health
Office of The Medical Director
Bureau of Health Improvement and
Wellness

ODH Program Title:
Ohio Coverdell Stroke Program

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

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by December 21, 2022.

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

Appendix B1

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario #:

☐ **Base and Deliverables**

☐ **Deliverables Only**

☒ **Base Only**

Deliverable — Objective 1: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 2: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 3: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 4: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 5: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 6: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.

Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes. Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live out a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programing can most benefit specific communities.

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

COVERDELL SUBGRANT YEAR 3 PROGRESS REPORT

DELIVERABLE	TRAININGS/WEBINARS	EVALUATION MEASURE	ODH FEEDBACK
1	Provide or assist with the provision of one (1) webinar to Coverdell facilities to discuss how to establish a referral tracking system to support transitions of care for stroke patients post discharge. (C3)	Webinar PowerPoint presentations/Training platform attendance report	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	TRAININGS/WEBINARS	EVALUATION MEASURE	ODH FEEDBACK
2	Provide two webinars to Coverdell facilities on changes to Specifications Manual for Joint Commission National Quality Measures. (C5)	Webinar PowerPoint presentations/Training platform attendance report	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	TRAININGS/WEBINARS	EVALUATION MEASURE	ODH FEEDBACK
3	Provide one Comprehensive Stroke Center series training for comprehensive and thrombectomy-capable facilities. (C5)	Training PowerPoint presentations/Training platform attendance report	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	TRAININGS/WEBINARS	EVALUATION MEASURE	ODH FEEDBACK
4	Provide one abstraction/reabstraction training for Coverdell facilities. (C5)	Training PowerPoint presentations/Training platform attendance report	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	HOSPITAL ONBOARDING/SITE VISITS	EVALUATION MEASURE	ODH FEEDBACK
5	Provide at least one in-person or virtual site visit to each new Coverdell facility. (C2)	Log of introductory calls and site visits; Site visit agendas	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	RE-ABSTRACTIONS/INTER-RATER RELIABILITY (IRR) PROCESS	EVALUATION MEASURE	ODH FEEDBACK
6	Conduct re-abstractions, calculate Inter-Rater Reliability as per the Re-Abstraction Process and provide results to Coverdell facilities to inform continuous QI. (C5)	Copies of Inter-rater Reliability Reports sent to Coverdell facilities	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	RE-ABSTRACTIONS/INTER-RATER RELIABILITY (IRR) PROCESS	EVALUATION MEASURE	ODH FEEDBACK
7	Submit a statewide annual Re-abstraction report that includes overall statewide IRR rates by item and by hospital, as well as common issues and problems found, written recommendations, and a plan to provide education and training for QI.	Statewide Re-abstraction Report	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	QUALITY IMPROVEMENT	EVALUATION MEASURE	ODH FEEDBACK
8	Provide monthly update on the progress and status of the Stroke Coach Service Project implementation protocol and use the PDSA worksheet provided by ODH to adapt the process as needed.	Progress reporting in Monthly Program Reports; PDSA worksheet as applicable	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	QUALITY IMPROVEMENT	EVALUATION MEASURE	ODH FEEDBACK
9	Provide monthly dashboard report from Better Health Pathways HUB.	Pilot project data submitted to ODH	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			

DELIVERABLE	QUALITY IMPROVEMENT	EVALUATION MEASURE	ODH FEEDBACK
10	Coordinate with the ODH Coverdell epidemiologist to provide a monthly update which identifies potential GWTG data analysis needs and determine, if applicable, any upcoming training opportunities. Data analysis needs may include but is not limited to Coverdell QI, performance measure reporting, abstraction training presentations, data webinars, and any other applicable Coverdell training opportunities. Include any upcoming plans to present data findings to stakeholders.	Progress reporting in Monthly Program Reports	
July Progress Notes			
August Progress Notes			
September Progress Notes			
October Progress Notes			
November Progress Notes			
December Progress Notes			
January Progress Notes			
February Progress Notes			
March Progress Notes			
April Progress Notes			
May Progress Notes			
June Progress Notes			