MEMORANDUM

Date: April 3, 2024

To: Subrecipient agencies

From: Kelly Friar, Chief   *Kelly Friar*   /JB
             Bureau of HIV, STI, Viral Hepatitis
             Ohio Department of Health

Subject: Subrecipient HIV Prevention (HP24) (8/1/24-5/31/25)

The Ohio Department of Health (ODH), Bureau of HIV, STI, Viral Hepatitis announces the availability of grant funds.

All electronic applications and attachments are **due by 4:00 p.m., Monday, May 13, 2024**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) manual rules, policy and procedure updates posted on the GMIS bulletin board, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/competitive-solicitation-proposals-archive-section.

If you have questions, please contact Angela Street at 614-644-1852 or e-mail at Angela.Street@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

 X   **Base Only Funding**   **Base and Deliverable Funding**

A. **Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates, 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: August 1, 2024 to May 31, 2025 of the total project period August 1, 2024 to May 31, 2025. Reference the competitive solicitation for more information.

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

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

B. **Number of Grants and Funds Available:** Funds supporting the Regional HIV Prevention Projects originate from Component A of the Centers for Disease Control and Prevention (CDC) grant: Comprehensive HIV Prevention Programs for Health Departments, and state of Ohio general revenue funds. Up to (1) statewide and eleven (11) regional grants may be awarded up to **$4,165,958.** Eligible agencies may apply for no more than the regional amount listed in the **Annual HIV Prevention Funding Allocation**, for each agency. Maximum award amounts were calculated using a funding formula that considered census, average new diagnoses of HIV per year over a five-year period, and prevalence of HIV for each region. In addition, the base award minus the HIV DIS funds was used to calculate the amount. Funds supporting the Statewide Initiative originate from Category A of the Centers for Disease Control and Prevention (CDC) grant: Comprehensive HIV Prevention Programs for Health Departments.

Only the currently funded agencies listed below are qualified to apply for the HIV Prevention Projects continuation funding in 2024:

Region	Agency	Funds
1	Toledo Lucas County Regional Health District	$195,420
2	Galion City Health Department	$55,111
3	Cuyahoga County Board of Health	$844,509
4	Summit County General Health District	$296,313
5	Canton City Health Department	$186,975
6&7	Portsmouth City Health Department	$125,931
8	Hamilton County Public Health	$663,476
9	Public Health-Dayton & Montgomery County	$397,022
10	Allen County Health Department	$136,428
11	Columbus City Health Department	$629,774
Statewide	Equitas Health	$635,000

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

C. **Formatting Requirements for Attachments:**
   - Properly label each item of the application packet (ex. budget narrative, program narrative).
   - Each section should use 1.5 spacing with one-inch margins.
   - Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
   - Number all pages (print on one side only). Place agency name and GMIS number on each page.
   - Use a 12-point Calibri 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. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
   2. Applicant has not been certified to the Attorney General's (AG's) office.
   3. Applicant has submitted an application and all required attachments by **4 p.m. on Monday, May 13, 2024.**

II. PROGRAM UPDATES:

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

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

B. **Program Narrative:** Complete and submit a narrative statement (do not exceed 10 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. Summarize the agency's structure as it relates to the HIV Prevention programs and, as the lead agency, how it will manage these programs. Include how resources will be allocated to required activities no less than required proportions.

Briefly describe any substantial changes to your HIV prevention program for the five required core components funded under Category A (Identification; Cluster Response; Comprehensive Prevention with People with HIV; Comprehensive Prevention with High-Risk Negatives; and Community Level Interventions) during the reporting period. Where applicable, please describe the changes made and specify the program component.

Please describe how your HIV and STI prevention programs share information and data on clients with local HIV and STI care colleagues both internal and external to your health department. Please be specific about the types of information/data exchanged on clients (e.g. residential address, risk factor/behavioral information, lab results, health care provider name/address, demographic data), the frequency in which the information/data is shared, and how the information/data is shared or exchanged (e.g. line listing, Excel file, access to local databases shared). If information/data is not exchanged between local HIV/STI prevention and care/treatment services programs, please include a plan on how this can be accomplished, including the roles and responsibilities of key staff to be involved (e.g. HIV prevention coordinator, DIS, and linkage coordinator, nursing staff), and how any information/data exchanged will be incorporated into each program's respective data systems.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

C. **Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented,Time-Based, Inclusive and Equitable (SMART-IE) objectives and submit an updated work plan. Reference the competitive Solicitation for information.This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of eachobjective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. Workplan key objectives and format can be found in Appendix D of this solicitation. A fillable template will be sent out by request.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:
Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. The ODH HIV Prevention Program is committed to the elimination of health inequities. Racial, ethnic, sexual and gender minorities, and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Work Plan), applicants are required to:

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
2. Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
3. Specify how proposed program interventions and/or grant deliverables will address this problem.
4. Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

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

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

   For your convenience, a budget justification narrative example is available at

   https://odhgateway.odh.ohio.gov/gmis/forms/bulletinform.aspx?SessionID=CE0DEF7B-396D-464A-9CC0-

   895102E1465A.

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

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

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

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

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

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

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

   1. To advance political or religious points of view or for fund raising or lobbying.
   2. To disseminate factually incorrect or deceitful information.
   3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
   4. Bad debts of any kind.
   5. Contributions to a contingency fund.
   6. Entertainment.
   7. Fines and penalties.
   8. Membership fees — unless related to the program and approved by ODH.
   9. Interest or other financial payments (including but not limited to bank fees).
   10. Contributions made by program personnel.
   11. Costs to rent equipment or space owned by the funded agency.
   12. Inpatient services.
   13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
   14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
   15. Travel and meals over the current state rates (see OBM website: http://obm.ohio.gov/TravelRule/default.aspx for the most recent Mileage Reimbursement memo.)
   16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
   17. Training longer than one week in duration, unless otherwise approved by ODH.
   18. Contracts for compensation with advisory board members.
   19. Grant-related equipment costs greater than $1,000, unless justified in the budget narrative and approved by ODH.

20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.
23. Syringes for Syringe Service Programs (PS18-1802).

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

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

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

Base the budget solely upon direct costs.

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

F. **Other Application Requirements:**

Program Specific Attachments: Complete and submit the following attachments.
- Subrecipients are required to update their Cluster Response plans, Priority Based Testing plans and Community Engagement plans for their funded region(s) as an attachment submitted via GMIS by 4:00pm on or before May 13, 2024.
- Subrecipients are required to submit a current organizational chart for their funded region(s) as an attachment submitted via GMIS by 4:00pm on or before May 13, 2024. Positions to be hired under this grant must also be included.

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 online automatically with each application.

- **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 new 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 register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to https://sam.gov/.

  The link below will provide ODH subrecipients information on the federal government transition from DUNS Number to the new Unique Entity Identifier. Please make sure your agency has a current registration in SAM.gov and is using the UEI when completing the FFATA form in GMIS. ODH/GSU does not have any further information. Please reach out to the federal entity mentioned in the attached link. https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update.

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

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

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

  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.

  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

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

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

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

Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

   __X__ Applicable   ___ Not Applicable to HIV Prevention.

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

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

Reports shall be submitted as follows:

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

   __X__ Program Reports Required   _____ No Program Reports Required

HIV Prevention

Due Date	Report	Submitted Via
October 31, 2024	Finalized Appendix H	GMIS
January 31, 2025	Interim Progress Report	GMIS
June 30, 2025	Annual Progress Report	GMIS
Reporting provided directly to program		
Monthly (≤ 15th)	*Positivity Reports	Email

Statewide Initiatives

Due Date	Report	Submitted Via
January 31, 2025	Interim Progress Report	GMIS
June 30, 2025	Annual Progress Report	GMIS

*Positivity Reports
Positivity reports must be submitted to the ODH HIV Prevention Monitoring and Evaluation Program by the 15th of each month for the testing performed in the previous month. Positivity reports must be submitted on the most recent version of the ODH-approved spreadsheet and should include the total number of tests and the number of positive tests performed each month at each site in the region.

The ODH HIV Prevention Monitoring and Evaluation team will evaluate positivity reports and provide each region with a report at least quarterly that details any discrepancies between the positivity reports submitted by the grantee and positivity reports generated by ODH from Evaluation Web. These quarterly reports will also include information regarding partner services and linkage and re-engagement in care. Each region must review the information from the quarterly report and respond to ODH with requests for information and revisions to the positivity report within two weeks unless an extended time frame is agreed upon by the grantee and ODH.

b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025

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

Period	Report Due Date
August 1 – October 31, 2024	November 10, 2024
November 1 – January 31, 2025	February 10, 2025
February 1 – April 30, 2025	May 10, 2025
May 1 – May 31, 2025	June 10, 2025

Note: Obligations not reported on the final monthly or fourth 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 p.m. on or before July 5, 2025. 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, which 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 constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES
- A. Continuation Solicitation Reimbursement Type Form
- B. (Not Applicable)
- C. Evidence of Health Equity Strategies Checklist
- D. 2024 HIV Prevention Workplan

Appendix A

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CONTINUATION SOLICITATIONREIMBURSEMENT
TYPE   FORM

Ohio Department of Health, Bureau of Bureau of HIV, STIs, and Viral Hepatitis

ODH ProgramTitle:
HIV Prevention (HP24)

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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 andTitle _____

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 4/10/2024.
Please email completed form to Maria Kapenda at maria.kapenda@odh.ohio.gov.

Appendix B

Not Applicable

Appendix C

ODH Evidence of Health Equity Strategies
Checklist

<u>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.</u>

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

4) disparities and health inequities.

5) 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](#).

6) 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 aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

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, community organizations, businesses, universities, 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.

Ohio HIV Prevention Grant 2024 Continuation Workplan (Submit with excel file provided by ODH)

Identification of persons with HIV infection and comprehensive prevention for those at-risk for HIV infection

Includes: The provision of Counseling, Testing, and Referral (CTR) efforts toward those at-risk for HIV to increase the number of persons aware of their HIV status; PrEP screening, education, and referral; promotion of routine testing; sexual health education

Key Objective 1:

Conduct initial, basic screening following ODH protocols that includes, at a minimum: risk screening for HIV, HCV, and STI acquisition and/or transmission, PrEP/PEP readiness, insurance status, basic substance use prevention and treatment needs, assess other health issues such as chronic disease or risk; basic mental health needs and identify specific social determinants of health which diminish treatment success and put individuals at risk for HIV infection.

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 2:

Provide education related to sexual health risk and risk reduction options, risk reduction tools (including PrEP/PEP) and how to access them if not provided directly, and access to counseling regarding risk reduction strategies

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 3:

Based on risk screening, conduct HIV rapid point-of-care or laboratory-based testing following ODH protocols

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 4:

Implement tailored comprehensive testing strategy to reach regional priority populations

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 5:

Promote routine testing in communities with high HIV prevalence or where priority populations may be engaged

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 6:

Support linkage to PrEP/PEP for individuals at-risk for HIV

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

D

Comprehensive Partner Services for People Living with HIV (PLWH) or Diagnosed with Syphilis or DGI

Includes: The provision of disease intervention activities including disease investigation, anonymous partner notification, and linkage to care and essential supportive services to reduce the frequency of new infections, re-infections, and increase access to treatment; Data-to-Care activities; Activities to increase adherence and viral suppression.

Key Objective 1:

Following ODH protocols, elicit sexual and drug injection partners from individuals newly diagnosed with HIV, living with HIV, and/or diagnosed with infectious syphilis or DGI

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 2:

Notify and interview named partners of past or ongoing exposure to HIV, syphilis, or DGI and facilitate partners' access to testing

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 3:

Provide education related to sexual health risk and risk reduction options, risk reduction tools or how to access them (if not provided directly), and access to counseling regarding risk reduction strategies

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 4:

Conduct and prioritize investigation and interventions for syphilis and HIV for women of reproductive age, men who have sex with men, and youth and adolescents (in accordance with Ohio's DIS Program Operations Guidelines)

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 5:

Provide linkage to, re-engagement in, and retention in HIV medical care services, including using Data-to-Care activities and strength-based goal setting (ARTAS model)

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 6:

Support expedited linkage to medical care and/or treatment for individuals and their partners with a positive HIV test result or presumptive syphilis diagnosis (first HIV medical appointment, same-day syphilis testing and treatment)

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 7:

Support medication adherence and promote early ART initiation and viral suppression with HIV care providers and in communities with high HIV prevalence or where priority populations may be engaged

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 8:

Provide short-term health navigation for those with HIV results:

- Medical care coordination: health literacy services regarding HIV, and STI, symptoms, progression, and basic treatment; coordinating with pharmacists; helping individuals prepare for and remember medical appointments; reviewing information shared by medical providers; accompanying individuals to medical appointments upon request;
- Benefits advocacy, including education about insurance access and options, assessment and coordination of access to health insurance;
- Adherence support: adherence assessments; educating individuals about treatment regimens, dosing schedules, potential side effects, drug interactions, and side effects management; medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps);
- Social determinants of health which put individuals at risk for HIV infection which include social services and housing coordination: coordinating transportation services to access relevant medical appointments, assistance accessing nutrition resources; providing housing referrals; coordinating referrals to volunteer opportunities, job training, or employment programs; providing basic household budgeting assistance;

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Ohio HIV Prevention Grant 2024 Continuation Workplan

Community Level Interventions for HIV Prevention Workplan

Includes: Social marketing, or the provision of health promotion messaging to priority, general, and professional populations; Community Engagement/Mobilization, or the support and planning of, and participation in, community activities that recruit, engage, and build capacity in priority and provider populations; Syringe Service Programs (SSPs), or the operation of syringe distribution to reduce disease transmission; Condom Distribution, or increasing the availability of condoms within a region.

Key Objective 1:

Increase the availability of condoms among persons living with or at-risk for STI or HIV infection

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 2:

Review health promotion, education, or outreach messages with populations of focus to ensure they are culturally appropriate and effective

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 3:

Implement community engagement strategies that are culturally appropriate, responsive to community needs and desires, and include populations of focus in the design

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 4:

Implement a comprehensive social marketing plan, including internet-based mobile app outreach, to support and promote educational/informational messages and interventions focused on HIV prevention, awareness, stigma reduction, treatment as prevention, and other related topics oriented toward priority populations

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 5:

Conduct empowerment and leadership activities to build capacity in people newly diagnosed with HIV or people living with HIV who are considered to be high-risk

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 6:

Coordinate Regional Advisory Group activities to develop HIV and STI prevention and care network to increase coordination of and access to comprehensive HIV and STI prevention, treatment, and support services, including regional SSPs

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 7:

Participate in the Ohio Combined Community Planning Group and the Ohio HIV Integrated Prevention/Care Plan

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

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Ohio HIV Prevention Grant 2024 Continuation Workplan

Molecular Cluster Response Plan is defined as: A Molecular Cluster Response Plan assesses and prioritizes molecular clusters to determine the level of response needed to effectively focus resources on clusters where enhanced response activities are likely to have the greatest impact on increasing case detection and interrupting disease transmission.

Key Objective 1:

Following ODH guidelines, maintain a regional HIV cluster response plan

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 2:

Maintain regional Testers and Prevention staff skills on enhanced response (interviewing, intervention, and surveillance) techniques through routine training

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 3:

Build capacity in rapid response team to intervene in HIV transmission clusters

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 4:

Use epidemiologic data to increase priority-based HIV testing, STI screening, HCV testing, and education and awareness of prevention interventions (e.g., harm reduction, PrEP, medication assisted treatment) for vulnerable populations within the HIV/STI prevention planning region.

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Ohio HIV Prevention Grant 2024 Continuation Workplan

Statewide Initiatives Workplan

Statewide Initiatives is defined as: The provision of a statewide resource and interventions on HIV/STI testing, education, online outreach, and community engagement to support the HIV Prevention goals of the State Integrated Prevention/Care Plan.

Key Objective 1:

Maintain an HIV/STI prevention website and hotline that includes, but is not limited to:

- Information on HIV/AIDS, STIs, and viral hepatitis prevention; HIV/STI-related stigma; treatment as prevention and viral suppression; risk reduction messaging, including PrEP/PEP;
- Current public locations of confidential and anonymous HIV/STI testing;
- Current locations of state-supported STI clinics;
- Referrals to HIV/AIDS, PrEP/PEP, STI, and viral hepatitis services, including HIV care and case management;
- Resource links to state and national programs, such as: ODH, CDC, and HIV.gov, etc.

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 2:

Provision of at-home HIV testing program when risk screen indicates need

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 3:

Implement a comprehensive social marketing plan to support and promote educational/informational messages focused on HIV prevention, awareness, stigma reduction, treatment as prevention, awareness of HIV/STI Hotline and website, and other related topics oriented toward priority populations

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 4:

Implement a focused online community engagement plan, including internet-based mobile app outreach, to provide culturally competent engagement to Ohio MSM and transgender individuals on key social networking websites:

- Must incorporate same resource provision as hotline and website

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 5:

Increase the availability of condoms among persons living with or at-risk for HIV or STI infection

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 6:

Participate in the Ohio Combined Community Planning Group and the Ohio HIV Integrated Prevention/Care Plan

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes

Key Objective 7:

Support Integrated Prevention/Care Health Equity goal through the coordination of a statewide HIV Youth Leadership Summit to decrease the disparities in disproportionately impacted youth

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date	Mid-Year Status	End of Year Status	Notes