**ODH & Local Health Department *Together WeCan***

**Call Summary**

**Dec. 6, 2023**

 **11:00am - 12:00pm**

**Use This Join Link and Password On Every Call:**

<https://ohio.webex.com/ohio/j.php?MTID=m4bb12bbcbc9baa195a6af5fc0c233138>

**Nonpanelist password**: JGyDrr2VD73 (54937728 from phones and video systems)

**Dial In information**: **+1-408-418-9388 United States Toll**

**Access code: 2346 156 9303**

**Meeting ID#: 54937728#**

1. **Welcome**

**Welcome to the reimagined Wednesday call, titled, Together Weekly Communication and News*, Together WeCaN.* Each Health Commissioner, Deputy Health Commissioner, and Administrator should have a weekly *Together WeCan* call placeholder on their calendar. The calendar invitation includes the call link, password, call information, and standing agenda. If you are a member of one of these groups and you have not received a calendar invitation to participate, please send an email to** **local.support@odh.ohio.gov****. Additionally, the call link in the calendar invitation will be used for every meeting moving forward. Questions may be submitted by noon each Monday to the local support inbox at** **local.support@odh.ohio.gov** **for answers on Wednesday. If there is a holiday, we will accept questions until noon on Tuesday. If questions are not submitted on time, they will be answered the following week. Summary notes will be sent when completed.**

1. **Opening Remarks/ODH Director Bruce Vanderhoff, M.D., MBA**
* Nationally there is a big push to get flu and COVID-19 shot in arms before the
 holiday season gets into full swing.
* COVID-19 numbers are low and it appears to be on a steady decline.
* However, It’s only a matter of time before Ohio sees a rise in numbers.
* ODH is seeing an increase in flu cases even though there is a five year low.
* There’s no time like the present to encourage communities to get vaccinated.
	+ Also, RSV is in a more typical upswing.
	+ It appears more children and adults get sick after the holidays, so please encourage your communities to take advantage of vaccinations.
1. **Program Updates**
2. **Bureau of Child and Family Health (BCFH): / Make Your Smile Count,** **A Statewide Oral Health Survey of Third Grade Schoolchildren, Tina Fulks, School-based Oral Health Program Coordinator, Oral Health Program**
* The Ohio Department of Health (ODH) is currently conducting ***Make Your Smile Count!*** a statewide dental check of third grade students during this school year. A total of 94 schools have been scientifically chosen so that the data from all schools will be representative of third graders throughout the state.
* With prior parental/guardian consent, a licensed dental hygienist checks each student's teeth for cavities, fillings, dental sealants, and any need for follow-up dental care. A confidential letter with the results of the dental check is sent home with each student.
* So far:
	+ 86 of the 94 schools have confirmed their participation in the survey.
	+ 47 schools will have completed the survey by the end of December.
	+ Data from 28 schools have been entered into Survey Monkey.
* ODH will use the data from this dental check to evaluate trends in dental disease among Ohio schoolchildren, measure the impact of dental disease prevention programs, and target resources to improve the dental health of Ohio's children.
* Please see attached map. Questions can be directed to: Tina Fulks, tina.fulks@odh.ohio.gov.

**b. Bureau of Infectious Diseases (BID): BID Update/Kara Tarter, Chief**

**Respiratory Outbreaks in Ohio**

* As winter and the respiratory season continues, we are seeing respiratory disease activity reported from various regions across the state, including outbreaks.
* As a reminder, outbreaks should be reported by the close of the next business day.
	+ - At this time, outbreak activity across Ohio is fairly typical for this time of year and pathogens identified as a part of respiratory outbreaks are common pathogens.
		- There is no evidence of novel pathogens circulating in Ohio, and there is no evidence that respiratory pathogens in Ohio are linked to outbreaks reported in China.
		- We continue to recommend that individuals use general strategies to guard against respiratory infections (e.g., vaccines, staying home when ill, getting tested and medical care as needed, increasing ventilation, hand hygiene, and wearing masks as appropriate).
* To report a respiratory disease outbreak, please contact the Bureau of Infectious Diseases at 614.995.5599 or at ORBIT@odh.ohio.gov.

**Mpox– Democratic Republic of the Congo**

* The [World Health Organization (WHO) has reported](https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON493) that the Democratic Republic of the Congo is experiencing a significant increase in the number of suspected cases of mpox reported in 2023.
* This includes cases in large urban areas and documented sexual transmission of clade I mpox virus (mpxv) for the first time.
* Clade 1 [mpox virus](https://www.cdc.gov/poxvirus/mpox/about/index.html#:~:text=There%20are%20two%20types%20of,Clade%20IIb%20are%20rarely%20fatal.) is generally more severe than clade II, which is associated with the 2022 mpox transmission globally.
* If you receive reports of a suspect case of mpox that has travel history or other epidemiologic link to the Democratic Republic of the Congo, please contact the ORBIT team (614.995.5599 or ORBIT@odh.ohio.gov) as additional genomic characterization may be recommended.

**Vaccine Ordering Reminder**

* As we come into the holiday season, please watch for the Messages of the Day in the Vaccine Ordering Management System (VOMS), and refer to emails related to ordering cut-offs.
* In December, orders must be submitted into VOMS by noon Wednesday, December 13, 2023. Orders placed after this date may not ship prior to January 2024.
	+ There will be no orders delivered from McKesson between December 20, 2023, and January 2, 2024. Limited direct shipment deliveries from Merck (frozen - Varivax or ProQuad) and Pfizer(COVID-19 vaccine) may occur during this time.
* There will be no vaccine deliveries on Monday December 25, 2023, or Monday, January 1, 2024.

**Tick-borne Encephalitis (TBE) Vaccine Recommended by ACIP**

* The Advisory Committee of Immunization Practices (ACIP) has issued a recommendation for Tick-Borne Encephalitis vaccine (TBE vaccine). [Tick-borne encephalitis](https://www.cdc.gov/tick-borne-encephalitis/index.html) (TBE) is found throughout western and northern Europe and northern and eastern Asia. TBE is primarily spread by hard ticks of thefamily *Ixodidae*. Many people infected will not have any symptoms, but severe disease can include infection of the brain (Encephalitis) or the membranes of the brain and spinal cord (meningitis).
* TBE vaccine is recommended for persons who are moving or traveling to an area where TBE is endemic and will have extensive exposure to ticks because of their planned outdoor activities and itinerary.
* TBE vaccine may be considered for persons traveling or moving to an area where TBE is endemic who might engage in outdoor activities in areas where ticks are likely to be found. The decision to vaccinate should be based on an assessment of their planned activities and itinerary, risk factors for a poor medical outcome, and personal perception and tolerance of risk.
* Information on countries with TBE risk areas is available on the CDC website (<https://www.cdc.gov/tick-borne-encephalitis/geographic-distribution/index.html>). The information should be interpreted cautiously because TBE virus transmission can be highly variable within risk areas and from year to year.
* An algorithm to available to assist health care providers with decision-making for [TBE vaccination for U.S. travelers is provided](https://www.cdc.gov/mmwr/volumes/72/rr/rr7205a1.htm#F1_down).

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| Dose by age group | Aged ≥16 years: 0.5 mL (adult presentation)Aged 1–15 years: 0.25 mL (pediatric presentation) |
| Primary schedule by age group | Aged ≥16 years: 3 doses administered as follows:Dose 1: On day 0Dose 2: 14 days–3 months after dose 1Dose 3: 5–12 months after dose 2Aged 1–15 years: 3 doses administered as follows:Dose 1: On day 0Dose 2: 1–3 months after dose 1Dose 3: 5–12 months after dose 2 |

1. **Featured Presentation: Lead Applesauce Recall, Jamie Higley, Food Safety Program Administrator, Bureau of Environmental Health and Radiation Protection; Timothy Tewksbary, Retail Program Manager, Ohio Dept. of Agriculture**
* The FDA held a briefing on December 4, 2023, regarding the WanaBana Apple Cinnamon Puree Pouches that were distributed to Dollar Tree and Dollar Tree / Family Dollar combination stores throughout the country. The product was not distributed to stand alone Family Dollar locations. At this time the FDA is requesting help from the state and local jurisdictions in identifying if this product is still being held for consumer sale and or if the stores are still holding onto product on site. Previously, the FDA was requesting that if the product was found to be on the sales floor that the FDA 3177 form be completed, this is no longer the case. Also, originally the FDA wasn’t collecting information on if the product was still being maintained on site after being pulled by store associates, this is also no longer the case.
* The FDA is asking for the following information from any jurisdiction that has a Dollar Tree or Dollar Tree/Family Dollar combination store.
* ODA and ODH are requesting that each local health district with the aforementioned locations be visited, complete the attached Excel data collection document, and take any corrective actions, if necessary. If a location is not willing to voluntarily destroy the product and your jurisdiction doesn’t have the ability to embargo foods, please contact the ODA Food Safety Division for assistance. Please review your board resolutions to determine if your department staff have been authorized to embargo foods.
* Please forward the completed data collection document to Tim Tewksbary at timothy.tewksbary@agri.ohio.gov. Assistance is appreciated.
* **See** **attached spreadsheet**.
1. **General Q & A
a. Presubmitted Question**

**PQ1:** Our local facilities (LTC/SNF) continue to perform Rapid Antigen Testing on their residents and employees. Why is this information not automatically reported to ODRS in some way or fashion? It seems like some facilities are reporting their rapid tests and others are not.

**A:** LTCF COVID-19 reporting is still needed at this time. Thank you for your continued partnership!

1. **Live Questions**

**Oral Health Survey**

**Q1:** ­ For the dental survey of 3rd graders - if we have schools that have been contacted but not confirmed in our county do we need to reach out to them to request that they participate in the survey?­

A: ODH’s Oral Health program is not requesting that the LHDs contact the schools that have not been confirmed, in order to ask them to participate.  If this should change, we will contact the LHD and make that request that they do so.

**Pneumonia Cases in Warren County**

**Q2:** ­ FYI, we have 10 additional pneumonia cases this weekend and 5 yesterday­.

A: Thank you for sharing this information. Our epidemiology team will reach out directly.

**POC Testing at LTCF**

**Q3:** ­I recall when POC testing was made available to the LTC facilities so is it now a requirement that they use ELR?­

A: At earlier stages of the pandemic, labs (including long-term care facilities conducting point-of-care testing) were required to report the results of all tests conducted, both positive and negative. In 2022, the requirement changed so that only positive test results needed to be reported. That requirement remains in place today, so for any COVID-19 testing being conducted in long-term care facilities, positive results need to be reported.

1. **Funding Opportunities (9)**

**Policy Research Associates (PRA): Creating and Enhancing Community-Level Partnerships Among First Responders and Certified Community Behavioral Health Clinics (CCBHCs) - FY 2024**

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| **Type:** | Foundation |
| **Agency:** | FD Foundation |
| **Office:** | Policy Research Associates, Inc. (PRA)Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation |
| **Match Required:** | No |
| **Actual Funds:** | Unspecified |
| **Payment Type:** | Unspecified |
| **Project Start Date:** | February 2024 |
| **Project End Date:** | August 2024 |

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| **Solicitation Date:** | Unknown |
| **Next Due:** | 01/12/2024 (Application) |
| **Eligible Applicants:** | Local GovernmentConsortia |
| **Multipart Grant:** | No |

The purpose of this program is to establish and strengthen partnerships among law enforcement and other first responder entities and certified community behavioral health clinics (CCBHCs) at the local level, with a focus on providing first law enforcement-friendly options for addressing the acute needs of people who are in mental health crises. Award recipients will work collaboratively to identify systems-level strategies to improve these partnerships. The main focus of the program will be on developing direct connections with CCBHC-provided crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention, and crisis stabilization.

Through a virtual platform, selected teams will work together to learn and complete their implementation work, and will simultaneously have the opportunity to share with other jurisdictions and receive an array of technical assistance from subject matter experts (SMEs) across the country. All 2024 learning collaborative events are planned to be delivered virtually.

Learning collaboratives are designed to achieve the following key objectives:

* Enhance collective knowledge of key issues and familiarity with the topic
* Understand promising and evidence-based practices to address related issues
* Develop strategic plans that focus on addressing the issue, with a focus on the implementation of policies, procedures, and best practices to improve treatment, services, and supports
* Increase knowledge about challenges and lessons learned through peer-to-peer information sharing

Applicants should strive to include representation from a broad array of key partners and constituencies, and should identify at least 10 to 15 professionals and community partners, including:

* A directing member/designee of the CCBHC and up to two additional CCBHC personnel or representatives from a designated collaborating organization (DCO)
* Local law enforcement agencies
* 911 Public Safety Answering Points (PSAPs)
* 988 call centers or designated crisis hotlines
* Mobile crisis teams
* Hospital emergency departments
* Behavioral health crisis services providers
* Housing agency directors or local public housing authority directors
* Peer-based recovery support services representatives
* Fire and paramedic/emergency medical services

Selected sites will be expected to work with both existing and new partners across the Sequential Intercept Model (SIM), such as other criminal justice system professionals, local housing authority and housing providers, behavioral health treatment providers, and peer/recovery support providers. Throughout these components, SMEs in CCBHC principles and resources will be available for consultation and technical assistance. Core components will include:

* Virtual kick-off calls in February 2024
* A virtual opening convening session in March 2024
* Virtual “ask the experts” series
* Intensive technical assistance
* A virtual closing event in August 2024

The funding agency will host all activities related to the learning collaborative free of charge to award recipients. There are no fees for registration, tuition, or materials associated with participation in the collaborative, and the funding agency will pay all costs associated with virtual meeting coordination, conference calls, and agency staff and/or SME time.

Award recipients must have the ability to convene approximately 10 to 15 event participants virtually, either as a group or individually. The technology required to participate in the collaborative activities will consist of commonly used meeting platforms.

[More Info](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.prainc.com%2Fgains-lc-2024%2F&data=05%7C01%7CAva.Johnson%40odh.ohio.gov%7Ce3e42e54fc6d45d3016e08dbf2751c42%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C0%7C638370357031076670%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NBXwMVJTJB%2FdHBmdsgtqk7A0a7tkisbg4cIC5ieW1tg%3D&reserved=0)

 HRSA-24-018

**Geriatrics Workforce Enhancement Program**

**Department of Health and Human Services**

**Health Resources and Services Administration**

**General Information**

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| **Document Type:** | Grants Notice |
| **Funding Opportunity Number:** | HRSA-24-018 |
| **Funding Opportunity Title:** | Geriatrics Workforce Enhancement Program |
| **Opportunity Category:** | Discretionary |
| **Opportunity Category Explanation:** |  |
| **Funding Instrument Type:** | Cooperative Agreement |
| **Category of Funding Activity:** | Health |
| **Category Explanation:** | <https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=330f15e0-e8bd-4301-8ad3-1ed2604ce58a> |
| **Expected Number of Awards:** | 43 |
| **CFDA Number(s):** | 93.969 -- PPHF Geriatric Education Centers |
| **Cost Sharing or Matching Requirement:** | No |
| **Version:** | Synopsis 1 |
| **Posted Date:** | Nov 27, 2023 |
| **Last Updated Date:** | Nov 27, 2023 |
| **Original Closing Date for Applications:** | Feb 26, 2024 |
| **Current Closing Date for Applications:** | Feb 26, 2024 |
| **Archive Date:** |  |
| **Estimated Total Program Funding:** | $ 43,000,000 |
| **Award Ceiling:** | $1,000,000 |
| **Award Floor:** | $0 |

**Eligibility**

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| **Eligible Applicants:** | Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher educationNonprofits having a 501(c)(3) status with the IRS, other than institutions of higher educationNative American tribal organizations (other than Federally recognized tribal governments)Others (see text field entitled "Additional Information on Eligibility" for clarification)Native American tribal governments (Federally recognized) |
| **Additional Information on Eligibility:** | The following domestic entities are eligible applicants: Schools of Allopathic Medicine Schools of Osteopathic Medicine Schools of Nursing Schools of Allied Health Schools of Pharmacy Schools of Dentistry Schools of Public Health Schools of Optometry Schools of Chiropractic Schools of Veterinary Medicine Schools of Podiatric Medicine Physician Assistant Education Programs The following accredited graduate programs are also eligible applicants: Health Administration Behavioral Health and Mental Health Practice including: Clinical Psychology , Clinical Social Work , Professional Counseling , Marriage and Family Therapy Additional eligible applicants include: a health care facility ,a program leading to certification as a certified nurse assistant, a partnership of a school of nursing and health care facility, or a partnership of a program leading to certification as a certified nurse assistant, and a health care facility. Community-based organizations, Tribes, and Tribal organizations may apply if otherwise eligible. All eligible applicants must be accredited. In Attachment 7 the applicant organization must provide: a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required. If a partner institution holds the accreditation for the training program, a letter of agreement should be provided as well. |

 **Additional Information**

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| **Agency Name:** | Health Resources and Services Administration |
| **Description:** | This notice announces the opportunity to apply for funding under the Geriatrics Workforce Enhancement Program (GWEP). The purpose of the GWEP is to educate and train the health care and supportive care workforces to care for older adults by collaborating with community partners. Applicants must maximize patient and family engagement to address care gaps and improve health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties using the Age-Friendly Health Systems Framework. |

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| **Agency Name:** | Health Resources and Services Administration |
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**FD22657A National Association of County and City Health Officials (NACCHO): Infection Prevention and Control Learning Collaborative Project (Part A): Mentor Sites - FY 2023**

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| **Type:** | Foundation |
| **Agency:** | FD Foundation |
| **Office:** | National Association of County and City Health Officials (NACCHO) |
| **Total Assets:** | $18,288,074 |
| **Last Tax Filing:** | 06/30/2022 |
| **Match Required:** | No |
| **Actual Funds:** | Unspecified |
| **Award Range:** | $100,000 (Max) |
| **Payment Type:** | Reimbursement |
| **Project Start Date:** | 01/16/2024 |
| **Project End Date:** | 06/30/2024 |

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| **Solicitation Date:** | 11/16/2023 |
| **Next Due:** | 12/20/2023 (Application) |
| **Eligible Applicants:** | Local Government |
| **Multipart Grant:** | Yes |

The purpose of this program is to provide technical assistance, mentorship, and funding for local health departments (LHDs) to learn infection prevention and control (IPC) fundamentals and adult learning principles. This program is intended to help LHDs to build capacity to train clinical and non-clinical health care facility staff on IPC basics and best practices.

In addition to monetary awards, this program will provide technical assistance and mentorship, including an opportunity for LHDs to participate in:

* A mentorship program as a mentor site or mentee site
* Regular project check-in calls
* A mentor site visit
* An in-person convening
* Training activities for LHD staff for both mentor and mentee sites, including piloting training modules developed by the funding agency for LHD staff on IPC fundamentals and adult learning principles

Funding will be provided for the following program components:

* **(Part A): Mentor Sites**
* (Part B): Mentee Sites

The purpose of the Mentor Sites component is to help eligible LHDs to participate in this program as mentor sites. This component is intended to help mentor sites to enhance their leadership skills and develop or refine strategic training plans for LHD staff to train facility partners. Mentor sites must demonstrate the following:

* Experience with training clinical and non-clinical health care facility staff on IPC-related topics and best practices
* Existing leadership skills through a clear and concise plan for how mentorship will be provided to mentee site(s)
* Plan to provide support to one to three mentee sites throughout the project period

Mentor sites must implement the following activities:

* Use the curriculum developed by the funding agency as a frame of reference to support mentees in defining training skills and conducting an initial assessment to identify mentee workforce needs regarding those skills
* Participate in monthly project check-in calls facilitated by the funding agency to review progress of planned activities and share lessons learned and practices
	+ - Host mentor site visits for assigned mentees
		- Attend the in-person convening and prepare highlights of the project to share with project participants
		- Develop an agreed upon meeting schedule and facilitate meetings with assigned mentees
		- Develop clear training and capacity-related goals for each mentee
		- Designate staff to complete the curriculum developed by the funding agency
		- Ensure designated staff to complete an assessment regarding the curriculum
		- Participate in evaluation-related activities to track and measure progress toward expressed outcomes

Additional consideration will be given to mentor sites that demonstrate how the site will impact health equity, including engaging with groups that are underserved or marginalized.

This component is intended to help mentor site staff to achieve the following after completion of their participation in this program:

* Improved leadership and facilitation skills
* Increased confidence building and maintaining partnerships with facilities in their jurisdiction
* Preparation to continue and/or expand IPC training in facilities using a strategic training plan
* Connection to other LHD staff working toward similar goals

Eligible costs include personnel, fringe benefits, travel, supplies, contractual costs, other direct costs, and indirect costs.

[More Info](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.naccho.org%2Fblog%2Farticles%2Frequest-for-applications-infection-prevention-and-control-learning-collaborative&data=05%7C01%7CAva.Johnson%40odh.ohio.gov%7C4a77e3789d664b9d8d0a08dbe9c10358%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C0%7C638360787413454527%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=2OICYuRkxFc4kIbmgpc7q7q6kGINWUfwEHA4HAMGo6A%3D&reserved=0)

**National Association of County and City Health Officials (NACCHO): Infection Prevention and Control Learning Collaborative Project (Part B): Mentee Sites - FY 2023**

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| **Type:** | Foundation |
| **Agency:** | FD Foundation |
| **Office:** | National Association of County and City Health Officials (NACCHO) |
| **Total Assets:** | $18,288,074 |
| **Last Tax Filing:** | 06/30/2022 |
| **Match Required:** | No |
| **Actual Funds:** | Unspecified |
| **Award Range:** | $80,000 (Max) |
| **Payment Type:** | Reimbursement |
| **Project Start Date:** | 01/16/2024 |
| **Project End Date:** | 06/30/2024 |

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| **Solicitation Date:** | 11/16/2023 |
| **Next Due:** | 12/20/2023 (Application) |
| **Eligible Applicants:** | Local Government |
| **Multipart Grant:** | Yes |

The purpose of this program is to provide technical assistance, mentorship, and funding for local health departments (LHDs) to learn infection prevention and control (IPC) fundamentals and adult learning principles. This program is intended to help LHDs to build capacity to train clinical and non-clinical health care facility staff on IPC basics and best practices.

In addition to monetary awards, this program will provide technical assistance and mentorship, including an opportunity for LHDs to participate in:

* A mentorship program as a mentor site or mentee site
* Regular project check-in calls
* A mentor site visit
* An in-person convening
* Training activities for LHD staff for both mentor and mentee sites, including piloting training modules developed by the funding agency for LHD staff on IPC fundamentals and adult learning principles

Funding will be provided for the following program components:

* (Part A): Mentor Sites
* **(Part B): Mentee Sites**

The purpose of the Mentee Sites component is to help eligible LHDs to participate in this program as mentee sites. This component is intended to help mentee sites to learn from experienced sites that regularly provide trainings to health care facility staff in their jurisdictions by learning how to apply potential implementation strategies and navigate challenges from mentors. Mentee sites must demonstrate the following:

* Need to provide trainings to clinical and non-clinical staff at health care facilities within their jurisdiction and need to train LHD staff to conduct these trainings
* Outline of how the mentee site will use the partnership with a mentor site to develop the above workforce skills
* Commitment to participate in evaluation activities with mentor sites to track progress throughout the project period

Mentee sites must implement the following activities:

* Use the curriculum developed by the funding agency and work with the assigned mentor to define training skills and complete an initial assessment to identify workforce needs regarding those skills
* Participate in monthly project check-in calls facilitated by the funding agency to review progress of planned activities and share lessons learned and practices
* Participate in a mentor site visit
* Attend the in-person convening and support development of highlights report with mentor
* Develop an agreed upon meeting schedule with mentor
* Develop clear training and capacity-related goals with assigned mentor
* Participate in evaluation-related activities to track and measure progress towards expressed outcomes
* Designate staff to complete curriculum developed by the funding agency
* Ensure designated staff will complete an assessment regarding the curriculum

Additional consideration will be given to mentor sites that demonstrate how the site will impact health equity, including engaging with groups that are underserved or marginalized.

This component is intended to help mentee site staff to achieve the following after completion of their participation in this program:

* Confidence-building partnerships with facilities in the jurisdiction
* Preparation to train facility staff on IPC-related topics
* Comfortable using their strategic training plan
* Receipt of support by other LHD staff working toward similar goals

Eligible costs include personnel, fringe benefits, travel, supplies, contractual costs, other direct costs, and indirect costs.

[More Info](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.naccho.org%2Fblog%2Farticles%2Frequest-for-applications-infection-prevention-and-control-learning-collaborative&data=05%7C01%7CAva.Johnson%40odh.ohio.gov%7C4a77e3789d664b9d8d0a08dbe9c10358%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C0%7C638360787413298766%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=FfVgZH4wytT3KxLmSiBjVSvSIgaRMaA075eWRmUr5cY%3D&reserved=0)

**National Association of County and City Health Officials (NACCHO): Youth and Community Violence Prevention Team (VPAT) - FY 2023**

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| **Type:** | Foundation |
| **Agency:** | FD Foundation |
| **CFDA/ALN:** | 93.421 |
| **Office:** | National Association of County and City Health Officials (NACCHO) |
| **Total Assets:** | $18,288,074 |
| **Last Tax Filing:** | 06/30/2022 |
| **Match Required:** | No |
| **Actual Funds:** | Unspecified |
| **Payment Type:** | Unspecified |
| **Project Start Date:** | 01/01/2024 |
| **Project End Date:** | 07/31/2024 |

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| **Solicitation Date:** | 11/06/2023 |
| **Next Due:** | 12/08/2023 (Application) |
| **Eligible Applicants:** | Local Government |
| **Multipart Grant:** | No |

The purpose of this program is to support cities and counties in enhancing existing violence prevention efforts in jurisdictions with a high burden of youth and community violence, particularly firearm homicide, disproportionately affecting communities of color. The program is intended to support multisector violence prevention efforts by forming youth and community violence action teams. Applicants may choose to apply for additional funding to serve as the host site for the in-person meeting that will be held in April 2024 for all award recipients. Applicants should propose a core action team of up to six members to participate in project activities, which should include:

* Public health representative
* Local elected government official representative
* Local government agency representatives (at least two)
* Community-based organizations (preferred, but not required)
* Youth and young adult representative(s) (preferred, but not required)

Action teams must develop plans that:

* Build capacity to implement evidence-based/evidence-informed violence prevention and intervention strategies.
* Reframe youth and community violence as a public health issue within the community.

Successful applicants will be expected to participate in the following activities:

* Kick-off meeting with the funding agency
* Completion of a needs assessment
* Two-day in-person meeting with the funding agency, partnering consultants, and other award recipients in April 2024
* Individual technical assistance (TA) virtual calls
* Group-based TA virtual calls
* Action planning

By the end of the project period, participating action teams should have:

* Strengthened relationships with cross-sector partners in their community.
* Received technical assistance to strengthen capacity in violence prevention based on their identified needs.
* Developed a customized action plan with clear goals and steps for implementation, with a focus on meaningful youth engagement, along with recommendations and resources from the funding agency.
* Connected with peers from other action teams in the cohort.
	+ Increased their ability to reframe youth and community violence as a public health issue, to support community awareness, understanding, and resource allocation for cross-sector violence prevention efforts.

Priority consideration will be given to:

* Applications with local health department (LHD) representatives serving as a lead for the action team.
* Applications that include a youth/young adult representative from communities that are disproportionately affected by youth/community violence.
* Applications that include representatives from community-based organizations on their action teams

Funds may be used for staff salaries and fringe benefits; subcontracts for participating partners; supplies; professional development or training of participating staff and/or partners; and indirect costs to support the completion of the deliverables within the project period.

[More Info](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.naccho.org%2Fblog%2Farticles%2Ffunding-announcement-youth-and-community-violence-prevention-team-vpat&data=05%7C01%7CAva.Johnson%40odh.ohio.gov%7C07d6ad12606741b55c3908dbe12eec26%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C0%7C638351363863274031%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=PJ%2FYXhko7FVA4F74YHsHg3Q6hgEmaYvgj9qOOFp0Gdw%3D&reserved=0)

**General Information**

|  |  |
| --- | --- |
| **Document Type:** | Grants Notice |
| **Funding Opportunity Number:** | HRSA-24-022 |
| **Expected Number of Awards:** | 15 |
| **CFDA Number(s):** | 93.155 -- Rural Health Research Centers |
| **Cost Sharing or Matching Requirement:** | No |
| **Version:** | Synopsis 1 |
| **Posted Date:** | Nov 14, 2023 |
| **Last Updated Date:** | Nov 14, 2023 |
| **Original Closing Date for Applications:** | Feb 12, 2024 |
| **Current Closing Date for Applications:** | Feb 12, 2024 |
| **Archive Date:** |  |
| **Estimated Total Program Funding:** | $ 11,250,000 |
| **Award Ceiling:** | $750,000 |
| **Award Floor:** | $0 |

**Eligibility**

|  |  |
| --- | --- |
| **Eligible Applicants:** | For profit organizations other than small businessesNative American tribal organizations (other than Federally recognized tribal governments)Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher educationSmall businessesNonprofits having a 501(c)(3) status with the IRS, other than institutions of higher educationOthers (see text field entitled "Additional Information on Eligibility" for clarification)City or township governmentsState governmentsSpecial district governmentsNative American tribal governments (Federally recognized)County governmentsIndependent school districts |
| **Additional Information on Eligibility:** | Eligible entities are domestic public or private nonprofit, or for-profit entities. These organizations may include, but are not limited to: 1) rural hospitals; 2) rural community-based ambulatory patient care centers, including Rural Health Clinics; 3) Native American tribal governments (federally recognized), tribal organizations (other than federally recognized tribal governments), or health centers operated by a tribal government or tribal organization; 4) graduate medical education consortiums, including institutions of higher education, such as, schools of allopathic medicine or osteopathic medicine or Historically Black Colleges and Universities (HBCUs). |

**Additional Information**

|  |  |
| --- | --- |
| **Agency Name:** | Health Resources and Services Administration |
| **Description:** | This notice announces the opportunity to apply for funding under the Health Resources and Services Administration (HRSA) Rural Residency Planning and Development (RRPD) Program. The purpose of this program is to improve and expand access to health care in rural areas by developing new, sustainable rural residency programs, including rural track programs (RTPs), that are accredited by the Accreditation Council for Graduate Medical Education (ACGME), to address the physician workforce shortages and challenges faced by rural communities. This program provides start-up funding to RRPD award recipients to create new rural residency programs that will be sustainable long-term through viable and stable funding mechanisms, such as, Medicare, Medicaid, and other public or private funding sources. For the purposes of this notice of funding opportunity (NOFO), rural residency programs are accredited physician residency programs that train residents in rural training sites for greater than 50 percent of their total time in residency, and focus on producing physicians who will practice in rural communities. This includes programs that meet ACGME RTP Designation, including both new programs and permanent complement increases for new rural training site(s) for existing programs. There are two pathways for this program: General Primary Care and High Need Specialty Pathway and Maternal Health and Obstetrics Pathway. General Primary Care and High Need Specialty Pathway: This pathway supports the development of new rural residency training programs that focus on training to meet significant rural health needs. The eligible specialties in this pathway are family medicine, internal medicine, preventive medicine1, psychiatry, and general surgery. Maternal Health and Obstetrics Pathway: This pathway supports the development of new rural residency programs with a focus on training to provide high quality, evidence-based maternity care, and obstetrical services in rural areas. The eligible specialties in this pathway are obstetrics-gynecology and family medicine with enhanced obstetrical training. Enhanced obstetrical residency training must provide family medicine residents with extensive clinical experience in comprehensive maternity care, as outlined in ACGME’s program requirements, including dedicated training on labor and delivery and operative obstetrics. These programs must have faculty with clinical expertise to prepare family medicine residents for the independent practice of obstetrics in rural communities. |

# Small Communities, Big Challenges



## Rural Environmental Public Health Needs Prize Competition

### On this page

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* [Rules](https://www.epa.gov/innovation/small-communities-big-challenges#Rules)
* [Judging](https://www.epa.gov/innovation/small-communities-big-challenges#Judging)
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* [Submitting Your Entry](https://www.epa.gov/innovation/small-communities-big-challenges#Submitting%20your%20entry)
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* [Contact](https://www.epa.gov/innovation/small-communities-big-challenges#Contact)

### Overview

**Local governments are on the frontlines for working with rural communities on environmental public health issues. Rural communities across America have unique perspectives on pressing environmental and public health issues their community faces, particularly on issues that are not well understood, challenging to address, and need additional scientific understanding. This Competition seeks to identify innovative and inclusive approaches local governments have developed for working with citizens, community groups, and other interested parties in rural communities to identify and address environmental public health concerns facing their people. This Competition also seeks to better understand what barriers these communities have associated with these public health concerns.**

[**EPA Announces Small Communities, Big Challenges: Rural Environmental Health Needs Competition**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fffis.us20.list-manage.com%2Ftrack%2Fclick%3Fu%3D16c4868c51f1ec364e11316a2%26id%3D324633e742%26e%3D8260a072ed&data=05%7C01%7CAva.Johnson%40odh.ohio.gov%7C8cf26683def84d8aab9e08dbe067ca9f%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C0%7C638350508607756434%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=JK8DCFmVhCPHp2rFHKSloA%2Bj94Af9139S%2BE4pcORprk%3D&reserved=0) EPA is offering 10 cash awards of up to $25,000 to local governments that identify innovative and inclusive approaches for working with citizens, community groups, and other interested parties in rural communities to identify and address environmental public health concerns. Submissions are due January 31, 2024. EPA will host a webinar on the competition on November 29, 2:00 p.m. ET ([**register**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fffis.us20.list-manage.com%2Ftrack%2Fclick%3Fu%3D16c4868c51f1ec364e11316a2%26id%3D61040d0b93%26e%3D8260a072ed&data=05%7C01%7CAva.Johnson%40odh.ohio.gov%7C8cf26683def84d8aab9e08dbe067ca9f%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C0%7C638350508607756434%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2FQN2O4cWI%2BFSp4R7aq0VHJaASIWpoIHDd18pXLmews8%3D&reserved=0)).

To gain a better understanding of environmental and public health challenges facing rural communities, EPA and our partners are launching the “Small Communities, Big Challenges” Competition. The goal of this Competition is for local governments to identify innovative and effective ways to holistically engage rural communities around environmental health issues and to identify any associated barriers to better protecting human health. Through increased engagement, this Competition would ideally help local governments and communities better identify and understand rural community-based environmental public health issues, which may help in the protection of the community’s environmental public health. EPA and our partners will use the solutions from this Competition to learn of unique or innovative strategies for engaging with rural communities and of the environmental public health issues that rural communities are faced with. Local governments that participate in the Competition will demonstrate their innovative strategies for engaging rural communities and present collaboratively identified findings from these engagements through a brief engagement strategy report and a short video.

#### Partners

* U.S. Department of Housing and Urban Development (HUD)
* Association of Fish and Wildlife Agencies (AFWA)
* Association of State and Territorial Health Officials (ASTHO)
* National Association of County and City Health Officials (NACCHO)
* National Environmental Health Association (NEHA)

### Timeline

**Launch Date:**November 1, 2023

**Submission Deadline:** January 31, 2024; 11:59 PM EST

**Informational Webinar:** November 29, 2023; 2-3 PM EST ([Register](https://teams.microsoft.com/registration/s3iziEhnZ0is-Xaqy-ympw%2C54f1gED2W06IsKPwi1wN-w%2COIxFfJgayE2wWvwPuPPCnQ%2CJAj4z2Ua2Uq5UZhiVBVzBQ%2CBLcLUn5-f0qx92eO49isJw%2CsETREfUd60OK-oO8f9vbbQ?mode=read&tenantId=88b378b3-6748-4867-acf9-76aacbeca6a7&webinarRing=gcc) to receive an invitation.)

**Judging window:** February 2024

**Winner announcement:**February/March 2024  (Date & Time TBD)

### Prizes

Up to **ten** selected winners will each receive **$25,000** (totaling $250,000). **Five**individual Challenge winners will be given a **one-year**National Environmental Health Association (NEHA) **membership**.

### Rules

#### Eligibility Requirements

Solvers must be individuals or groups employed by local governments, including, but not limited to:

* City and county health departments
* Local environmental agencies
* Local departments of fish and wildlife
* Local utility providers
* Local waste management officials
* Local departments of housing
* Water and sewer district boards
* Tribal and territorial government leaders
* City/municipality governments
	+ Mayors
	+ Village and city managers
	+ Commissioners
	+ City planners
	+ City administrators
	+ County executives

#### Intellectual Property

* Winning submissions will be posted on EPA's website and announced in March 2024.
* Submissions and winners’ names may be used by EPA (e.g., on EPA social media accounts, webpages and at events) in connection with this Competition and the production, distribution, promotion, broadcast at public meetings/conferences, and online posting thereof.
* Solvers are responsible for complying with applicable copyright and intellectual property laws for any materials used in their submissions. “Fair use” rules may allow the use of copyrighted material in certain circumstances (e.g., see the fair use guidelines on YouTube). Participants should seek legal guidance if they have questions about using copyrighted materials.
* Solvers warrant and represent that they are the sole owner of the materials (ex. videos, images, communication campaign materials) submitted for this Competition and/or that they have the legal right to share the submitted work with EPA and grant EPA unlimited, irrevocable, world-wide, and royalty-free rights to use the work for all uses and purposes described on this webpage.
* Solvers shall indemnify, defend, and hold EPA and its agents harmless from and against any and all suits, claims, liabilities, demands, costs, expenses, or damages arising out of submitter's use of the works as provided herein or arising out of the breach of warranty or agreement made by submitter herein.
* Video entries may be used by EPA (e.g., on EPA social media accounts and webpages) in connection with this Competition and the production, distribution, promotion, broadcast at public meetings/conferences, and online posting thereof.
* Use of music within each video entry must follow [EPA Music Licensing Guidance (pdf)](https://www.epa.gov/system/files/documents/2023-10/scbc-epa_music_licensing-guidance-07302021.pdf) (130.07 KB) .

#### Non-endorsement

EPA and EPA officials do not endorse any product, service, or enterprise that may appear in submission materials. Furthermore, by recognizing winning submissions, EPA is not endorsing any products, services, or enterprises that may appear in those submissions.

#### Terms and Conditions

1. Only the winners of the Competition will receive an award.

2. The prize award will be sent to the solver (individual, team, or organization) at the local government level.

3. EPA does NOT commit to resolve or conduct research to address the environmental public health challenges identified through this Competition activity.

4. EPA cannot stipulate how funds are used by winners and there is no follow-up activity necessary once prizes are awarded.

5. EPA reserves the right to cancel, suspend, and/or modify the Challenge, or any part of it, for any reason, at EPA's sole discretion.

### Judging

**Submissions will be judged by a panel of experts with familiarity in housing and urban development, conducting community research, working with city and county health officials, working with state and tribal organizations, and providing fish and wildlife services. The judges will evaluate, score, and rank submissions based on the following criteria:**

Pre-Screening Criteria

* Solver(s) must be from a local government.
* Solver(s) must have worked with a rural community and/or community-based organization to be considered.

Primary Criteria

* Demonstration of effective engagement and input from affected communities.
* Identification and characterization of environmental concerns for a given rural community.
* Identification/suggestion of associated gaps or barriers to address the issue.

Additional Criteria

* Creativity and innovation.
* Strategies that target at-risk communities.

Scoring

* **Community Engagement (40%)** – The degree to which local governments clearly engaged with the rural community members and/or community-based organizations and provided inclusive and equitable\* opportunities to collaboratively identify environmental and public health issues the community faces that needs further scientific understanding.
	+ Local governments demonstrate engagement with community members and/or community-based organizations (CBO) (15%)
	+ Local governments provide inclusive and equitable\* opportunities to the community/ CBOs (15%)
	+ Environmental and public health issues identified in a collaborative manner (ex. based on community surveys, townhall meetings, etc.) (10%)
* **Creativity/Innovation (20%)** – The degree to which the community engagement strategy and communication video shows an innovative approach to community engagement and collaboratively identify environmental public health issues the community faces.
* **Community Engagement Strategy (15%)** - The degree to which the community engagement strategy report fulfills all the expected requirements.
	+ - Description of Community (1%)
		- Approach (4%)
		- Environmental Health Issue (4%)
		- Barriers (5%)
		- Transferability (1%)
* **Communication Product (15%)** – The degree to which the communication product fulfills all the expected requirements noted above.
* **Impacts and Solutions (10%)** – The degree to which the environmental and public health issue identified has broad impacts to specific populations (i.e., at-risk, disadvantaged communities, etc.) and solutions to address the issue could be transferred to other communities.

\*Note: “Inclusive” and “equitable” refer to creating opportunities for as many people as possible to provide input. Examples of this could include: having meetings outside of work hours, having multiple meetings, having meetings in multiple languages, etc.

### How to Enter

#### 1. Cover page providing basic information about the submission, including:

* Title
* Organization (name, contact information, web link, 9-digit zip code)
* Short description of environmental issue
* Identify other partners (if any)
* If you choose to create a video as your communication product, please provide a link to the 3-minute online video.

#### 2. Community Engagement Strategy Report

A detailed strategy report that demonstrates effective and innovative engagement with a rural community to collaboratively identify environmental public health issues the community faces that needs further scientific understanding. This written strategy report should meet the following format and content requirements. Use this [SCBC Community Engagement Strategy Report Template (docx)](https://www.epa.gov/system/files/documents/2023-11/scbc-community-engagement-strategy-report_template_10.18.23.docx) (57.7 KB) to format your report.

##### **Format Requirements**

* Size 12 Calibri or Times New Roman font
* Single-spaced
* 3/4” margins on all sides
* No longer than 10 pages
* Final document in PDF format

##### **Content Requirements**

* **Description of Community:**Overview of the community the Solvers engaged with (including specific individuals), including any unique, historical, or defining characteristics of the location or population.
* **Approach:** Description of the innovative strategies or approaches Solvers used to engage and work with their community to collaboratively identify the environmental public health issue. Including identifying any groups that were specifically interacted with such as at-risk populations, advocacy groups, or other Community Based Organizations (CBO)s.
* **Description of Community Environmental Public Health Issue:**Details  the environmental public health issue, including: who is affected by it; if the issue is new or a long-standing/historical issue; if the issue is specific to water, air, land, a combination, or other; and if the issue has relevance or greater impact to disadvantaged (low socioeconomic status) or at-risk populations (such as people who are immunocompromised, elderly, children, or pregnant women).
* **Gaps or Barriers:**Description of the barriers or challenges in the way of addressing the issue. Please specify the type of barrier: (financial/cost, technology/science, policy/regulation, language/cultural).
* **Transferability:** description of how identified solutions, if any, could be transferred to other communities, including who and where could benefit (e.g., farming communities in the Southeast United States, mining communities in New Mexico, etc.)

**NOTE**: All strategies must be original (i.e., developed by the Solver(s) in collaboration with at least one community-based organization) and not a summary or highlight of awarded/funded contract, grant, or cooperative agreement plans. Strategies may include, but are not limited to, a community needs assessment, community building, deliberative dialogue, etc.

#### **3. Communication Product of your choice (video, infographic, etc.)**

##### **Communication Product Content Requirements**

* A product that helps to illustrate the environmental issue of concern that the highlighted community is facing.
* Provide details on resources or mitigation steps (if any) Solvers could take to help protect public health until the issue has further scientific understanding.
* See “Community Engagement Strategy Content Requirements” for more information.

### Submitting Your Entry

* Send your submission via email to [SCBCCompetition@epa.gov](https://www.epa.gov/SCBCCompetition%40epa.gov%20) by January 31, 2024 at 11:59 PM EST.
* Email Subject Line: SCBC Competition Submission – Individual Name and affiliated organization
* Include in the attached submission the technical point of contact (name, position, title, affiliation, contact phone number, contact email address). This is the individual who will manage communications and coordination between the Submitter(s) and EPA.
* Attach the PDF document(s)

NOTE: Emails must be kept to under 9 megabytes to ensure your submission is not blocked by EPA servers.

### If you choose to create a video as your communication product, please adhere to the specifications and supplementary instructions below

#### Video Specifications

* Video should be a maximum of 3 minutes in length.
* Source video file must be one of the following formats: MPEG4, 3GPP, MOV, AVI or WMV.
* Aspect ratio of 16:9
* At either 24 or 30 (29.9) frames per second
* Frame size of 1920 x 1080

##### Submitting your Video

1. Post your summary video to YouTube as an unlisted video.

* Please provide YouTube URL.

2. Upload a copy of your video file in the proper file format (see Video Specifications) to Dropbox or Google Drive.

* Please provide file link.

3. Attach a video transcript in English.

* Transcript must include names of those speaking or appearing in the video (excluding the general public in a public space).

##### Required Additional Documentation for Video Entries

You must submit the following documents as part of a video submission:

* [SCBC Signatures Form (pdf)](https://www.epa.gov/system/files/documents/2023-10/scbc-team-signatures-form.pdf) (518.94 KB)
* Written Video Transcript in English (Submit as PDF)
	+ Include first/last names of each person speaking and/or appearing in the video (excluding the general public in the background).
* [SCBC Challenge Video-Audio-Photo License Agreement (pdf)](https://www.epa.gov/system/files/documents/2023-10/scbcchallenge_video-audio-photo_licenseagreement-1.pdf) (377.03 KB)  signed by a point of contact.
	+ Note: only one license agreement is needed per video submission.
* [EPA Multimedia Consent Form(s) for use with Video, Photo(s), or Voice Recording(s) (pdf)](https://www.epa.gov/system/files/documents/2023-10/scbc-multimedia-consent-form-2021-508.pdf) (264.32 KB)  for each individual appearing and/or speaking in the video.

### Resources

* [Challenge.gov](https://www.challenge.gov/#active-challenges)
* [EPA Challenges & Prizes](https://www.epa.gov/innovation/epa-challenges-prizes)
* Rural Communities Definitions
	+ [US Department of Health and Human Services](https://www.hhs.gov/guidance/document/defining-rural-population#:~:text=Office%20of%20Management%20and%20Budget%20Definition&text=All%20counties%20that%20are%20not,as%20either%20Metro%20or%20Micro.)
	+ [US Census Bureau](https://www.census.gov/content/dam/Census/library/publications/2019/acs/ACS_rural_handbook_2019_ch01.pdf)
	+ [US Department of Agriculture](https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/what-is-rural/)

### Frequently Asked Questions

##### **What does environmental public health mean?**

Environmental public health addresses aspects of health that are determined by interactions with the environment (i.e., exposures to air, water, soil, housing, chemical, or biological factors) and occurs on many scales: genetic, cellular, individual, family, community, regional, national, and global [(Goldman L., 2007).](https://www.ncbi.nlm.nih.gov/books/NBK54245/) This Competition aims to identify environmental public health issues that are affecting a rural community, and not health care-related issues.

##### **Can an individual or team submit multiple submissions?**

Individuals and Teams are eligible to apply. If a team-developed solution is selected as a winning submission, any prize funds would be divided among team members.

##### **Can one person or organization win multiple awards?**

One person or organization could win multiple awards so long as the submissions feature different engagements with different rural communities and highlight different environmental public health issues faced by the community.

##### **Who is on the expert judging panel?**

The judging panel for this Challenge and Prize Competition will include individuals from EPA and the partner organizations involved (U.S. Department of Housing and Urban Development, Association of Fish and Wildlife Agencies, Association of State and Territorial Health Officials, and National Association of County and City Health Officials).

### Contact

### If you have questions about the Small Communities, Big Challenges Competition, please email SCBC Competition@epa.gov.

To help raise awareness of the competition, please use #SCBCCompetition in your social media posts.

 **VI. Close Out & Next Call
 Closing Remarks/Senior Leadership**

**a. Meeting summary will be sent when completed.**

**b. Next Call: Dec. 13, 2023~11am.**

 **No call on Dec. 27th**

**Thank you for attending our call. We look forward to speaking with you
again next Wednesday. Remember a calendar invitation has been sent to every Health Commissioner, Deputy Health Commissioner, and Administrator that includes call in information and a standing agenda. The link and password will REMAIN the same week to week and is at the top and the last page of the summary notes. If you belong to one of the above groups and you have not received a permanent calendar invitation to join the call, please send an email to** **local.support@odh.ohio.gov****.**

**Use This Join Link and Password On Every Call:**

<https://ohio.webex.com/ohio/j.php?MTID=m4bb12bbcbc9baa195a6af5fc0c233138>

**Nonpanelist password**: JGyDrr2VD73 (54937728 from phones and video systems)

**Dial In information**: **+1-408-418-9388 United States Toll**

**Access code: 2346 156 9303**

**Meeting ID#: 54937728#**