



MEMORANDUM

Date: July 22, 2022

To: Subrecipient agencies

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

Subject: Ohio Equity Institute: Working to Achieve Equity in Birth Outcomes (OE23) (1/1/23-12/31/23)

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

All electronic applications and attachments are due **Tuesday, September 6, 2022 by 4:00pm**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

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

Important Date Reminders:

- Continuation Solicitation Reimbursement Type Form (Appendix A)—Wednesday, August 10, 2022 by 4:00pm
- Applications Due—Tuesday, September 6, 2022 by 4:00pm

If you have questions, please contact Kristin Snyder at 614-728-9166 or e-mail at Kristin.Snyder@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [enter beginning and ending grant dates] of the total project period, [enter beginning and ending grant dates.] 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: OE23 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.*

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

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 11-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 Tuesday, September 6, 2022**.

Applicant entities must apply to facilitate the complete OE23 scope of work. An applicant will not qualify for funding if they do not seek to implement all required grant deliverables. Qualifying applicants must engage in the coordination and/or implementation of Neighborhood Navigation, policy change, organizational health equity capacity and data as outlined in the grant deliverables.

II. PROGRAM UPDATES:

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

A change to the Ohio Equity Institute downstream intervention of Neighborhood Navigation is occurring in the OE23 grant year. Applicants may choose one of the following implementation strategies for the OE23 grant year:

1. OEI-funded Entity Provides Neighborhood Navigation Services

- a. OEI-funded local health department directly employs Neighborhood Navigators and facilitates OEI-grant required downstream intervention.
- b. Eligible entities must have met an average of 50% of their annual NN goal in years OE19, OE20, OE21 and OE22 (Q1 & Q2; 6/30/22) to qualify.

County	OE19	OE20	OE21	OE22	Average
Butler	80%	46%	94%	77%	74%
Cuyahoga	34%	100%	105%	86%	81%
Franklin	39%	80%	105%	64%	72%
Hamilton	12%	26%	20%	19%	19%
Lorain	-	-	-	57%	57%
Lucas	8%	12%	21%	5%	12%
Mahoning	76%	100%	40%	45%	65%

Montgomery	6%	85%	99%	69%	65%
Stark	46%	120%	20%	4%	47%
Summit	76%	106%	103%	97%	95%

c. *If minimum threshold required for Option 1 is not met, must chose Option 2.*

2. OEI-funded Entity Subcontracts Out Neighborhood Navigation Services

- OEI-funded local health department subcontracts with a community-based organization(s) to provide Neighborhood Navigation services.
- The OEI-funded entity will be responsible for ensuring collection and accurate submission of required REDCap data variables as outlined in the ODH-provided OEI Neighborhood Navigator screening tool.

As a reminder, any OE23 proposed Neighborhood Navigation strategy must align with the activities and requirements outlined in Appendix H of the OE22 competitive solicitation.

A. Program Narrative: Complete and submit a narrative statement (do not exceed 7 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.

Should the applicant entity be seeking to implement Neighborhood Navigation Option 2, please also describe the following:

- Potential partners
- Plan and key action steps to engage those partners in conversation
- Proposed methodology for revised NN services, including data and Epi responsibilities related to NN; include table with key responsibilities of NN services and partner responsible

B. Objectives and Work Plan: Attach your most recently submitted workplan w/ progress to date (from OE22 7/10 reporting). As a reminder, updated workplans must include reporting progress on and/or completion of all activities listed.

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

Please provide detailed updates on the following organizational capacity health equity objectives:

- 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) or other appropriate tools.
- Support growth toward or strengthening of LHD Health Equity Core Competencies (as identified by BARHII - see Appendix F of OE22 RFP)

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

1. Budget Narrative: Provide a budget justification narrative outlining how the deliverable will be met.

A budget justification example can be found 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 for match or applicant share. All are signed by the agency head listed in GMIS for that subgrant program. Thanks									
Attachments	<table><tr><th>Description</th><th>File Name</th></tr><tr><td>Uploaded File</td><td>Budget Justification Base Example Effective March 13 2020.doc</td></tr><tr><td>Uploaded File</td><td>Budget Justification Base and Deliverable Example Effective March 13 2020.doc</td></tr><tr><td>Uploaded File</td><td>Budget Justification Deliverable Example Effective March 13 2020.doc</td></tr></table>		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
	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									

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

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period January 1, 2023 – December 31, 2023.

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

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

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

1. To advance political or religious points of view or for 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. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

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

E. Other Application Requirements:

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.

F. Human Trafficking:

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

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

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

X Applicable/ _____ Not Applicable to OE23

G. 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.

X Program Reports Required _____ No Program Reports Required

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

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

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

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

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

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Deliverable Descriptions
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Application Review Form
- E. Priority Service Areas
- F. Minimum Number of Unique People Required to be Served
- G. OEI Goals & Objectives Dashboard
- H. Fetal Infant Mortality Review
- I. OEI Logic Model

Appendix A

Submission
Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Office of Bureau
of Maternal, Child and Family Health

ODH Program Title:
Ohio Equity Institute (OE23)

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 Wednesday, August 10, 2022.

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

Appendix B1

Name of Subgrant Program: Ohio Equity Institute

Budget Period: 1/1/23-12/31/23

of Deliverables: 22

Use Budget Justification Scenario #: Deliverable Funding Only, Scenario 1

100% Deliverables

ADMINISTRATIVE/REPORTING

Deliverable 1: Administrative

Up to 20% of total cost of the grant to support administrative costs.

Includes participation in technical assistance (TA) 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, TA from external partners or TA from the ODH Office of Health Opportunity (OHO).

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)
- Updated Racial Equity Core 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.

Quarterly reporting template will be provided by ODH prior to the start of the OE23 grant year.

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 (template provided by ODH)
Due date: April 10, 2023

HEALTH EQUITY

Deliverable 5: Organizational Health Equity Self-assessment

The Organizational Health Equity Self-Assessment tool issued in year 1 must be re-issued to organization staff in year 2.

Year 1 Organizational Health Equity Self-Assessment survey data results serve as baseline data for subsequent years, and to measure progress over time.

Validation: Submission of analysis of % change in staff racial equity knowledge and skills, and other local organizational racial equity staff metrics identified
Due date: October 10, 2023

Deliverable 6: Racial Equity Core Team Charter and Roster

Maintain the organizational Racial Equity Core Team established in OE22. 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 “seven ‘C’s” identified by the Government Alliance on Race and Equity¹ and outlined in the OE22 competitive solicitation.

Maintain 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 (template provided by ODH)
Due date: April 10, 2023

Deliverable 7: Organizational Racial Equity Action Plan

Continue to develop, update and implement the racial equity action plan established in OE22. Action plan content should include the five components identified by the Government Alliance on Race and Equity² and outlined in the OE22 competitive solicitation.

¹ 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

² 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/>

In addition to submission of the Racial Equity Action Plan, subrecipients will be responsible for meeting the following benchmarks:

OE23:

- Measurable achievement of identified goals in the organizational action plan by December 31, 2023.
- Complete one training objective seeking to build a common understanding among employees about the organization's equity goals and analysis and its key strategies to achieve them.
- Integration of racial equity into at least one organizational policy.
- At least 6 meetings by Racial Equity Core Team completed.

Validation: Submission of comprehensive action plan inclusive of all five required components

Due date: April 10, 2023

Deliverable 8: Organizational Health Equity Training

Complete one training objective seeking to build a common understanding among employees about the organization's equity goals and analysis and its key strategies to achieve them.

Validation: Provide narrative summary of reason for identified training (ex. data, self-assessment and/or community survey results that influenced identification of this training need), training goals and objectives, training structure, number of attendees, and training outcomes).

Due date: January 10, 2024

Deliverable 9: Integration of Racial Equity into Organizational Policy

Integration of racial equity into at least one organizational policy.

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. The policy adoption document must include an explanation of how the change adopted will impact racial equity capacity within the organization.

Validation: Submission of policy adoption document and responses to reflection questions

Due date: January 10, 2024

Deliverable 10: GARE Membership

Maintain organization's annual Government Alliance on Race & Equity membership. (Deliverable cost should reflect annual membership fee amount.)

Validation: Provide narrative summary of engagement with GARE network

Due date: October 10, 2023

EPIDEMIOLOGY (and FIMR)

Deliverable 11: 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: March 10, 2023

Deliverable 12: Data Analysis Plan

Submit data analysis plan of required and locally derived data metrics.

Validation: Submission of data analysis plan (template provided by ODH)

Due date: April 10, 2023

Deliverable 13: Perinatal Periods of Risk Phase 2

Complete PPOR Phase 2.

If subrecipients can validate completion of PPOR Phase 2 in the past 18 months (from deliverable due date), subrecipients will not be required to complete the analysis again. In this case, subrecipients should not allocate any funds to this deliverable. Subrecipients will be responsible for validating completion of PPOR Phase 2 by submitting results completed within the past 18 months to ODH.

Submit PPOR Phase 2 results. Results at a minimum must:

Investigate the period(s) with the greatest excess mortality according to the methodology outlined by CityMatCH.

- Identify the causal pathway for excess feto-infant mortality.
- Estimate prevalence of risk and preventive factors by type of mechanism.
- Estimating the impact of the risk and/or preventive factors within the population of interest.
- Discuss how the findings will be shared and presented to stakeholders and community partners

Note: Most commonly, the Maternal Health/Prematurity period and Infant Health period will need to be explored further during Phase II.

Validation: PPOR Phase 2 results submitted

Due date: June 10, 2023

Deliverable 14: 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 framework³ to develop and distribute a data product. Reference the OE22 competitive solicitation for the purpose and key components of data dissemination.

Examples of data dissemination products that may meet this requirement include (but not limited to): reports, fact sheets, social media posts, infographics, mapping, dashboards, presentation slides, etc. regarding:

- Infant mortality or other birth outcomes data presented
- SDOH data as it relates to and impacts inequities in birth outcomes (housing, transportation, food insecurity, etc.)
- Neighborhood Navigation data as it relates to the OEI team's performance, or the experience of the families served by Neighborhood Navigators

Data dissemination products should not just be a resubmission of an already required deliverable.

Validation: Submission of data product shared with stakeholders

Due date: Quarterly; 10th of April, July, October, January

³ CDC Data Dissemination: https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/21/data-dissemination_ppt_final_09252013.pdf

Deliverable 15: 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, 2024

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 4/10/2023, 7/10/2023 and 10/10/2023, 1/10/2024.

Objective 2: Quarterly Reports

Submission of completed quarterly FIMR reports to ODH for approval by 4/10/2023, 7/10/2023 and 10/10/2023, 1/10/2024. 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 Statistics (VS) data provided by ODH per Appendix H. 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 is included in Appendix H. 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. All case reviews conducted through the FIMR program should not be duplicated in the Child Fatality Review process.

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 I.

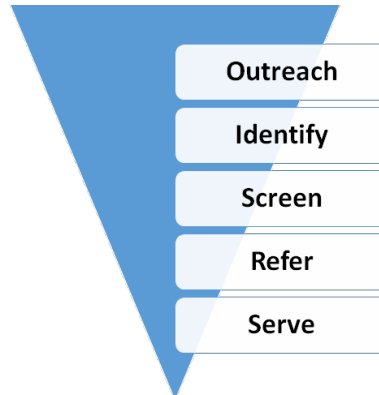
Should a portion of Objective 4: Maternal Interviews funds be used to provide incentives for completion of maternal interviews, the following reporting documentation must be provided to ODH quarterly. Subrecipients are required to maintain a log of all client incentives purchased and distributed. Log 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: Outreach and identification of Black and/or African American People

Conduct non-traditional forms of outreach activities to outreach and identify Black and/or African pregnant people (85% of total goal of people served) and additional populations (up to 15% of total goal of people served) as outlined in Appendix F.

This deliverable encompasses the top two steps of the Navigation process (outreach and identify) as outlined in the triangle below which demonstrates the process of serving people through Neighborhood Navigation:



Validation: Narrative of outreach activities conducted each month via monthly report
Due date: Monthly; 10th of each month

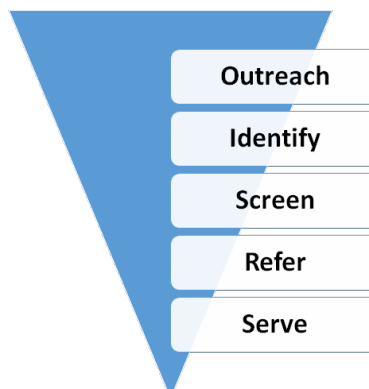
Deliverable 18: Serve Black and/or African American People through Neighborhood Navigation

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

Per Appendix F, 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 15% of awarded OEI grant dollars (not including FIMR) must be tied to this deliverable.

This deliverable encompasses the rest of the Navigation process (screen, refer and serve) as outlined in the triangle below which demonstrates the process of serving people through Neighborhood Navigation:



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

Deliverable 19: Prioritization of Black/African American Communities Served by Neighborhood Navigation

As validated by REDCap data, 85% 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). Reference Appendix H.1 of the OE22.

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	0-19%	20-39%	40-59%	60-84%	85-100%
Proportion of Del. # reimbursement	20%	40%	60%	80%	100%

Validation: REDCap Data as validated by ODH
Due date: Biannually; July 10, 2023 & January 10, 2024

Deliverable 20: Prioritization of Non-traditional Avenues of Outreach among People Served

Per Appendix F, 80% of people 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, 2023 & January 10, 2024

POLICY

Deliverable 21: Social Determinants of Health Team Documents

Per OE22 RFP 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 (template provided by ODH)
Due date: April 10, 2023

Deliverable 22: Policy Adoption and Collection of Data

Based on the upstream policy focus area identified in OE22, achieve adoption of an identified upstream policy in OE23 that will be implemented in OE24.

OE22 (Jan 1-Dec 31, 2022) <u>Identification</u>	OE23 (Jan 1-Dec 31, 2023) <u>Adoption</u>	OE24 (Jan 1-Dec 31, 2024) <u>Implementation</u>
<p>Selection of policy; Identification of performance and outcome measures.</p> <p>Strategies must involve policy approaches that can affect large populations through regulation, increased access or economic incentives. 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.</p>	<p>Adoption of policy; Monitoring performance and outcome measures.</p> <p>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.</p>	<p>Implementation of policy; Monitoring performance and outcome measures; Collection of implementation data.</p> <p>Subrecipients must implement the policy change that was identified and adopted in previous grant years.</p>
<p>Identify performance measures by leveraging the Results-Based Accountability (RBA) framework to monitor and evaluate the effectiveness of policy change efforts over the 3-year grant period by December 31, 2022.</p> <p>Establish baseline for each identified measure.</p>	<p>Report on performance and outcomes measures identified in year 1, and change from baseline data reported.</p> <p>Identify necessary changes to strategy (quality improvement) based on results.</p>	<p>Report on performance and outcomes measures identified in year 1, and change from baseline data reported.</p> <p>Identify necessary changes to strategy (quality improvement) based on results.</p>

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.

In addition, subrecipients must submit data on each of the performance and outcomes measures that were identified in year 1. Analyze any changes in data from Year 1 to year 2.

Reference the OE22 competitive RFP Appendix I for policy definitions, policy activities and the OEI policy process.

Validation: Submission of policy adoption document
Due date: December 10, 2023

Appendix B2

Name of Subgrant Program: Ohio Equity Institute

Budget Period: 1/1/23-12/31/23

of Deliverables: 22

Use Budget Justification Scenario #: Deliverable Funding Only, Scenario 1

100% Deliverables

[illegible]

Montgomery County											
Canton City Health Department	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$19,375.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$322,375.00
Summit County General Health District	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$21,875.00	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	\$392,375.00
Total											\$4,525,000.00

**Funding for Deliverable 1 cannot exceed 20% of total OEI-specific grant funding.*

^Funding for Deliverable 18 must comprise at least 15% of total OEI-specific grant funding.

~Funding for Deliverable 19 must comprise at least 5% of total OEI-specific grant funding.

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

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

eliminating health disparities and health inequities.

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

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

Appendix D: Application Review Form

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

Required Components	Provided	Comments
Budget Justification	<input type="checkbox"/>	Meet requirements: Up to 20% Del 1 - At least 15% Del 18 – At least 5% Del 19 - Match GMIS-
Project Narrative	<input type="checkbox"/>	
Workplan	<input type="checkbox"/>	
Documentation and Progress on Health Equity and Disparity Reduction Activities	<input type="checkbox"/>	

Category	Max Score	Score	Comments
Project Narrative			
A. Communicates anticipated changes for OE23 grant year: program implementation, personnel, partnerships, and any other anticipated changes.	5		
B. Acknowledgement of all OEI scopes of work: <ul style="list-style-type: none"> a. Internal Organizational Health Equity Capacity b. Data & Ep c. Downstream: Neighborhood Navigation <ul style="list-style-type: none"> i. Clearly identify selection of Option 1 or 2. d. Upstream: Policy Change 	5		
C. <i>If applicable</i> , should the applicant entity be seeking to implement Neighborhood Navigation Option 2, please also describe the following:			
a. Potential partners	2		
b. Plan and key action steps to engage those partners in conversation	2		
c. Proposed methodology for revised NN services, including data and Epi responsibilities related to NN; d. Include table with key responsibilities of NN services and partner responsible	5		

Workplan			
A. Submitted workplan includes all OEI scopes of work: a. Internal Organizational Health Equity Capacity b. Data c. Downstream: Neighborhood Navigation d. Upstream: Policy Change	3		
B. Provides progress on all included activities	2		
Documentation and Progress on Health Equity and Disparity Reduction Activities			
Provide update on progress to date: A. Develop organizational goals and objectives to address, reduce, and eliminate racial disparities and inequities.	2		
B. Design and/or coordinate organizational changes to enhance activities to eliminate health disparities and inequities	1		
C. 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) or other appropriate tools.	1		
D. Support growth toward or strengthening of LHD Health Equity Core Competencies (as identified by BARHII - see Appendix F of OE22 RFP)	1		
TOTAL NN Option 1	20		
TOTAL NN Option 2	29		

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 2016 through 2020. 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 (2016 - 2020 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	685	90	80	9	*	13.1%	11.7%	25.0%	25.9%	25.6%	20.5%
45013	201	20	24	3	*	10.0%	11.9%	7.3%	5.7%	7.7%	6.8%
45014	732	74	60	11	15.0	10.1%	8.2%	26.8%	21.3%	19.2%	25.0%
45015	53	7	7	1	*	13.2%	13.2%	1.9%	2.0%	2.2%	2.3%
45042	96	11	12	0	*	11.5%	12.5%	3.5%	3.2%	3.8%	0.0%
45044	516	79	76	17	32.9	15.3%	14.7%	18.9%	22.7%	24.3%	38.6%
45050	53	3	4	0	*	5.7%	7.5%	1.9%	0.9%	1.3%	0.0%
45056	37	8	8	0	*	21.6%	21.6%	1.4%	2.3%	2.6%	0.0%
45067	30	5	3	2	*	16.7%	10.0%	1.1%	1.4%	1.0%	4.5%
45069	277	39	28	1	*	14.1%	10.1%	10.1%	11.2%	8.9%	2.3%
45241	19	1	0	0	*	0.0%	0.0%	0.7%	0.3%	0.0%	0.0%
45246	34	11	11	0	*	32.4%	32.4%	1.2%	3.2%	3.5%	0.0%
45249	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
45327	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	2735	348	313	44							

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	56	9	11	2	*	16.1%	19.6%	0.2%	0.2%	0.3%	0.5%
44022	22	3	4	0	*	13.6%	18.2%	0.1%	0.1%	0.1%	0.0%
44040	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44070	77	11	11	1	*	14.3%	14.3%	0.3%	0.3%	0.3%	0.2%
44101	1	0	1	0	*	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
44102	1001	156	150	19	19.0	15.6%	15.0%	3.7%	3.7%	3.6%	4.6%
44103	775	133	128	9	*	17.2%	16.5%	2.9%	3.2%	3.1%	2.2%
44104	1932	332	352	45	23.3	17.2%	18.2%	7.1%	7.9%	8.5%	11.0%
44105	1898	313	304	23	12.1	16.5%	16.0%	7.0%	7.4%	7.3%	5.6%

44106	729	110	109	10	13.7	15.1%	15.0%	2.7%	2.6%	2.6%	2.4%
44107	205	21	27	4	*	10.2%	13.2%	0.8%	0.5%	0.7%	1.0%
44108	1397	286	259	29	20.8	20.5%	18.5%	5.2%	6.8%	6.3%	7.1%
44109	694	116	104	15	21.6	16.7%	15.0%	2.6%	2.8%	2.5%	3.7%
44110	1088	190	176	26	23.9	17.5%	16.2%	4.0%	4.5%	4.3%	6.4%
44111	615	76	82	9	*	12.4%	13.3%	2.3%	1.8%	2.0%	2.2%
44112	1128	176	182	17	15.1	15.6%	16.1%	4.2%	4.2%	4.4%	4.2%
44113	296	44	53	7	*	14.9%	17.9%	1.1%	1.0%	1.3%	1.7%
44114	77	11	13	1	*	14.3%	16.9%	0.3%	0.3%	0.3%	0.2%
44115	654	101	114	15	22.9	15.4%	17.4%	2.4%	2.4%	2.8%	3.7%
44116	22	4	4	0	*	18.2%	18.2%	0.1%	0.1%	0.1%	0.0%
44117	419	85	74	3	*	20.3%	17.7%	1.5%	2.0%	1.8%	0.7%
44118	808	107	100	8	*	13.2%	12.4%	3.0%	2.5%	2.4%	2.0%
44119	437	66	72	4	*	15.1%	16.5%	1.6%	1.6%	1.7%	1.0%
44120	1467	193	216	21	14.3	13.2%	14.7%	5.4%	4.6%	5.2%	5.1%
44121	1226	163	154	17	13.9	13.3%	12.6%	4.5%	3.9%	3.7%	4.2%
44122	502	69	57	5	*	13.7%	11.4%	1.9%	1.6%	1.4%	1.2%
44123	770	110	109	10	13.0	14.3%	14.2%	2.8%	2.6%	2.6%	2.4%
44124	350	48	41	2	*	13.7%	11.7%	1.3%	1.1%	1.0%	0.5%
44125	1129	169	169	18	15.9	15.0%	15.0%	4.2%	4.0%	4.1%	4.4%
44126	36	6	5	0	*	16.7%	13.9%	0.1%	0.1%	0.1%	0.0%
44127	223	31	34	3	*	13.9%	15.2%	0.8%	0.7%	0.8%	0.7%
44128	1812	279	271	23	12.7	15.4%	15.0%	6.7%	6.6%	6.5%	5.6%
44129	146	23	20	1	*	15.8%	13.7%	0.5%	0.5%	0.5%	0.2%
44130	221	26	22	2	*	11.8%	10.0%	0.8%	0.6%	0.5%	0.5%
44131	19	1	2	0	*	5.3%	10.5%	0.1%	0.0%	0.0%	0.0%
44132	804	125	129	7	*	15.5%	16.0%	3.0%	3.0%	3.1%	1.7%
44133	45	6	6	0	*	13.3%	13.3%	0.2%	0.1%	0.1%	0.0%
44134	144	16	9	2	*	11.1%	6.3%	0.5%	0.4%	0.2%	0.5%
44135	539	87	91	9	*	16.1%	16.9%	2.0%	2.1%	2.2%	2.2%
44136	71	10	9	0	*	14.1%	12.7%	0.3%	0.2%	0.2%	0.0%
44137	1214	208	193	14	11.5	17.1%	15.9%	4.5%	5.0%	4.7%	3.4%
44138	20	1	1	0	*	5.0%	5.0%	0.1%	0.0%	0.0%	0.0%
44139	104	9	11	0	*	8.7%	10.6%	0.4%	0.2%	0.3%	0.0%
44140	9	4	2	0	*	44.4%	22.2%	0.0%	0.1%	0.0%	0.0%
44141	6	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44142	70	13	12	4	*	18.6%	17.1%	0.3%	0.3%	0.3%	1.0%
44143	465	62	54	3	*	13.3%	11.6%	1.7%	1.5%	1.3%	0.7%
44144	188	23	24	6	*	12.2%	12.8%	0.7%	0.5%	0.6%	1.5%
44145	49	5	6	1	*	10.2%	12.2%	0.2%	0.1%	0.1%	0.2%
44146	1038	151	148	13	12.5	14.5%	14.3%	3.8%	3.6%	3.6%	3.2%
44147	70	11	11	0	*	15.7%	15.7%	0.3%	0.3%	0.3%	0.0%
44149	21	3	4	1	*	14.3%	19.0%	0.1%	0.1%	0.1%	0.2%
44190	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	27091	4202	4140	409							

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	622	69	68	6	*	11.1%	10.9%	2.2%	1.9%	1.9%	1.6%

43016	119	11	16	1	*	9.2%	13.4%	0.4%	0.3%	0.5%	0.3%
43017	103	17	14	3	*	16.5%	13.6%	0.4%	0.5%	0.4%	0.8%
43026	354	38	35	1	*	10.7%	9.9%	1.2%	1.0%	1.0%	0.3%
43054	132	18	14	1	*	13.6%	10.6%	0.5%	0.5%	0.4%	0.3%
43065	21	2	1	0	*	9.5%	4.8%	0.1%	0.1%	0.0%	0.0%
43068	1135	159	140	16	14.1	14.0%	12.3%	3.9%	4.3%	4.0%	4.3%
43081	720	92	86	9	*	12.8%	11.9%	2.5%	2.5%	2.4%	2.4%
43085	127	18	19	2	*	14.2%	15.0%	0.4%	0.5%	0.5%	0.5%
43109	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
43110	1187	166	152	9	*	14.0%	12.8%	4.1%	4.5%	4.3%	2.4%
43119	265	34	34	4	*	12.8%	12.8%	0.9%	0.9%	1.0%	1.1%
43123	329	42	45	1	*	12.8%	13.7%	1.1%	1.1%	1.3%	0.3%
43125	252	22	29	3	*	8.7%	11.5%	0.9%	0.6%	0.8%	0.8%
43137	6	2	3	0	*	33.3%	50.0%	0.0%	0.1%	0.1%	0.0%
43147	14	2	0	0	*	14.3%	0.0%				
43201	414	65	61	11	26.6	15.7%	14.7%	1.4%	1.7%	1.7%	3.0%
43202	39	3	5	0	*	7.7%	12.8%	0.1%	0.1%	0.1%	0.0%
43203	631	94	104	8	*	14.9%	16.5%	2.2%	2.5%	2.9%	2.2%
43204	697	111	104	15	21.5	15.9%	14.9%	2.4%	3.0%	2.9%	4.0%
43205	602	104	103	7	*	17.3%	17.1%	2.1%	2.8%	2.9%	1.9%
43206	786	128	122	10	12.7	16.3%	15.5%	2.7%	3.4%	3.4%	2.7%
43207	989	159	143	18	18.2	16.1%	14.5%	3.4%	4.3%	4.0%	4.9%
43209	452	65	60	6	*	14.4%	13.3%	1.6%	1.7%	1.7%	1.6%
43210	5	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
43211	1345	223	238	25	18.6	16.6%	17.7%	4.7%	6.0%	6.7%	6.7%
43212	22	2	0	0	*	9.1%	0.0%	0.1%	0.1%	0.0%	0.0%
43213	1633	215	191	21	12.9	13.2%	11.7%	5.7%	5.8%	5.4%	5.7%
43214	125	18	18	3	*	14.4%	14.4%	0.4%	0.5%	0.5%	0.8%
43215	71	15	14	2	*	21.1%	19.7%	0.2%	0.4%	0.4%	0.5%
43216	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
43217	54	6	4	0	*	11.1%	7.4%	0.2%	0.2%	0.1%	0.0%
43219	2036	257	236	23	11.3	12.6%	11.6%	7.1%	6.9%	6.7%	6.2%
43220	103	10	9	0	*	9.7%	8.7%	0.4%	0.3%	0.3%	0.0%
43221	47	3	3	0	*	6.4%	6.4%	0.2%	0.1%	0.1%	0.0%
43222	105	16	18	2	*	15.2%	17.1%	0.4%	0.4%	0.5%	0.5%
43223	786	115	114	9	*	14.6%	14.5%	2.7%	3.1%	3.2%	2.4%
43224	2140	210	215	28	13.1	9.8%	10.0%	7.4%	5.6%	6.1%	7.5%
43227	1330	185	181	19	14.3	13.9%	13.6%	4.6%	5.0%	5.1%	5.1%
43228	1815	179	158	17	9.4	9.9%	8.7%	6.3%	4.8%	4.5%	4.6%
43229	2490	297	287	35	14.1	11.9%	11.5%	8.6%	8.0%	8.1%	9.4%
43230	920	86	72	7	*	9.3%	7.8%	3.2%	2.3%	2.0%	1.9%
43231	1017	89	79	9	*	8.8%	7.8%	3.5%	2.4%	2.2%	2.4%
43232	2581	349	327	40	15.5	13.5%	12.7%	8.9%	9.4%	9.2%	10.8%
43235	216	27	19	0	*	12.5%	8.8%	0.7%	0.7%	0.5%	0.0%
Total	28841	3723	3541	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	3	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

45002	26	1	1	0	*	3.8%	3.8%	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	3	1	1	0	*	33.3%	33.3%	0.0%	0.0%	0.0%	0.0%
45140	37	5	3	0	*	13.5%	8.1%	0.2%	0.2%	0.1%	0.0%
45202	352	49	60	7	*	13.9%	17.0%	2.0%	2.0%	2.3%	2.6%
45203	188	27	30	3	*	14.4%	16.0%	1.1%	1.1%	1.2%	1.1%
45204	221	29	28	2	*	13.1%	12.7%	1.3%	1.2%	1.1%	0.8%
45205	720	96	121	11	15.3	13.3%	16.8%	4.1%	3.9%	4.7%	4.2%
45206	398	65	73	9	*	16.3%	18.3%	2.3%	2.6%	2.8%	3.4%
45207	300	28	38	4	*	9.3%	12.7%	1.7%	1.1%	1.5%	1.5%
45208	43	3	3	0	*	7.0%	7.0%	0.2%	0.1%	0.1%	0.0%
45209	48	4	7	0	*	8.3%	14.6%	0.3%	0.2%	0.3%	0.0%
45211	1381	190	199	14	10.1	13.8%	14.4%	7.9%	7.7%	7.7%	5.3%
45212	291	47	46	5	*	16.2%	15.8%	1.7%	1.9%	1.8%	1.9%
45213	259	39	45	4	*	15.1%	17.4%	1.5%	1.6%	1.8%	1.5%
45214	583	69	81	18	30.9	11.8%	13.9%	3.3%	2.8%	3.2%	6.8%
45215	774	97	101	9	*	12.5%	13.0%	4.4%	3.9%	3.9%	3.4%
45216	200	41	41	2	*	20.5%	20.5%	1.1%	1.7%	1.6%	0.8%
45217	173	18	21	4	*	10.4%	12.1%	1.0%	0.7%	0.8%	1.5%
45218	45	4	5	0	*	8.9%	11.1%	0.3%	0.2%	0.2%	0.0%
45219	223	34	38	7	*	15.2%	17.0%	1.3%	1.4%	1.5%	2.6%
45220	168	30	32	0	*	17.9%	19.0%	1.0%	1.2%	1.2%	0.0%
45223	695	119	111	6	*	17.1%	16.0%	4.0%	4.8%	4.3%	2.3%
45224	661	84	102	11	16.6	12.7%	15.4%	3.8%	3.4%	4.0%	4.2%
45225	1062	157	175	13	12.2	14.8%	16.5%	6.1%	6.4%	6.8%	4.9%
45226	18	6	5	0	*	33.3%	27.8%	0.1%	0.2%	0.2%	0.0%
45227	284	30	31	2	*	10.6%	10.9%	1.6%	1.2%	1.2%	0.8%
45229	778	126	135	16	20.6	16.2%	17.4%	4.4%	5.1%	5.3%	6.0%
45230	174	31	32	4	*	17.8%	18.4%	1.0%	1.3%	1.2%	1.5%
45231	1360	197	184	18	13.2	14.5%	13.5%	7.8%	8.0%	7.2%	6.8%
45232	742	127	127	14	18.9	17.1%	17.1%	4.2%	5.2%	4.9%	5.3%
45233	49	9	9	0	*	18.4%	18.4%	0.3%	0.4%	0.4%	0.0%
45236	176	24	29	2	*	13.6%	16.5%	1.0%	1.0%	1.1%	0.8%
45237	926	127	144	17	18.4	13.7%	15.6%	5.3%	5.2%	5.6%	6.4%
45238	1155	137	123	14	12.1	11.9%	10.6%	6.6%	5.6%	4.8%	5.3%
45239	840	119	113	21	25.0	14.2%	13.5%	4.8%	4.8%	4.4%	7.9%
45240	1054	162	149	19	18.0	15.4%	14.1%	6.0%	6.6%	5.8%	7.2%
45241	74	8	11	1	*	10.8%	14.9%	0.4%	0.3%	0.4%	0.4%
45242	59	9	6	0	*	15.3%	10.2%	0.3%	0.4%	0.2%	0.0%
45243	12	2	1	0	*	16.7%	8.3%	0.1%	0.1%	0.0%	0.0%
45244	23	1	2	0	*	4.3%	8.7%	0.1%	0.0%	0.1%	0.0%
45246	240	24	23	2	*	10.0%	9.6%	1.4%	1.0%	0.9%	0.8%
45247	104	5	7	0	*	4.8%	6.7%	0.6%	0.2%	0.3%	0.0%
45248	62	9	9	1	*	14.5%	14.5%	0.4%	0.4%	0.4%	0.4%
45249	43	4	5	0	*	9.3%	11.6%	0.2%	0.2%	0.2%	0.0%
45250	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
45251	444	62	59	4	*	14.0%	13.3%	2.5%	2.5%	2.3%	1.5%
45252	13	1	1	0	*	7.7%	7.7%	0.1%	0.0%	0.0%	0.0%
45253	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

45255	30	1	4	1	*	3.3%	13.3%	0.2%	0.0%	0.2%	0.4%
45258	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	17529	2458	2571	265							

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	14	1	0	1	*	7.1%	0.0%	0.6%	0.3%	0.0%	2.9%
44011	49	10	5	0	*	20.4%	10.2%	2.2%	3.3%	1.6%	0.0%
44012	13	2	2	0	*	15.4%	15.4%	0.6%	0.7%	0.6%	0.0%
44028	3	1	1	0	*	33.3%	33.3%	0.1%	0.3%	0.3%	0.0%
44035	784	124	130	15	19.1	15.8%	16.6%	35.3%	40.5%	40.5%	44.1%
44039	54	6	5	0	*	11.1%	9.3%	2.4%	2.0%	1.6%	0.0%
44050	4	0	0	0	*	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
44052	680	89	95	11	16.2	13.1%	14.0%	30.6%	29.1%	29.6%	32.4%
44053	200	29	29	1	*	14.5%	14.5%	9.0%	9.5%	9.0%	2.9%
44054	14	2	1	0	*	14.3%	7.1%	0.6%	0.7%	0.3%	0.0%
44055	338	36	46	5	*	10.7%	13.6%	15.2%	11.8%	14.3%	14.7%
44074	60	5	6	1	*	8.3%	10.0%	2.7%	1.6%	1.9%	2.9%
44089	1	0	1	0	*	0.0%	100.0%	0.0%	0.0%	0.3%	0.0%
44090	8	1	0	0	*	12.5%	0.0%	0.4%	0.3%	0.0%	0.0%
44275	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44889	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	2224	306	321	34							

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	1	1	0	*	100%	100%	0.0%	0.1%	0.1%	0.0%
43528	86	16	7	0	*	19%	8%	1.1%	1.4%	0.6%	0.0%
43537	94	9	8	1	*	10%	9%	1.2%	0.8%	0.7%	0.8%
43542	2	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
43558	6	0	1	0	*	0%	17%	0.1%	0.0%	0.1%	0.0%
43560	52	5	6	2	*	10%	12%	0.7%	0.4%	0.6%	1.7%
43566	3	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
43571	2	1	1	0	*	50%	50%	0.0%	0.1%	0.1%	0.0%
43604	661	123	125	12	18.2	19%	19%	8.6%	11.1%	11.6%	10.0%
43605	571	86	76	7	*	15%	13%	7.5%	7.7%	7.0%	5.8%
43606	541	80	89	8	*	15%	16%	7.1%	7.2%	8.2%	6.7%
43607	917	131	132	23	25.1	14%	14%	12.0%	11.8%	12.2%	19.2%
43608	639	117	110	8	*	18%	17%	8.3%	10.5%	10.2%	6.7%
43609	696	115	109	21	30.2	17%	16%	9.1%	10.3%	10.1%	17.5%
43610	227	34	38	5	*	15%	17%	3.0%	3.1%	3.5%	4.2%
43611	291	47	39	2	*	16%	13%	3.8%	4.2%	3.6%	1.7%
43612	592	91	76	7	*	15%	13%	7.7%	8.2%	7.0%	5.8%
43613	403	44	47	4	*	11%	12%	5.3%	4.0%	4.3%	3.3%
43614	486	62	57	7	*	13%	12%	6.4%	5.6%	5.3%	5.8%
43615	986	96	105	7	*	10%	11%	12.9%	8.6%	9.7%	5.8%
43616	29	1	0	0	*	3%	0%	0.4%	0.1%	0.0%	0.0%

43617	14	0	0	0	*	0%	0%	0.2%	0.0%	0.0%	0.0%
43620	235	38	40	3	*	16%	17%	3.1%	3.4%	3.7%	2.5%
43623	116	15	14	3	*	13%	12%	1.5%	1.3%	1.3%	2.5%
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	7653	1112	1081	120							

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	178	24	30	0	*	13%	17%	5.6%	4.3%	5.4%	0.0%
44406	22	3	2	0	*	14%	9%	0.7%	0.5%	0.4%	0.0%
44429	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
44436	2	0	0	0	*	0%	0%	0.1%	0.0%	0.0%	0.0%
44442	1	0	1	0	*	0%	100%	0.0%	0.0%	0.2%	0.0%
44449	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
44471	41	7	4	1	*	17%	10%	1.3%	1.2%	0.7%	2.1%
44501	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
44502	444	81	88	3	*	18%	20%	13.9%	14.4%	15.9%	6.4%
44503	5	1	0	0	*	20%	0%	0.2%	0.2%	0.0%	0.0%
44504	132	17	17	0	*	13%	13%	4.1%	3.0%	3.1%	0.0%
44505	528	101	95	10	18.9	19%	18%	16.6%	18.0%	17.1%	21.3%
44506	88	17	17	1	*	19%	19%	2.8%	3.0%	3.1%	2.1%
44507	259	48	43	8	*	19%	17%	8.1%	8.5%	7.7%	17.0%
44509	390	51	62	7	*	13%	16%	12.2%	9.1%	11.2%	14.9%
44510	150	38	30	2	*	25%	20%	4.7%	6.8%	5.4%	4.3%
44511	362	65	71	5	*	18%	20%	11.4%	11.6%	12.8%	10.6%
44512	306	62	52	6	*	20%	17%	9.6%	11.0%	9.4%	12.8%
44514	43	9	7	0	*	21%	16%	1.4%	1.6%	1.3%	0.0%
44515	224	36	35	4	*	16%	16%	7.0%	6.4%	6.3%	8.5%
44601	1	1	1	0	*	100%	100%	0.0%	0.2%	0.2%	0.0%
44672	5	1	0	0	*	20%	0%	0.2%	0.2%	0.0%	0.0%
Total	3185	562	555	47							

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
45005	2	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45066	2	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45309	6	0	0	0	*	0%	0%	0.1%	0.0%	0.0%	0.0%
45315	45	7	7	0	*	16%	16%	0.5%	0.5%	0.6%	0.0%
45322	146	8	7	1	*	5%	5%	1.6%	0.6%	0.6%	0.8%
45325	2	1	1	0	*	50%	50%	0.0%	0.1%	0.1%	0.0%
45327	13	1	2	0	*	8%	15%	0.1%	0.1%	0.2%	0.0%
45342	176	15	11	2	*	9%	6%	1.9%	1.1%	0.9%	1.7%
45345	5	1	0	1	*	20%	0%	0.1%	0.1%	0.0%	0.8%
45354	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45377	42	7	7	1	*	17%	17%	0.5%	0.5%	0.6%	0.8%
45401	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%

45402	494	70	89	5	*	14%	18%	5.4%	5.3%	7.0%	4.2%
45403	234	33	33	4	*	14%	14%	2.5%	2.5%	2.6%	3.4%
45404	186	19	13	1	*	10%	7%	2.0%	1.4%	1.0%	0.8%
45405	1045	164	149	15	14.4	16%	14%	11.3%	12.5%	11.7%	12.7%
45406	1200	191	179	12	10.0	16%	15%	13.0%	14.5%	14.1%	10.2%
45409	30	2	2	0	*	7%	7%	0.3%	0.2%	0.2%	0.0%
45410	216	29	25	3	*	13%	12%	2.3%	2.2%	2.0%	2.5%
45413	1	0	0	0	*	0%	0%	0.0%	0.0%	0.0%	0.0%
45414	590	95	91	10	16.9	16%	15%	6.4%	7.2%	7.2%	8.5%
45415	257	26	31	5	*	10%	12%	2.8%	2.0%	2.4%	4.2%
45416	270	40	33	4	*	15%	12%	2.9%	3.0%	2.6%	3.4%
45417	1613	278	284	29	18.0	17%	18%	17.5%	21.1%	22.3%	24.6%
45419	44	4	4	0	*	9%	9%	0.5%	0.3%	0.3%	0.0%
45420	154	16	15	0	*	10%	10%	1.7%	1.2%	1.2%	0.0%
45424	576	66	59	7	*	11%	10%	6.3%	5.0%	4.6%	5.9%
45426	884	114	109	9	*	13%	12%	9.6%	8.7%	8.6%	7.6%
45429	87	9	11	0	*	10%	13%	0.9%	0.7%	0.9%	0.0%
45431	120	18	16	2	*	15%	13%	1.3%	1.4%	1.3%	1.7%
45432	52	4	6	0	*	8%	12%	0.6%	0.3%	0.5%	0.0%
45439	111	15	12	1	*	14%	11%	1.2%	1.1%	0.9%	0.8%
45440	117	13	14	1	*	11%	12%	1.3%	1.0%	1.1%	0.8%
45449	223	36	30	1	*	16%	13%	2.4%	2.7%	2.4%	0.8%
45458	156	19	18	3	*	12%	12%	1.7%	1.4%	1.4%	2.5%
45459	111	14	13	1	*	13%	12%	1.2%	1.1%	1.0%	0.8%
Total	9210	1315	1271	118							

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	144	26	20	4	*	18.1%	13.9%	5.8%	9.2%	6.5%	11.4%
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	2	0	1	0	*	0.0%	50.0%	0.1%	0.0%	0.3%	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	10	1	0	0	*	10.0%	0.0%	0.4%	0.4%	0.0%	0.0%
44646	222	27	32	6	*	12.2%	14.4%	8.9%	9.5%	10.4%	17.1%
44647	33	6	4	1	*	18.2%	12.1%	1.3%	2.1%	1.3%	2.9%
44662	4	2	3	0	*	50.0%	75.0%	0.2%	0.7%	1.0%	0.0%
44685	6	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%
44702	16	1	0	0	*	6.3%	0.0%	0.6%	0.4%	0.0%	0.0%
44703	192	19	22	2	*	9.9%	11.5%	7.7%	6.7%	7.1%	5.7%
44704	133	8	10	1	*	6.0%	7.5%	5.4%	2.8%	3.2%	2.9%
44705	461	57	67	8	*	12.4%	14.5%	18.6%	20.1%	21.8%	22.9%
44706	127	15	21	1	*	11.8%	16.5%	5.1%	5.3%	6.8%	2.9%
44707	344	25	32	4	*	7.3%	9.3%	13.9%	8.8%	10.4%	11.4%
44708	193	21	18	0	*	10.9%	9.3%	7.8%	7.4%	5.8%	0.0%
44709	151	18	23	2	*	11.9%	15.2%	6.1%	6.3%	7.5%	5.7%
44710	142	21	24	1	*	14.8%	16.9%	5.7%	7.4%	7.8%	2.9%

44714	143	18	16	3	*	12.6%	11.2%	5.8%	6.3%	5.2%	8.6%
44718	39	5	4	1	*	12.8%	10.3%	1.6%	1.8%	1.3%	2.9%
44720	67	8	8	1	*	11.9%	11.9%	2.7%	2.8%	2.6%	2.9%
44721	24	5	3	0	*	20.8%	12.5%	1.0%	1.8%	1.0%	0.0%
44730	15	1	0	0	*	6.7%	0.0%	0.6%	0.4%	0.0%	0.0%
Total	2481	284	308	35							

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	60	6	7	1	*	10.0%	11.7%	0.9%	0.6%	0.7%	1.0%
44067	63	12	11	1	*	19.0%	17.5%	1.0%	1.2%	1.1%	1.0%
44087	248	33	26	1	*	13.3%	10.5%	3.8%	3.4%	2.7%	1.0%
44146	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44202	17	5	3	0	*	29.4%	17.6%	0.3%	0.5%	0.3%	0.0%
44203	224	31	31	2	*	13.8%	13.8%	3.4%	3.2%	3.2%	2.0%
44216	3	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44221	105	12	8	2	*	11.4%	7.6%	1.6%	1.2%	0.8%	2.0%
44223	81	14	12	0	*	17.3%	14.8%	1.2%	1.4%	1.2%	0.0%
44224	124	23	18	0	*	18.5%	14.5%	1.9%	2.4%	1.9%	0.0%
44236	22	2	1	0	*	9.1%	4.5%	0.3%	0.2%	0.1%	0.0%
44250	3	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44262	3	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44264	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44278	91	14	11	1	*	15.4%	12.1%	1.4%	1.4%	1.1%	1.0%
44286	4	0	0	0	*	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
44301	453	77	67	10	22.1	17.0%	14.8%	6.9%	7.9%	6.9%	9.8%
44302	110	14	17	2	*	12.7%	15.5%	1.7%	1.4%	1.8%	2.0%
44303	57	4	5	2	*	7.0%	8.8%	0.9%	0.4%	0.5%	2.0%
44304	113	20	16	0	*	17.7%	14.2%	1.7%	2.1%	1.7%	0.0%
44305	501	85	86	14	27.9	17.0%	17.2%	7.6%	8.7%	8.9%	13.7%
44306	1129	159	177	20	17.7	14.1%	15.7%	17.1%	16.3%	18.3%	19.6%
44307	548	88	108	11	20.1	16.1%	19.7%	8.3%	9.0%	11.2%	10.8%
44308	7	0	2	0	*	0.0%	28.6%	0.1%	0.0%	0.2%	0.0%
44309	2	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44310	436	65	61	9	*	14.9%	14.0%	6.6%	6.7%	6.3%	8.8%
44311	333	48	56	5	*	14.4%	16.8%	5.0%	4.9%	5.8%	4.9%
44312	94	12	6	0	*	12.8%	6.4%	1.4%	1.2%	0.6%	0.0%
44313	413	48	45	5	*	11.6%	10.9%	6.3%	4.9%	4.6%	4.9%
44314	382	50	53	6	*	13.1%	13.9%	5.8%	5.1%	5.5%	5.9%
44319	42	7	7	1	*	16.7%	16.7%	0.6%	0.7%	0.7%	1.0%
44320	776	130	119	9	*	16.8%	15.3%	11.8%	13.3%	12.3%	8.8%
44321	78	7	5	0	*	9.0%	6.4%	1.2%	0.7%	0.5%	0.0%
44325	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
44333	48	5	4	0	*	10.4%	8.3%	0.7%	0.5%	0.4%	0.0%
44685	29	4	6	0	*	13.8%	20.7%	0.4%	0.4%	0.6%	0.0%
44720	1	0	0	0	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	6604	975	968	102							

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: Minimum Number of People Required to be Served by Neighborhood Navigation

County	Minimum required # of unique pregnant people to serve (Column A)	Maximum allowable # of people from additional population (Column B)	Total # of unique people to be served* (Column C)
Butler	117	18	135
Cuyahoga	1160	174	1334
Franklin	1209	181	1390
Hamilton	771	116	887
Lorain	102	15	117
Lucas	347	52	399
Mahoning	159	24	183
Montgomery	405	61	466
Stark	126	19	145
Summit	296	44	340

Data Source: Resident Birth and Mortality Files from the Ohio Department of Health Bureau of Vital Statistics.

*Eighty percent (80%) of all people served must self-identify as Black and/or African American.

The minimum number of unique pregnant people to be served (**Column A**) 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. **The maximum allowable # of people from additional population (Column B) = 15% of Column A. Finally, the total # of unique people to be served (Column C) = Column A + Column B.**

OE22 Appendix 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.
 - 85% 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.
 - Neighborhood Navigators can determine the most appropriate length of time in between follow-ups. There is no ODH requirement for when the 3 follow-ups must occur. However, 3 follow-ups are required to achieve reimbursement.
- 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-five (85) 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 self-identify as Black and/or African American
 - Optional Additional Population Eligibility
 - Although the primary priority population for OEI 2.0 Neighborhood Navigation is Black pregnant people, subrecipients can serve up to an additional 15% of people 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.
 - The number of individuals allowable to be served through this scope of work equals 15% of the minimum required # of pregnant people.
 - Example: Subrecipient is required to serve 100 pregnant individuals through Navigation. Subrecipient may choose to serve an additional 15 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).

Appendix G: OEI Goals & Objectives Dashboard

Ohio Equity Institute: Working to Achieve Equity in Birth Outcomes 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.					
OE23 Objectives:	Serve 5,397 people through Neighborhood Navigation services by December 31, 2023.					
	4,587 people served must self-identify as Black and/or African American.					
	Adopt 10 policies, for implementation in the OE24 grant year, by November 10, 2023.					
	Integrate racial equity into 10 organizational policies by December 31, 2023.					
Goal	Strategies	Benchmark(s): Year 1 (OE22) *planning, building internal capacity, and community engagement strategies	Benchmark(s): Year 2 (OE23) *implementation of an intervention, continued community engagement, strengthening capacity	Benchmark(s): Year 3 (OE24) *communicating totality of program efforts (outcomes and evaluation, continued quality improvement, sustainability)	Standardized Performance Measures	Local Performance Measure(s)
Goal: Reduce racial disparities in birth outcomes, in target communities, by addressing the drivers of inequities impacting poor birth outcomes and high infant mortality rates.	Organizational Capacity: Health Equity & Data	By October 10, 2022 (Q3), assess internal capacity to address health inequities by completing an approved health equity organizational self-assessment tool inclusive of a staff survey and community survey (community survey assistance provided by M&E vendor).	Re-issue staff survey re: racial equity knowledge and skills. Re-issue community survey inclusive of questions re: organization's capacity to address the underlying conditions that impact health inequities (community survey assistance provided by M&E vendor).	Re-issue staff survey re: racial equity knowledge and skills. Re-issue community survey inclusive of questions re: organization's capacity to address the underlying conditions that impact health inequities (community survey assistance provided by M&E vendor).	How much: # of staff sent the staff survey How much: # of community members sent the community survey How well: % of staff who completed the staff survey How well: % of community members who completed the community survey What difference: % change in staff racial equity knowledge and skills in year 2 and year 3 of the grant. What difference: % change in community's confidence in organization's capacity to address the conditions that impact health inequities in year 2 and year 3 of the grant. Note: Annual % change and overall change should be monitored.	Local subrecipients identify performance measures for each aligned activity that answer the following questions: How much did you do? How well did you do it? What difference did it make?

		<p>Establish or adopt an organizational Racial Equity Core Team.</p> <p>At least 3 meetings by Racial Equity Core Team completed.</p>	<p>At least 6 meetings by Racial Equity Core Team completed.</p>	<p>At least 6 meetings by Racial Equity Core Team completed.</p>	<p>How much: # of Racial Equity Core Team members.</p> <p>How much: # of Racial Equity Core Team meetings held per grant year.</p>	
		<p>Develop an organizational action plan to normalize, organize and operationalize organizational change to advance racial equity by the end of December 31, 2022.</p> <p><i>Action plan must outline goals, objectives, activities and performance measures supporting organizational capacity through training and building infrastructure. Action Plan must address the needs identified from the self-assessment tool.</i></p>	<p>Measurable achievement of identified goals in the organizational action plan by December 31, 2023.</p> <p>Complete one training objective seeking to build a common understanding among employees about the organization's equity goals and analysis and its key strategies to achieve them.</p> <p>Integration of racial equity into at least one organizational policy.</p>	<p>Measurable achievement of identified goals in the organizational action plan by December 31, 2024.</p> <p>Complete one training objective seeking to build a common understanding among employees about the organization's equity goals and analysis and its key strategies to achieve them.</p> <p>Integration of racial equity into at least one organizational policy.</p>	<p>How much: # of trainings completed per grant year with the objective of building common understanding among organization employees about equity goals and analysis and key strategies to achieve them.</p> <p>How well: % of organization's staff per grant year who participated in trainings with the objective of building common understanding among organization employees about equity goals and analysis and key strategies to achieve them.</p> <p>How well: % of identified goals in the organizational equity action plan achieved per grant year.</p> <p>How much: # of organizational policies with reported successful integration of racial equity by the end of year 2 and year 3 of the grant.</p>	
		<p>By April 10, 2022 (Q1), the epidemiologist will have a data analysis plan for accessing, collecting, and distributing data to program staff and external stakeholders that clearly and effectively describes current birth outcome trends and SDOH data.</p> <p>Demonstrate data dissemination with at least 4 locally developed data products. (Excluding annual report)</p>	<p>Quarterly updates on data analysis plan.</p> <p>Demonstrate data dissemination with at least 4 locally developed data products. (Excluding annual report)</p>	<p>Quarterly updates on data analysis plan.</p> <p>Demonstrate data dissemination with at least 4 locally developed data products. (Excluding annual report)</p>	<p>How much: # of data analysis plan activities completed at the end of each grant year.</p> <p>How well: % of data analysis plan activities completed at the end of each grant year.</p> <p>How much: # of data products created and disseminated to partners or community each grant year.</p>	<p>Local subrecipients identify performance measures for each aligned activity that answer the following questions:</p> <p><i>How much did you do?</i></p> <p><i>How well did you do it?</i></p> <p><i>What difference did it make?</i></p>

	Community-driven Interventions: Upstream	Identification of local SDOH upstream policy change.	Adoption of local SDOH upstream policy change.	Implementation of local SDOH upstream policy change.	<p>How much: # of policies identified by end of grant cycle, December 31, 2022.</p> <p>How much: # of policies adopted by end of grant cycle, December 31, 2023.</p> <p>How much: # of policies implemented by end of grant cycle, December 31, 2024.</p>	<p>Local subrecipients identify performance measures for each aligned activity that answer the following questions:</p> <p><i>How much did you do?</i></p> <p><i>How well did you do it?</i></p> <p><i>What difference did it make?</i></p>
		<p>Identify performance measures and establish baseline data by leveraging the Results-Based Accountability (RBA) framework to monitor and evaluate the effectiveness of policy change efforts over the 3-year grant period by December 31, 2022:</p> <ul style="list-style-type: none"> • <i>How much did we do? (i.e. quantity; how much service did we deliver; # people served, # services/activities)</i> • <i>How well did we do it? (i.e. quality; % common measures, % activity-specific measures)</i> • <i>Is anyone better off? (i.e. what quantity/quality of change for the better did we produce; #/% skills/knowledge; #/% attitude/opinion; #/% behavior; #/% circumstance)</i> 	<p>Report on performance and outcomes measures identified in year 1, and change from baseline data reported.</p> <p>Identify necessary changes to strategy (quality improvement) based on results.</p>	<p>Report on performance and outcomes measures identified in year 1, and change from baseline data reported.</p> <p>Identify necessary changes to strategy (quality improvement) based on results.</p>	<p>What difference: % change in upstream performance and outcome measures from baseline in year 2 and year 3.</p>	

	Community-driven Interventions: Downstream	Outreach, identify, screen, refer and serve Black and/or African American pregnant people through Neighborhood Navigation.	Outreach, identify, screen, refer and serve Black and/or African American pregnant people through Neighborhood Navigation.	Outreach, identify, screen, refer and serve Black and/or African American pregnant people through Neighborhood Navigation.	How much: # of pregnant people identified. How much: # of pregnant people screened. How much: # of people served per grant year. How well: % of pregnant people identified through non-traditional avenues of outreach. How well: % of people served who are pregnant per grant year.	Local subrecipients identify performance measures for each aligned activity that answer the following questions: <i>How much did you do?</i> <i>How well did you do it?</i> <i>What difference did it make?</i>
		Each OEI team will reach their individual local goal for # of people served through Navigation.	Each OEI team will reach their individual local goal for # of people served through Navigation.	Each OEI team will reach their individual local goal for # of people served through Navigation.		
		At least 80% of people served are Black and/or African American.	At least 85% of people served are Black and/or African American.	At least 90% of people served are Black and/or African American.	How well: % of people served who self-identify as Black and/or African American per grant year.	
		At least 75% of outreach avenues are non-traditional.	At least 80% of outreach avenues are non-traditional.	At least 85% of outreach avenues are non-traditional.	How well: % of outreach avenues that are non-traditional per grant year.	
		Of people served, at least 95% of identified needs were addressed by an appropriate connection or referral.	Of people served, at least 95% of identified needs were addressed by an appropriate connection or referral.	Of people served, at least 95% of identified needs were addressed by an appropriate connection or referral.	How much: # of needs identified. How much: # of referrals offered. How well: % of needs met through referral. How well: % of referrals utilized.	
		Priority zip codes identified for community engagement, strategy outreach and implementation by June 30, 2022.	At least 75% of people served self-reported residence in priority zip codes by December 31, 2023.	At least 75% of people served self-reported residence in priority zip codes by December 31, 2024.	How well: % of people served who reside within the identified priority service areas per grant year.	
		At least 75% of people served self-reported residence in priority zip codes by December 31, 2022.				
	Birth Outcomes	Determine Black IMR baseline (3-year average) in county and identified priority zip codes.	Determine increase or decrease from baseline. (3-year average)	Determine increase or decrease from baseline. (3-year average)	What difference: Black infant mortality rate in identified priority zip codes by the end of the grant cycle, December 31, 2024. (3-year average)	Local subrecipients identify performance measures for each aligned activity that answer the

		Determine Black preterm birth baseline (3-year average) in county and identified priority zip codes.	Determine increase or decrease from baseline. (3 year average)	Determine increase or decrease from baseline. (3 year average)	What difference: Black PTB rate in identified priority zip codes by the end of the grant cycle, December 31 2024. (3 year average)	following questions: How much did you do? How well did you do it? What difference did it make?
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Last updated on
6/29/22

*This matrix is subject to change as new needs and goals are identified.

Appendix H: Fetal Infant Mortality Review

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

Requested Case Records:

[illegible]

Appendix I: OEI Logic Model

Ohio Equity Initiative: Working to Achieve Equity in Birth Outcomes

Purpose of the Ohio Equity Initiative (OEI): To address the biggest drivers of inequities in poor birth outcomes and infant mortality in the ten counties with the greatest racial disparities.

Goals: Achieve a Black infant mortality rate of 8.4 in the ten funded counties collectively.

Achieve a Black prematurity rate of 11.1 in the ten funded counties collectively.

OEI Statement of Equity: OEI teams work to achieve equity in their local communities by ensuring Black pregnant women have access to services that will support healthy pregnancies, and by improving the physical and social infrastructure that impact health.

Inputs	OEI Scopes of Work	Activities	Outputs	Short term (1 year)	Midterm (3 years)	Long term Impacts (5+ years)
Local OEI Program Staff: <ul style="list-style-type: none"> Health Equity Coordinator Program Coordinator Epidemiologist Neighborhood Navigators Technical Assistance: <ul style="list-style-type: none"> Month touch base calls Bi-annual group meeting Expert vendor contracts GARE Membership Funding: <ul style="list-style-type: none"> Annual budget of roughly \$4.5 million Collaboration w/ internal & external partners: <ul style="list-style-type: none"> SDOH policy teams Existing Black/African American community resident and/or advisory networks Community clinical and social services Data	Organizational Health Equity ^a Capacity	Complete an approved health equity organizational self-assessment inclusive of a staff survey and community survey Develop a Racial Equity Core Team that holds Regular Racial Equity Core Team meetings Develop an organizational equity action plan to normalize, organize and operationalize organizational change to advance racial equity	Annual staff survey to assess racial equity knowledge and skills Annual community survey to assess organization's capacity to address the underlying conditions that impact health inequities Organizational equity action plan Organizational equity trainings	Increased racial equity knowledge and skills of organization's staff members Increased community opinion of organization's capacity to address the underlying conditions that impact health inequities Successful integration of racial equity into organizational policies Increase knowledge and common understanding of the organization's equity goals		Achieve racial equity in infant mortality in 10 OEI counties Decrease racial disparities in infant mortality in 10 OEI counties Decrease racial disparities in birth outcomes in 10 OEI counties Improvement in SDOH factors impacting Black pregnant people
	Data	Assure quality of local client data Analyze local program, MCH birth outcomes, and SDOH data with a focus on racial disparities Develop priority service area methodology Develop both upstream and downstream performance measures*	Monthly, quarterly, and annual reports Data dissemination products shared with community members and partners Establish local priority service areas Perinatal Periods of Risks Analysis	Increased knowledge of local program, MCH birth outcomes and SDOH data among local agencies/organizations Increase communities' access to local program, MCH birth outcomes and SDOH data Improved understanding and use of M&E strategies within OEI organization Effectively monitor and evaluate performance measures to assess program success and challenges		
	Upstream*	Form and/or join a local SDOH team Establish regular SDOH team meetings Collaborate with community partners and Black/African American community resident and advisory networks	SDOH Team Charter/Roster and Action Plan Identify a policy to adopt and implement that will improve SDOHs that impact inequities in birth outcomes	<div>Policies Adopted</div>	<div>Policies Implemented</div>	
	Downstream*	Outreach, identify, screen, refer and serve Black pregnant people NNs document the needs and experiences of Black women Prioritize use of non-traditional avenues of outreach**	Connection of currently unserved Black pregnant people to needed clinical and social services Serving clients in ZIP codes and/or census tracts with the greatest need of services	Increased use of evidence-based clinical and social services for Black pregnant people (WiC, evidence-based home visiting) Contribute to the improvement of birth outcomes among Black pregnant people served		

Assumptions:

- OEI activities serve African American/Black pregnant people and communities.
- Identified goals do not imply OEI is solely responsible for better birth outcomes, but instead may contribute to better birth outcomes.
- The needs and experiences of Black people served by Navigators will influence all other OEI scopes of work.

Definitions:

"Upstream interventions involve policy approaches that can affect large populations through regulation, increased access or economic incentives." Downstream interventions involve "individual-level behavioral approaches for prevention or disease management."¹

** Non-traditional avenues of outreach supports outreach and identification of pregnant people where existing systems and programs do not currently reach.

"Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential. (Ohio State Health Improvement Plan)"

Abbreviations:

MCH: Maternal and Child Health M&E: Monitoring & Evaluation NN: Neighborhood Navigator SDOH: Social Determinants of Health

Sources:

- https://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm
- <https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf>