



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

To: Injury Prevention Grant Program Applicants

**From: Nan Migliozi, Acting Chief, Office of Healthy Ohio
Ohio Department of Health**

**Subject: Notice of Availability of Funds for Injury Prevention Grants
Competitive Grant
January 1, 2010 to December 31, 2010 Budget Period**

The Ohio Department of Health (ODH), Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction announces the availability of grant funds to support local unintentional injury prevention program activities. The Preventive Health and Health Services Block Grant (PHHSBG) Injury Prevention Projects reflect the commitment of ODH to meet community need with programming implemented at the local level. The goal of this grant program is to reduce unintentional injury and injury-related deaths to Ohioans through the development of comprehensive, multi-faceted, population-based local programs that address risks associated with injury.

Proposals are due Monday, October 5, 2009. No grant award will be issued for less than **\$50,000 or more than \$65,000.**

Applicants must attend GMIS 2.0 training to be eligible to apply for funding. Complete and return the GMIS 2.0 Training Form (*Appendix A*) to indicate if training for GMIS 2.0 is needed. This training will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). **All grant applications must be submitted via the Internet using the GMIS 2.0.**

Potential applicants are strongly encouraged to attend a **Bidder's Meeting** to be held on **Thursday, August 20, 2009 at the Ohio Department of Public Safety (1970 West Broad Street, Columbus) in the Motorcycle Training Room from 9:30 AM to 4:00 PM.** Applicants may attend in person or via conference call. The meeting will provide an opportunity for potential applicants to learn more about the RFP instructions and to ask questions. **Additional details will be provided upon receipt of notice of intent to apply for funding (required).**

The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant. Please read and follow the directions carefully.

Please contact Gwen Stacy, (614-466-2144), or Gwen.stacy@odh.ohio.gov if you have any questions regarding this RFP.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction

Injury Prevention Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.

(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

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

Type of Applicant Agency County Agency Hospital Local Schools
(Check One) City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable:

- Yes, our agency will need GMIS 2.0 training
 No, our agency has completed GMIS 2.0 training
 First time applying for an ODH grant

Our agency will attend the Bidder's Meeting on August 20th?

- Yes, in person. How many attendees? _____
 Yes, via conference call

Program Focus Area (select one)

- Unintentional Child Injury – Supplemental ___Y___N
 Falls Among Older Adults – Supplemental ___Y___N
 Unintentional Prescription Drug Poisoning

Mail, E-mail or Fax To:

Gwen Stacy
Injury Prevention
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215

E-mail: Gwen.Stacy@odh.ohio.gov

Fax: 614-564-2409

Notice of Intent to Apply for Funding form must be received by Monday, August 17, 2009.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTHY OHIO

BUREAU OF HEALTH PROMOTION & RISK REDUCTION

INJURY PREVENTION PROGRAM REQUEST FOR PROPOSALS (RFP)

**FOR
FISCAL YEAR 2010
(01/01/10 – 12/31/10)**

**Local Public Applicants
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I APPLICATION SUMMARY and GUIDANCE

A. Policy and Procedure (GAPP).....	2
B. Application Name.....	2
C. Purpose.....	2
D. Qualified Applicants.....	2
E. Service Area.....	2
F. Number of Grants and Funds Available.....	3
G. Due Date.....	3
H. Authorization.....	3
I. Goals.....	3
J. Program Period and Budget Period.....	4
K. Local Health Districts Improvement Standards.....	4
L. Public Health Impact Statement.....	4
M. Statement of Intent to Pursue Health Equity Strategies.....	5
N. Appropriation Contingency.....	5
O. Programmatic, Technical Assistance & Authorization for Internet Submission.....	5
P. Acknowledgment.....	6
Q. Late Applications.....	6
R. Successful Applicants.....	6
S. Unsuccessful Applicants.....	6
T. Review Criteria.....	6
U. Freedom of Information Act.....	7
V. Ownership Copyright.....	7
W. Reporting Requirements.....	7
X. Special Condition(s).....	9
Y. Unallowable Costs.....	10
Z. Audit.....	10
AA. Submission of Application.....	11

II. APPLICATION REQUIREMENTS AND FORMAT

A. Application Information.....	12
B. Budget.....	13
C. Assurances Certification.....	14
D. Project Narrative.....	14
E. Civil Rights Review Questionnaire – EEO Survey.....	16
F. Attachments.....	16
G. Electronic Funds Transfer (EFT) Form.....	16
H. Internal Revenue Service (IRS) W-9 Form & Vendor Forms.....	16
I. Public Health Impact Statement Summary.....	17
J. Public Health Impact/Response Statement & Intent to pursue Healthy Equity Statement.....	17
K. Liability Coverage.....	17
L. Non-Profit Organization Status.....	17
M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire.....	17
N. Attachments as Required by Program.....	

III APPENDICES

Appendix A: GMIS 2.0 Training Form.....	19
Appendix B: Ohio Injury Prevention Partnership	20
Appendix C: Program Focus Areas.....	21
Appendix C.1: Supplemental Funding Opportunity: Statewide Coalition Building.....	38
Appendix D: Sources of Ohio-Specific Injury Data.....	41
Appendix E: Executive Summary Template.....	42
Appendix F: Program Narrative Template.....	44
Appendix G: Key Personnel Form.....	53
Appendix H: Methodology Work Plan Instructions.....	54
Appendix I: Methodology Work Plan.....	55
Appendix J: Examples of Objectives for Population-Based Injury Prevention Programs.....	64
Appendix K: Injury Prevention Coalition Representation Ideas.....	70
Appendix L: Program Summary Page	72
Appendix M: 2010 Grant Reviewer Score Sheet	73
Appendix N: Demographics Table.....	79
Appendix O: Training Competencies for Violence and Injury Prevention Professionals.....	81
Appendix P: Injury Prevention Program Application Checklist.....	82

I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via an internet website: ODH Application Gateway - GMIS 2.0, various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

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

A. Policy and Procedure: Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance at bottom of page], Click on “ODH Grants” and then click on “GAPP Manual.”)

B. Application Name: Injury Prevention Program

C. Purpose: The Preventive Health and Health Services Block Grant (PHHSBG) Injury Prevention Projects reflect the commitment of ODH to meet community need with programming implemented at the local level. The goal of this grant program is to reduce injuries and injury related deaths to Ohioans through the development of comprehensive, multi-faceted, population-based programs at the local level that address the risks associated with unintentional injuries.

For this RFP, applicants must choose from one of the following injury focus areas.*

1. Unintentional child/youth injury
2. Falls among older adults
3. Unintentional prescription drug poisoning

Supplemental Funding Opportunity: Supplemental funding is available for applicants of focus areas 1. (unintentional child/youth injury) and 2. (falls among older adults). See **Appendix C.1** for additional information and instructions for the Supplemental Funding.

*** IMPORTANT:** More information about the focus areas will be found in **Appendix C**. **It is strongly recommended that you print and carefully read and review Appendix C before you begin the application.**

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training on the GMIS Training Form (Appendix A) and must have the capacity to accept an electronic funds transfer (EFT). *Only certain counties are eligible to apply for the Unintentional Prescription Drug Poisoning focus area based on poisoning death rates. Refer to Appendix C. for a list of eligible counties.*

E. Service Area: All funded projects are expected to target high risk populations in their county. Applications may include a single county project area or multiple county project area. *Refer to Appendix C. for information on the Unintentional Prescription Drug Poisoning Focus Area.*

F. Number of Grants and Funds Available: Grants may be awarded for a total amount not to exceed **\$650,000**. Eligible agencies may apply for **\$50,000** up to **\$65,000**. No subgrantee is guaranteed a certain percentage of the total funds available. Only one application per county will be funded.

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

G. Due Date: Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due no later than **4:00 p.m. Monday, October 5, 2009**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Gwen Stacy via e-mail at gwen.stacy@odh.ohio.gov or at 614-466-2144 with any questions.

H. Authorization: Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.991.

I. Goals: The consequences of injury can be far reaching and severe. Injury is the leading cause of death and disability to Ohioans age 1 through 34 and the 5th leading cause of death for all age groups. More than 6,000 Ohioans are killed each year from injury related causes. Of the millions of Ohioans who survive injuries many suffer long-term consequences, such as permanent disability, time lost from work and family, costly medical expenses and pain and suffering. Injury leads to huge societal costs as well, amounting to billions of dollars annually in health care expenses, lost productivity, rehabilitation and criminal justice system expenses among others. However, injuries largely follow predictable patterns and are therefore, preventable. Common themes identified by the Ohio Commission on the Prevention of Injuries include:

1. Injuries are costly. Injury prevention saves lives and money.
2. Improved injury surveillance efforts and program evaluation is needed.
3. Improved statewide coordination of programs is needed.
4. Injuries disproportionately affect those living in poverty and the young and old.
5. Alcohol is an important risk factor for injury.
6. Legislation can be an effective strategy for injury prevention.

The goal of this grant program is to reduce injury and injury related deaths to Ohioans through the development of comprehensive multi-faceted population-based programs at the local level that address the risks associated with unintentional injuries. It is expected that as a result there will be:

- An increase in the capacity of local communities to deal with the risks associated with unintentional injuries;
- Development of injury prevention coalitions that involve local partnerships between health and others such as EMS, police, schools, businesses, day cares, senior centers etc.

Multi-faceted programs involve a comprehensive approach including the following elements:

- Injury surveillance and/or community assessment
- Education/training relative to the risks associated with injury
- Enactment and enforcement of regulations and policies aimed at reducing injury risks
- Engineering of solutions that decrease or eliminate the risks associated with injury
- Design and implementation of environmental systems that will reduce risks
- Evaluation of the effectiveness of measures instituted

J. Program Period and Budget Period: The program period will begin January 1, 2010, and ends on December 31, 2013. The budget period for this application is January 1, 2010, through December 31, 2010.

K. Local Health Districts Improvement Standards: This grant program will address the Local Health Districts Improvement Goal(s) 3701-36-07 - *Promote Health Lifestyles*, Standard(s) 3701-36-07-01 – *Health promotion services are targeted to identified risks in the community*, 3701-36-07-02 – *Community members are actively involved in addressing prevention priorities*, and 3701-36-07-03 – *Prevention, health promotion, early intervention and outreach services provided directly or through contracts or partnerships*. The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Local Health Districts,” then “Local Health Districts Performance Standards,” and then click “Local Health District Improvement Goals/ Standards/Measures.”)

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

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a. The Local Health District Improvement Standard(s) to be addressed by grant activities;
 - b. A description of the demographic characteristics (e.g. age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
 - c. A summary of the services to be provided or activities to be conducted; and,
 - d. A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards (**Required for competitive cycle.**)

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

M. Statement of Intent to Pursue Health Equity Strategies

The Ohio Department of Health is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) that experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. (New: Required for 2010 grant application.)

- Basic Health Equity Concepts:

Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as health equity. Public health interventions who incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: *Initial authorization for Internet submission will be distributed after your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization after the Notice of Intent to Apply for Funding (NOIAF) is processed. Please contact Gwen Stacy via e-mail at gwen.stacy@odh.ohio.gov or at 614-466-2144 with any questions for questions regarding this RFP.*

Applicant must attend or must document, in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.

- P. Acknowledgment:** An “Application Submitted” status will appear in GMIS 2.0 that acknowledges ODH system receipt of the Internet submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by 4:00 p.m. on the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before 4:00 p.m. on the application due date of **Monday, October 5, 2009.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; **but they must be delivered by 4:00 p.m. on the application due date.** FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA) posted in GMIS 2.0. The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given review cycle, written notification, issued under the signature of the Director of Health, or his designee shall be posted in GMIS 2.0.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to ODH, considering anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the request for proposal;
 9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds; and**
 10. **Has demonstrated compliance to GAPP Chapter 100.**
 11. **Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

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

Appendix M for the Injury Prevention Grant Review Scoring Sheet which lists the criteria upon which the grants will be rated and the weights assigned to each category.

U. Freedom of Information Act: The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

V. Ownership Copyright: Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

“Funded by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention (CDC) and administered by the Ohio Department of Health, Bureau of Health Promotion & Risk Reduction, Injury Prevention Program. Its contents are solely the responsibility of the Authors and do not necessarily represent the official views of CDC.”

W. Reporting Requirements: Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policy and Procedure (GAPP) Manual (<http://www.odh.ohio.gov/pdf/GAPManual/GAPMANUAL.PDF>). Reports must be received before the Department will release any additional funds.

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

Reports shall be submitted as follows:

1. Program Reports: Subgrantee Program Reports **must** be completed and submitted **via the SPES (Subgrantee Performance Evaluation System)** by the following dates:

- 1st Quarter, January 1 through March 31 April 15, 2010
- 2nd Quarter, April 1 through June 30 July 15, 2010
- 3rd Quarter, July 1 through September 30..... October 15, 2010
- 4th Quarter, October 1 through December 31 January 15, 2011

Additional required attachments associated with a Program Report may be sent electronically by email. An original and three copies of any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **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.

Submission of Subgrantee Program Reports via the Ohio Department of Health's SPES system indicates acceptance of ODH Grants Administration Policy and Procedures (GAPP).

Other Program Requirements:

- a. **New Program Coordinator/Director's Meeting:** At least one representative from your agency must attend a New Program Coordinator/Director's meeting to be held in January 2010. The purpose of this meeting is to clarify and provide guidance on required objectives and activities with funded subgrantees early in the grant cycle. There will be information provided on Grants Administration Policies and Procedures (GAPP) including reporting requirements, responding to grant special conditions, budget revisions, etc., as well as program-specific information. Costs associated with attending this meeting are an allowable expense for this grant proposal and should be included in the budget.
- b. **Annual Project Meeting:** At least one representative from your agency must attend this meeting. The objective for this meeting is to provide technical assistance and an opportunity for sharing successes and barriers in program implementation. Costs associated with attending this meeting are an allowable expense for this grant proposal and should be included in the budget.
- c. **Success Stories:** In 2000, PHHSBG management and grantees, in collaboration with the Association of State and Territorial Health Officials, agreed states would use Success Stories to increase the visibility, credibility and accountability of the PHHS Block Grant Programs. Success stories are intended to: (1) Replace uniform datasets; (2) Identify public health issues that are funded with Block Grant dollars; (3) Describe the interventions that were carried out to bring about change; (4) Document the impacts that were made using Block Grant funds.

Submission of at least one Success Story during each year of the grant program period is required. A 2010 Success Story will be due by your agency before or on December 31, 2010.

- For information on how to write a Success Story, go to:
http://www.cdc.gov/oralhealth/publications/library/success_stories_wkbk.htm.
- The following website also has success story examples available:
<http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3299>

- d. **Annual Site-visit:** Site visits are conducted with subgrantees to assure compliance with ODH program standards and to provide technical assistance to assure continued progress toward program objectives.

2. Subgrantee Program Expenditure Reports: Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:

- 1st Quarter, January 1 through March 31 April 15, 2010
- 2nd Quarter, April 1 through June 30 July 15, 2010
- 3rd Quarter, July 1 through September 30..... October 15, 2010
- 4th Quarter, October 1 through December 31 January 15, 2011

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations.

3. **Final Expense Reports:** A Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** within 45 days after the end of the budget period by **February 15, 2011**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Final Expenditure Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of Subgrantee Program Final Expense Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be sent to ODH as part of the Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

- X. **Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment**. A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations.

Y. 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, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees – unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>);
17. All costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation, with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
22. Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.

Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.

Z. Audit: *Subgrantees currently receiving funding from the Ohio Department of Health are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan, if applicable and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.*

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004, (and expend \$500,000 or more in Federal awards in its fiscal year) are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to Federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004, that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The financial audit is not an allowable cost to the program.

Once an audit is completed, **a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days.** Reference: *GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.*

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

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

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

Complete
& Submit
Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
4. Civil Rights Review Questionnaire (EEO Survey)
5. Assurances Certification
6. Ethics Certification
7. Attachments as required by Program
 - a. Executive Summary (*Appendix E*)
 - b. Program Narrative (*Appendix F*)
 - b. Statement of Intent to Pursue Health Equity (*See Section I.M.*)
 - c. Key Personnel Form (*Appendix G*)
 - d. Methodology Work Plan (*Appendix I*)
 - e. Program Summary Page (*Appendix L*)
 - f. Demographics Table (*Appendix N*)

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures and mailed to the address listed below:

Complete,
Sign & Mail
To ODH

1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only when banking information has changed)**

2. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address has changed**). **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing Agency with tax identification number, name and/or address change(s)**)
 - c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s)**)

Two (2) copies of the following documents must be mailed to the address listed below:

Copy & Mail
To ODH

1. Public Health Impact Statement (**for competitive cycle only; for continuation, only if changed**).
2. Statement of Support from the Local Health Districts. (**for competitive cycle only; for continuation, only if changed**).
3. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**).
4. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

One (1) copy of the following documents must be mailed to the address below:

Complete,
Copy & Mail
To ODH

1. Current Independent Audit (latest completed organizational fiscal period;).
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**).
3. Attachments (non-Internet compatible) as required by Program (**None**).

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after your Notice of Intent to Apply for Funding (NOIAF) is processed by ODH.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the Application signifies authorization by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed in its entirety. Include e-mail addresses for receipt of acknowledgements. This information will serve as the basis for necessary communication between the agency and ODH.
- B. Budget:** Prior to completion of the budget section, please review page of the RFP for unallowable costs. Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.
- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and Compliance Section D (9) of the application for additional information.
 - 2. Personnel, Other Direct Costs, Equipment & Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2010, to December 31, 2010.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>) and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

When appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the "Confirmation of Contractual Agreement" (CCA) via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approved" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the first quarter grant payment has been issued.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section.

Injury Prevention Program Budget Requirements

- Funded projects must employ one full time Injury Prevention Coordinator (no fewer than 2,000 hours per year) whose sole duties are to administer the Injury Prevention Program and related grant activities.** Other sources of funding may be used to meet this requirement; however, this position must spend 100 percent of time on injury prevention grant-related activities. Projects may *not* use two or more part-time employees in different job positions to equal one FTE in meeting this requirement.

- Documentation demonstrating compliance with this requirement should be provided in Appendix G.
- Budget should include funds for travel to one day-long meeting for new Coordinators/Directors to be held during January 2010 in the central Ohio area.
- Budget should include funds for travel to one day-long project meeting to be held during the second or third quarter of the project year in the central Ohio area.
- Applicants should consider including funds in the budget to become a member of STIPDA (State and Territorial Injury Prevention Directors' Association).

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

4. Funding, Cash Needs and Budget Summary Section: Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

C. Assurances Certification: Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. 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 subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Program Narrative and Work Plan:

- Complete the program narrative as separate documents using the templates found in **Appendix E (Executive Summary) and F (Program Narrative)** and attach in GMIS 2.0.
 - Appendix E, Executive Summary, should be named "*Insert county_ES_2010*"
 - Appendix F, Program Narrative, should be named "*Insert county_Narrative_2010*"

Focus Areas: Complete the program narrative (Appendix E and F) choosing from only one¹ of the following focus areas:*

1. **Unintentional child/youth injury**
2. **Falls among older adults**
3. **Unintentional prescription drug poisoning**

¹*If you wish to apply for either Focus Area 1. Child/youth OR 2. Falls AND 3. Unintentional prescription drug poisoning, an exception may be made. Before completing the application, you must contact Gwen Stacy at 614-466-2144 or Gwen.Stacy@odh.ohio.gov for additional information and application guidance concerning the budget and program requirements.*

*** IMPORTANT:** More information about the focus areas will be found in **Appendix C**. **It is strongly recommended that you print and carefully read and review Appendix C before you begin the Program Narrative section.** It contains critical information about the focus areas and additional instructions to help you complete the application properly.

Optional Supplemental Funding Opportunity: Supplemental funding is available for applicants of **focus areas 1 and 2**. An additional \$50,000 (two programs at \$25,000) is available for two programs to conduct statewide coalition building activities related to unintentional child/youth injury policy or falls among older adults as an extension of the Ohio Injury Prevention Partnership. Only those applying for child injury or falls are eligible for the supplemental funding. The total budget for applicants applying for either focus area 1. or 2. (\$65,000) and the supplemental funding (\$25,000) will be \$90,000. **See Appendix C.1 for additional information and instructions for this section.**

- 1. Executive Summary:** *Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address by responding to the template found in Appendix E.*

Program Narrative

- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:**
Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program by responding to the template found in Appendix F.

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 by responding to the template found in Appendix F. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program by responding to the template found in Appendix F. Include position descriptions for these staff.

- 3. Problem/Need:** *Identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population by responding to the template found in Appendix F.*

Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.) by responding to the template found in Appendix F.

Include a description of other agencies/organizations also addressing this problem/need.

***Complete according to the template found in Appendix F (Application Format). Sources of Ohio-specific data are listed with hyperlinks in Appendix D.**

4. Methodology: *Identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives and activities** by completing the template found in Appendix F. Indicate how they will be evaluated to determine the level of success of the program. **Describe how program activities will address health disparities.** Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each by completing the Methodology Work Plan (Appendix I).*

- E. Civil Rights Review Questionnaire – EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the applications process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before 4:00 p.m. on the application due date. An original and the required number of copies must be mailed to the ODH, Grants Administration Central Master Files address on or before **October 5, 2009**. All attachments must clearly identify the authorized program name and program number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 & Vendor Information Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9.**
- 1. Vendor Information Form (New Agency Only) OR**
 - 2. Vendor Information Change Form (Existing Agency with tax identification number, name/or address change(s)).**
 - 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s))**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy of each.

- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed)**.
- J. Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed)**.
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period)**.
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your 501(c)(3) exempt status. **(Non-profit organizations only; for competitive cycle only; for continuation, only if changed)**.
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a Questionnaire that must be completed by all grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format [Adobe Acrobat](#) is required.) is located at the Ohio Homeland Security Website:

<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies)**

N. Attachments as Required by Program to be attached in GMIS 2.0

- Appendix E. Executive Summary should be named "*Insert county_ES_2010*"
- Appendix F. Program Narrative should be named "*Insert county_Narrative_2010*"
- Statement of Intent to Pursue Health Equity should be named "*Insert county_Equity*"
- Appendix G. Key Personnel Form should be named "*Insert county_Personnel_2010*"
- Appendix I. Methodology Work Plan should be named "*Insert county_Workplan_2010*".
- Appendix L. Program Summary page should be named "*Insert county_Summary_2010*"
- Appendix N. Demographics Table should be named "*Insert county_Demographics*"

III. APPENDICES

- Appendix A: GMIS 2.0 Training Form
- Appendix B: Ohio Injury Prevention Partnership Injury Priority Areas
- Appendix C: Program Focus Area Information and Instructions
- Appendix C.1: Supplemental Funding Opportunity for Statewide Coalition Building
- Appendix D: Sources of Ohio-specific Injury Data
- Appendix E: Executive Summary
- Appendix F: Program Narrative
- Appendix G: Key Personnel Form
- Appendix H: Methodology Work Plan Instructions
- Appendix I: Methodology Work Plan
- Appendix J: Examples of Objectives for Population-Based Injury Prevention Programs
- Appendix K: Injury Prevention Coalition Representation Ideas
- Appendix L: Program Summary Page
- Appendix M: 2010 Grant Reviewer Score Sheet
- Appendix N: Demographics Table
- Appendix O: Core Competency for Violence and Injury Prevention Professionals
- Appendix P: Injury Prevention Program Application Checklist

Ohio Department of Health
GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.
(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to Attend Training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by _____
(Signature of Agency Head or Agency Fiscal Head)

REQUIRED

Please Check One: _____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHIS, etc.)
_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____ 2nd choice _____ 3rd choice _____

Mail, E-mail or Fax to: **GAIL BYERS**
Grants Administration Unit
Ohio Department of Health
246 North High Street
Columbus OH 43215
E-mail: gail.byers@odh.ohio.gov Fax: **614-752-9783**

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU

**OHIO INJURY PREVENTION PARTNERSHIP
INJURY PRIORITY AREAS**

The Ohio Injury Prevention Partnership (OIPP) is a statewide group of professionals representing a broad range of agencies and organizations concerned with building Ohio's capacity to address the prevention of injury. The group is coordinated by ODH with funds from the Centers for Disease Control and Prevention (CDC). It will advise and assist ODH and Violence and Injury Prevention Program with establishing priorities and future directions regarding injury and violence prevention initiatives in Ohio.

The OIPP is concerned with preventing injury of all types. However, based on Ohio-specific injury data and an in-depth prioritization process, the group has identified the following injury priority areas. The organization will focus on these injury priority areas:

- Falls
- Motor vehicle pedestrian
- Unintentional Drug/Medication Poisonings
- Unintentional Child/Youth Injury

The following are also state level priorities, but will not be funded by this grant due to limited funding.

- Suicides
- Firearm-related violence

Specifically, this group will help to develop a statewide plan to guide the direction of injury prevention activities in Ohio. The plan will focus on the identified injury priority areas and will include coordination of an annual injury prevention symposium targeting high level stakeholders, and production of data reports detailing the burden of injury in Ohio.

INJURY PREVENTION GRANT RFP PROGRAM FOCUS AREAS

You must select only one¹ from the following three program focus areas. Follow the instructions for only the focus area for which you are applying:

- 1) Child/Youth Unintentional Injury Prevention
- 2) Falls Among Older Adults
- 3) Unintentional Prescription Drug Poisoning (two demonstration projects will be funded)

¹*If you wish to apply for either Focus Area 1. Child/youth OR 2. Falls AND 3. Unintentional prescription drug poisoning, an exception may be made. Before completing the application, you must contact Gwen Stacy at 614-466-2144 or Gwen.Stacy@odh.ohio.gov for additional information and application guidance concerning the budget and program requirements.*

Funded projects will:

- Be population-based.
- Use evidence-based strategies.
- Be data driven and address high risk groups.
- Demonstrate strong local collaboration and effective partnerships to address injury.
- Contain a strong evaluation component including process and outcome measures.

Focus Area 1:

Child/Youth Unintentional Injury Prevention

Funding Available: \$480,000 (for both Child/Youth Injury and Falls among Older Adults). Projects will be funded at a minimum of \$50,000 up to a maximum of \$65,000.

Number of Awards: Up to 8 (for both Child/Youth Injury and Falls among Older Adults)

Eligibility: Local health departments and non-profit agencies.

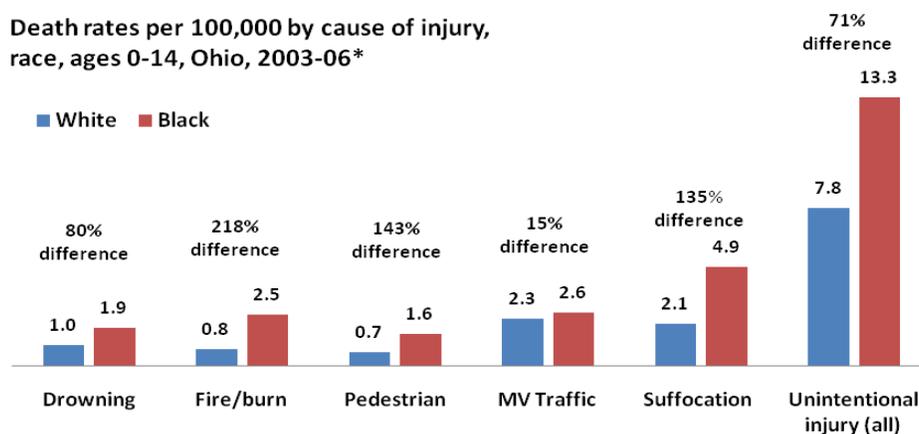
Background: Unintentional injuries remain the leading cause of death and disability for children and youth in Ohio. Most unintentional injuries are preventable.

- On average, 260 children die each year in Ohio from injury. The leading causes of unintentional injury-related death among children/youth are motor vehicle traffic (including pedestrian and bicycle), poisoning, drowning, fire/burn and suffocation, although these vary by specific age groups.
- On average each year, more than 1,950 inpatient hospitalizations and 166,000 ER visits among Ohio children aged 14 and younger are due to injury.
- The leading causes of injury-related hospitalization are unintentional falls, motor vehicle traffic, struck by/against, poisoning and other land transportation.
- Among Ohio teens aged 15 to 19, motor vehicle traffic accounts for nearly three-fourths (73 percent) of the unintentional injury deaths. Unintentional poisonings and drowning are the second and third leading causes of unintentional injury death respectively for this age group.
- Male children are at greater risk for most injuries.
- Injury death rates for young (<14 years) black children are disparately high in comparison to rates for young white children, specifically for fire/burn, drowning, suffocation and pedestrian-related injury death.

Data Driven Injury Mechanism: Funded projects will be data-driven and focus on the leading causes/mechanisms of child/youth unintentional injury or established injury risk factors (e.g., observed low bicycle helmet use) in the applicant community. *Note, motor vehicle occupant/child passenger safety and teen driving projects will not be funded through this application if your agency is eligible for funding from the Ohio Department of Public Safety for these activities.* Pedestrian/bicycle and recreational vehicle safety projects are acceptable if indicated by local data.

Addressing Disparities: Funded projects will describe and address disparities in unintentional child/youth injury rates as identified in the applicant community and in compliance with the guidelines presented in the RFP template, section M. Health Equity (pages 4-5).

For example, black children 14 years and younger are at greater risk for unintentional injury death overall and from injury deaths from pedestrian-related motor vehicle traffic, fire/burn, drowning and suffocation than white children in Ohio. Is this true for your community? Are there are other disparities (e.g., economic, geographic, age, etc.) you need to consider with regard to injury rates?



*Source: CDC WISQARS

Population-based Objectives: Programs must have *at least* one SMART objective in each of the following six (6) population-based injury prevention areas. *Please note that programs have the entire project period (four years) to accomplish all objectives but all objectives must be included in the application.* Examples can be found in **Appendix J** on *Population-based Injury Prevention Activities*. Follow the instructions in **Appendices F (4. Methodology Narrative template)** and **I (Methodology Work Plan)** and complete carefully.

1. **Coalition Building**
2. **Surveillance and Needs Assessment**
3. **Policy Enactment (Adoption) and Enforcement** (may include ordinances, laws, policies, regulations, etc.)
4. **Environment, Engineering and Systems Change** (may include alternative activities/opportunities for children that keep them away from high-risk environments/activities)
5. **Training and Education** *(See Required Objective below).
6. **Media Advocacy, Campaigns, Information and Support**

***ODH Required Objectives for #5 Training and Education**

Although projects may focus on specific injury mechanisms (e.g., drowning) or risk areas (e.g., low helmet use), child/youth Injury projects will include strategies that cross into all areas of injury prevention by engaging key partners (e.g., pediatricians) who spread the IP messages naturally into the following settings: schools, worksite, community and health care.

In addition to any other proposed objectives concerning specific injury mechanisms, child/youth injury projects must include the following **Training and Education** objectives in **Appendix I. Methodology Work Plan**. These should also be elaborated upon in the Training and Education section of **4. Methodology Narrative** in **Appendix F**.

**Objective 5A: By December 31, 2010, "AGENCY" will increase the number of pediatricians by at least four who use the AAP-TIPP (The Injury Prevention Program) Anticipatory Guidance Program to counsel parents on injury risks by children's developmental level.*

Provide baseline information on the number of physicians who are already using TIPP if known. The TIPP Guide to Implementing Safety Counseling in Office Practice is available at: <http://www.aap.org/family/TIPPGuide.pdf>

**Objective 5B: By December 31, 2010, "AGENCY" will provide at least three injury presentations with ODH-provided or approved materials to traditional and non-traditional partners on core concepts of injury prevention.*

These presentations may include coalition members and non-traditional partners such as the faith community, parks and recreation, help-me-grow/home visitation professionals, local business owners, educators, other ODH-funded public health agency staff, health care professionals, etc. The purpose of this requirement is to build capacity among other professionals for injury prevention activities. The presentations should focus on your chosen priority areas and could involve concepts such as:

- Demonstrating use of Haddon's matrix to design interventions
- Plans to implement population-based interventions
- Discussion of the social determinants of injury
- Local injury data (e.g., sources, uses and presenting data)
- Preventing injury to children through changes to their environments

ODH can assist in identifying and developing training materials that can be modified to include local data and details.

Evidence-based Strategies: Funded projects will use evidence-based strategies, including promising practices. In the **Methodology Narrative section of Appendix F**, you must specify a research-based source that validates the strategy(ies) you have selected. Following are several sources that describe evidence-based strategies for child/youth injury prevention and will help you complete this section.

- **Harborview Injury Prevention & Research Center for Best Practices Research**
Provides research-based recommendations for what works and doesn't work for the prevention of injuries to children and adolescents on a variety of topics: bicycles; child pedestrians; choking and suffocation; drowning; falls; firearms; fires and burns; rehabilitation; motor vehicle; poisoning; recreational injuries.
<http://depts.washington.edu/hiprc/practices/index.html>
- **Children's Safety Network** - Recommendations by topic area
<http://www.childrensafetynetwork.org/default.asp>
 - Promoting Bicycle Safety for Children: Strategies and Tools for Community Programs
http://www.childrensafetynetwork.org/publications_resources/PDF/traffic/CSNBikeSafety_brochure.pdf

- **Pedestrian and Bicycling Information Center**, Case Study Compendium, January 2009
http://drusilla.hsrc.unc.edu/cms/downloads/pbic_case_study_compendium.pdf
- **Policy Statements of the American Academy of Pediatrics**, Committee on Injury, Violence and Poison Prevention
http://aappolicy.aappublications.org/cgi/collection/committee_on_injury_violence_and_poison_prevention

Collaboration and Integration of Activities: Funded programs should work collaboratively with the following ODH programs as appropriate. Include documentation of these collaborations or planned collaborations as appropriate in the *Coalitions and Partnerships* section of **4. Methodology Narrative in Appendix F**.

- **Healthy Community/Chronic Disease Prevention grants** –
 - In funded counties, chronic disease/obesity prevention projects will be addressing the “built-environment” to encourage healthy behaviors and physical activity via environmental, engineering and systems change. Injury prevention expertise is needed to achieve environments that are as safe as possible. These collaborations provide many opportunities for injury prevention programs and leveraging of funding (e.g., playground updates, bicycle paths and walking trails, better pedestrian signage and cross walks) to accomplish a shared mission/goal.
 - In return, IP projects should be mindful of the healthy eating goals of their obesity prevention partners when selecting incentives for community campaigns (e.g. “You’ve been caught” bicycle helmet enforcement campaigns could use healthy food choices or other items) and meetings.
- **County Child Fatality Review (CFR) Board** - CFR Board representatives should be included on your injury prevention coalition to share their data and recommendations. Funded projects should assist in the dissemination of CFR injury prevention-related recommendations.
- **Healthy Homes** – Where available, IP programs should work in collaboration with local child lead/healthy homes programs to share expertise and resources on injuries in and around the home and home safety strategies.
- **Help Me Grow** – IP programs should work collaboratively with local HMG programs to share expertise and resources on injuries to young children and injury prevention strategies.
- **Tobacco Prevention** – IP programs should help disseminate second-hand smoke information to parents of young children, especially related to home and car exposure.

New Program Coordinator/Director Meeting: Program Directors/Coordinators are required to attend a meeting in Columbus in January (specific date to be determined). Fiscal staff are also welcome to attend. The purpose of this meeting is to clarify and provide guidance on required objectives and activities with funded subgrantees early in the grant cycle. There will be information provided on Grants Administration Policies and Procedures (GAPP) including reporting requirements, responding to grant special conditions, budget revisions, etc., as well as program-specific information. Applicants should include any travel costs associated with attending this meeting (and the required Subgrantee Annual Meeting) in the budget.

Program Focus Area 2:

Falls Among Older Adults

Funding Available: \$480,000 (for both Child/Youth Injury and Falls among Older Adults). Projects will be funded at a minimum of \$50,000 up to a maximum of \$65,000.

Number of Awards: Up to 8 (for both Child/Youth Injury and Falls among Older Adults)

Eligibility: Local health departments and non-profit agencies.

Background: Falls are particularly harmful to older adults. Falls and fall-related injury seriously affect older adults' quality of life and present a substantial burden to the Ohio health-care system. They easily surpass all other mechanisms of injury as a cause of ER visits, hospitalization and death.

- Falls among older adults have reached epidemic proportions and rates continue to rise. From 2002-05, there were 2.6 fall-related ER visits for every 100 Ohio older adults and nearly eight (7.7) fall-related hospital inpatient discharges for every 1,000 Ohio older adults.
- Fall death rates among older Ohioans have increased 56 percent from 1999 to 2005, and will continue to increase as the baby-boomers skew population dynamics. The proportion of Ohioans aged 65 and older is projected to increase by 50% from 2010 – 2030. The 515 fatal falls among those 65 or older in 2002 are expected to increase to nearly 900 by 2009.
- Older adults account for a disproportionate share of fall-related injury. In 2005, persons 65 and older accounted for 20% of all fall-related ER visits, 71% of fall-related inpatient discharges and 81% of deaths, while they represented only 13% of the overall Ohio population.

For this reason, the injury prevention program will provide funding to local programs that seek to reduce the burden of injury related to falls among older adults.

Population-based Objectives: Programs must have at least one SMART objective in each of the six (6) population-based injury prevention areas. *Please note that programs have the entire project period (four years) to accomplish all objectives, but all objectives must be included in the application.* Examples can be found in **Appendix J** on *Population-based Injury Prevention Activities*. Follow the instructions in **Appendices F., #4. Methodology Narrative template** and **I. Methodology Work Plan** and complete carefully.

1. Coalition Building
2. Surveillance and Needs Assessment
3. Policy Enactment (Adoption) and Enforcement
4. Environment, Engineering and Systems Change
5. Training and Education*
6. Media Advocacy, Campaigns, Information and Support

***Required Objective: #5 Training and Education**

In addition to any other proposed objectives, falls among older adults projects must include the following **Training and Education** objectives in **Appendix I. Methodology Work Plan**. These should also be elaborated upon in the Training and Education section of **4. Methodology Narrative** in **Appendix F**.

***Objective 5A:** *By December 31, 2010, "AGENCY" will provide at least three injury presentations with ODH-provided or approved materials to traditional and non-traditional partners on core concepts of injury prevention.*

These presentations may include coalition members and non-traditional partners such as the faith community, parks and recreation, help-me-grow/home visitation professionals, local business owners, other un-funded public health agency staff, health care professionals, etc. The purpose of this requirement is to build capacity among other professionals for injury prevention activities. *The presentations should focus on your chosen priority areas and could involve concepts such as:*

- Demonstrating use of Haddon's matrix to design interventions
- Plans to implement population-based interventions
- Discussion of the social determinants of injury among older adults
- Local injury data (e.g., sources, uses and presenting data)
- Preventing injury to older adults through changes to their environments
- Multi-factorial approach to preventing falls (see evidence-based strategies below)

ODH can assist in identifying and developing training materials that can be modified to include local data and details.

Evidence-based Strategies: The objectives and activities proposed in your workplan must be based on evidence-based strategies. Effective fall prevention programs for older adults follow a multi-factorial approach and must include all of the following components:

1. **Medical Management** - Risk assessment by a health professional
2. **Balance and Mobility** - Increasing and improving physical activity (PA) or increasing access to PA opportunities
3. **Environmental Modification** - Home safety (Projects should address other home safety hazards for older adults as well; e.g., fire/burns, poisoning/medications, etc.)

Funded projects will use evidence-based strategies, including promising practices. In the **Methodology Narrative** section of **Appendix F.**, you must specify a research-based source that validates the strategy(ies) you have selected. Following are several sources that describe evidence-based strategies for preventing falls among older adults and will help you complete this section.

CDC Fall Prevention Activities <http://www.cdc.gov/ncipc/duip/FallsPreventionActivity.htm>
or <http://www.cdc.gov/ncipc/preventingfalls/>

- **Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World** - This compendium, designed for public health practitioners and community-based organizations, describes 14 scientifically tested and proven interventions.
http://www.cdc.gov/ncipc/preventingfalls/CDCCompendium_030508.pdf
- **Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults** This "how to" guide is designed for community-based organizations who are interested in developing their own effective fall prevention programs.
http://www.cdc.gov/ncipc/preventingfalls/CDC_Guide.pdf

Multi-factorial and Physical Activity Programs for Fall Prevention
http://www.stopfalls.org/grantees_info/files/Multi_factorial.pdf

National Council on Aging – Center for Healthy Aging – Fall Prevention
<http://www.healthyagingprograms.org/content.asp?sectionid=98>

Other State Fall Prevention Resources:

- **Wisconsin** Fall Prevention Programs – Stepping On and Sure Step
<http://dhs.wisconsin.gov/health/InjuryPrevention/FallPrevention/falls.htm>
- **Oregon** - Translation of an Effective Tai Chi Intervention Into a Community-Based Falls-Prevention Program <http://www.ajph.org/cgi/reprint/98/7/1195>
- **California** Fall Prevention Center of Excellence
<http://www.stopfalls.org/>
- **Connecticut** Collaborative for Fall Prevention
<http://www.fallprevention.org/>
- Keep **Minnesotans** Right Side Up
http://www.mnfallsprevention.org/evidence_interventions.html
- Report on *The Burden of Injury from Unintentional Falls in Ohio, 2002-05*
<http://www.healthyohiprogram.org/diseaseprevention/falls.aspx>

New Program Coordinators/Directors Meeting: Program Directors/Coordinators are required to attend a meeting in Columbus in January (specific date to be determined). Fiscal personnel are welcome to attend. The purpose of this meeting is to clarify and provide guidance on required objectives and activities with funded subgrantees early in the grant cycle. There will be information provided on Grants Administration Policies and Procedures (GAPP) including reporting requirements, responding to grant special conditions, budget revisions, etc., as well as program-specific information. Applicants should include any travel costs associated with attending this meeting (and the required Subgrantee Annual Meeting) in the budget.

Demonstration Funding - Program Focus Area 3:**Unintentional Prescription Drug Poisoning**

Funding Available: A total of \$120,000 is available for unintentional prescription drug poisoning projects. Up to \$60,000 per year per project (maximum budget is \$65,000 for multi-county proposals) for up to four (4) years will be available.

Number of Awards: Up to two (2)

Background: Drug/medication overdoses/poisoning have reached epidemic levels in Ohio.

- In 2007, unintentional drug poisoning became the *overall leading cause of injury death* in Ohio, surpassing motor vehicle traffic and suicide, the second- and third-leading causes of injury death respectively.
- From 1999 to 2007, Ohio's death rate due to unintentional drug poisonings increased more than 300 percent. There were 327 fatal unintentional drug overdoses in 1999 growing to 1,351 annual deaths in 2007.
- The death rate increases are largely driven by overdoses from prescription pain medications (opioids) and use of multiple drugs. Prescription opioids are associated with more overdoses than any other prescription or illegal drug including cocaine and heroin. In 2007, at least 70% of all unintentional overdoses involved a prescription opioid and/or multiple drugs.

For these reasons, the Ohio Injury Prevention Program is allocating funding for demonstration projects to address prescription drug poisoning/overdose.

Eligibility Criteria: Program Focus Area 3 is a demonstration (pilot) program created to address areas of the State with the greatest need. Therefore, **only local health departments and non-profit agencies in counties with high drug poisoning death rates are eligible** to apply for this category of funding. Eligible counties must have an annual average unintentional drug poisoning death rate of at least 8.5 per 100,000 population and at least 40 unintentional drug poisoning deaths from 2000-07 (according to decedent county of residence).¹ If you have any questions about this, please contact the Injury Prevention Program prior to submitting an application to determine if you are eligible for this category of funding. *All counties may apply for the other focus areas.*

Based on these criteria, **the following counties are eligible to apply** for this program focus area. Multi-county applications will be given priority for funding and are eligible for an additional \$5,000.

- Montgomery
- Scioto
- Clinton
- Trumbull
- Ross
- Jefferson
- Crawford
- Clark
- Clermont
- Athens
- Greene
- Cuyahoga
- Summit
- Franklin

¹**Multi-county applications will also be considered from local health departments and non-profit agencies in the following counties based on their high death rates.** Applications must include a collaboration of at least three (3) counties and demonstrate regular coordination and communication between the lead agencies in each county. Applicants in eligible counties may collaborate with any two (or more) other counties in Ohio.

- Vinton
- Jackson
- Hardin
- Adams
- Brown
- Pike
- Fayette
- Hocking

Data-driven Approach: Programs should be data driven and address groups at highest risk. For example, Ohio's death data reveal that adults aged 35-54 are at the highest risk for fatal overdose.

Recommended Resources: The following resources will provide background information on this issue and how other states are addressing it. They are recommended reading material before you begin your application.

Description of the Problem:

- *Hall AJ, Logan JE, Toblin RL, et al. Patterns of abuse among unintentional pharmaceutical overdose fatalities. JAMA 2008;300(22):2613-20.*
<http://jama.ama-assn.org/cgi/content/full/300/22/2613>
- *Centers for Disease Control and Prevention. Unintentional poisoning deaths--United States, 1999-2004. MMWR 2007;56(5):93-6.*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5605a1.htm>
- *Fingerhut, LA. Increases in Poisoning and Methadone-related Deaths: United States 1999-2005. Health E-Stat (NCHS). February 2008.*
<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/poisoning/poisoning.htm>

- **Ohio Poison Awareness Week Factsheet**, Ohio Department of Health, Violence and Injury Prevention Program, February 2009
<http://healthyohioprogram.org/ASSETS/45E86204619D4F0B813F82D77D5FA500/Poison.pdf>

Solutions:

- **Prescription Drug Overdose: State Health Agencies Respond.** Association of State and Territorial Health Officials (ASTHO) Report, 2008.
http://www.astho.org/pubs/RXReport_Web.pdf
- **Preventing Overdose, Saving Lives: Strategies for Combating a National Crisis.** Drug Policy Alliance. March 2009.
<http://www.drugpolicy.org/docUploads/OverdoseReportMarch2009.pdf>
- **Drug Abuse in America: Prescription Drug Diversion.** Trend Alert: Critical Information for State Decision-makers. The Council of State Governments. April 2004.
<http://www.csg.org/pubs/Documents/TA0404DrugDiversion.pdf>

Recent National Meeting Presentations:

- **"State Strategies for Preventing Prescription Drug Overdoses"**
January 13-14, 2008, Atlanta, Georgia
Sponsored by the CDC's National Center for Injury Prevention and Control (NCIPC)
<http://www.stipda.org/displaycommon.cfm?an=1&subarticlenbr=204>
- **"Promising Legal Responses to Epidemic of Prescription Drug Overdoses in US"**
December 2-3, 2008, Atlanta, Georgia
Sponsored by the CDC's National Center for Injury Prevention and Control (NCIPC) and the Public Health Law Program of the CDC
<http://www.stipda.org/displaycommon.cfm?an=1&subarticlenbr=203>

Approved Program Activities: Projects must address prescription drug overdose/poisoning prevention, i.e., activities can be related to substance abuse treatment, such as screening/referral, but must address other strategies such as:

- Overdose prevention (identification of high risk individuals and targeted messages/interventions such as naloxone distribution to prevent overdose)
- Prescription drug diversion control and prevention through collaboration with health care providers and law enforcement.
- Collaboration with health care providers to address appropriate prescribing and patient education, and use of the prescription drug monitoring program for controlled substances.
- Social marketing and/or community education initiatives to address using prescription drugs appropriately and as prescribed.

Required Objectives: Programs must have at least one objective in each of the six (6) population-based injury prevention areas. *Please note that programs have the entire project period (four years) to accomplish all objectives, however all areas must be included in the narrative and work plan.* Follow the instructions carefully in **Appendices F. Program Narrative template** and **I. Methodology Work Plan template**.

1. **Coalition Building**
2. **Surveillance and Needs Assessment**
3. **Policy Enactment (Adoption) and Enforcement**
4. **Environment, Engineering and Systems Change**
5. **Training and Education**
6. **Media Advocacy, Campaigns, Information and Support**

Since this is a demonstration project, most areas have required objectives related to the piloting of prevention strategies in Ohio. Required objectives for population-based areas 1 - 4 and 6 are described below as are examples of other approved program activities. The required and other objectives must be included in the **Program Narrative, 4. Methodology section (Appendix F)** and the **Methodology Work Plan (Appendix I)**.

1. Coalition Building Objectives:

Develop local (county/multi-county) coalition/task force with at least the following members: health department, coroner's office, law enforcement/criminal justice, substance abuse/mental/behavioral health, physician/prescriber from private practice, physician/prescriber from local ED, hospital representative, pharmacist/toxicologist, pain management specialist (if available), survivor of prescription drug abuse in recovery. This group must meet at least four (4) times per year. The coalition should include members that encompass the county/multi-county area for which you are applying for funding.

Required Year One Objective:

****Objective 1A:** By July 1, 2010, "AGENCY" will develop a local multi-disciplinary coalition (or task force) to address the problem of unintentional drug overdose consisting of representatives from at least the following: local health department, coroner's office, sheriff's office or police department, prosecutor's office, substance abuse/mental health provider, pain/palliative care provider (if available), local private practice provider, local hospital ED provider, local pharmacist, toxicologist (if available) and a survivor of prescription drug abuse who is in recovery. This group will meet a minimum of four times a year.*

2. Surveillance and Needs Assessment Objectives:

Develop a county or multi-county Poison Death Review (PDR) program (based on Child Fatality Review model) to identify the circumstances surrounding the deaths to inform their prevention. Reviewers should include the above listed organizations.

- Resource: **Ohio Child Fatality Review Program** and materials
<http://www.odh.ohio.gov/odhPrograms/cfhs/cfr/cfr1.aspx>

Develop database based on PDR data from death certificates, coroner reports, autopsy, toxicology, other data as available (e.g., prescription and medical records, law enforcement/criminal records, substance abuse or mental health information).

Required Year One Objectives:

***Objective 2A:** *By December 31, 2010, "AGENCY" will implement a "county or multi-county" PDR process to identify the circumstances surrounding all new drug poisoning/overdose deaths, and will conduct reviews on at least 8 decedents from 2008-2010, to inform prevention initiatives. The reviews will be conducted by representatives from the drug poison coalition according to guidelines provided by ODH. The coroner's office will assist in identification of cases. A letter of support from the county coroner is attached (required).*

***Objective 2B:** *By December 31, 2010, "AGENCY" will develop a database and enter all decedent data based on the PDR results. The database will contain the drugs involved in the death, circumstances of the death and any other available and informative details of the decedent's history (e.g., history of substance abuse). Database and all data will be shared with ODH.*

***Objective 2C:** *By December 31, 2010, "AGENCY" will provide a written summary of de-identified review data to ODH and to coalition/task force members.*

3. Policy Enactment (Adoption) and Enforcement Objectives:

Resource: National Alliance for Model State Drug Laws for resources/ideas - <http://www.namsdl.org/home.htm>

Work with your local coalition to determine what policies are needed and likely to reduce prescription drug diversion, substance abuse and/or overdoses. Develop a list of policy recommendations for Ohio.

Required Year One Objective:

***Objective 3A.** *By December 31, 2010, "AGENCY" will provide ODH with a prioritized list of policy recommendations, developed and approved by the "AGENCY" coalition/task force, for Ohio. The coalition will review and discuss local and state policy solutions and prioritize based on criteria provided by ODH in terms of importance and feasibility.*

Policy objectives in years two-four will build on this work and involve implementation of policy strategies.

Examples of state and local policy and enforcement strategies:

- Work with employers to promote and expand drug-free workplace policies to include abuse/misuse of prescription drugs and promote access to treatment as needed
 - New Jersey – Partnership for a Drug Free New Jersey - http://www.drugfreenj.org/drugs_overview/
- Promote proliferation of "Drug Courts" - Intensive court-based drug treatment programs as an alternative to incarceration. <http://www.whitehousedrugpolicy.gov/enforce/DrugCourt.html>
- Enact 911 Good Samaritan Immunity laws to provide immunity from prosecution for bystander witnesses calling for 911 emergency care in the case of an overdose. (Example: New Mexico's law - first of its kind in the country <http://legis.state.nm.us/Sessions/07%20Regular/final/SB0200.pdf>)

- Enact local doctor shopping ordinances – Examples of other state statutes http://www.namsdl.org/documents/StateDoctorShoppingandPrescriptionFraudStatutes2008_001.pdf
- Enact pain clinic licensure and local ordinances requiring that all pain clinics be owned and operated by a physician certified in the specialty of pain management. Louisiana has passed such a law. <http://law.justia.com/louisiana/codes/48/321411.html>
- Educate and promote enforcement of Prescription Fraud statutes – Ohio Revised Code: <http://codes.ohio.gov/orc/2925.22>

4. Environment, Engineering and Systems Change Objectives:

Promote use of Ohio Automated Rx Reporting System (OARRS) among physicians and prescribers. <http://www.ohiopmp.gov/Default/default.aspx?height=768&width=1024> OARRS is Ohio's prescription drug monitoring program for controlled substances and can be used to identify and discourage doctor shopping behavior. Efforts should be made to obtain commitment from local physicians to register for OARRS and use it when prescribing controlled substances.

Determine feasibility of local naloxone education and distribution programs. Naloxone education and distribution projects are a promising practice to prevent prescription opioid-related overdose among high risk individuals. The Injury Prevention Program is interested in the feasibility of implementing local naloxone programs in Ohio.

Required Year One Objectives:

***Objective 4A:** *By December 31, 2010, "AGENCY" will contact at least "X" prescribers to obtain their written commitment to register for OARRS and use it when prescribing controlled substances. This process will include providing education to the physicians about the epidemic of prescription drug overdoses and resource material.*

***Objective 4B:** *By December 31, 2010, "AGENCY", in collaboration with "AGENCY Coalition/Task Force", will conduct a feasibility study of a local naloxone education and distribution program to prevent prescription opioid-related overdose among high-risk individuals. The study will determine program costs, resources needed and available, acceptability by stakeholders, and the most effective direction for a program (e.g., how to identify and access high risk individuals? Training bystanders?, etc.). Results and recommendations will be provided to ODH.*

Naloxone Program Examples and Resources:

- Preventing Overdose, Saving Lives: Strategies for Combating a National Crisis. Drug Policy Alliance. <http://www.drugpolicy.org/docUploads/OverdoseReportMarch2009.pdf>
- North Carolina - Project Lazarus Briefing Document – contains 14 high risk groups for whom take-home naloxone can be prescribed. <http://www.harmreduction.org/downloads/North%20Carolina%20Naloxone%2007.pdf>
- Pennsylvania – Allegheny County www.pharmacy.pitt.edu/dept/conference/materials/dr%20karl%20williams.ppt
- Massachusetts –Opioid Overdose Prevention & Reversal <http://www.mhsacm.org/PDFs/ODPrevReversal050208.pdf>
- Other naloxone distribution programs in New Mexico, New York, New York City, Chicago, Baltimore, and other urban areas

Other approved Environment/Engineering and Systems Change strategies:

- Promote naloxone use and distribution by EMS providers in rural areas.
- Encourage development of ED programs to manage frequent and high-risk visitors (Examples in Spokane, WA-area hospitals).
- Assess local access to treatment for prescription drug abuse. Promote the need for substance abuse treatment services and health care coverage for them.
- Collaborate with local law enforcement to identify “Pill Mills”.
- Promote use among HCPs of tamper-resistant prescription forms (e.g., electronic, single copy, etc.)

5. Training and Education Objectives:

Training health care providers (HCPs) including physicians, dentists, nurses, pharmacists, physicians’ assistants, etc. about the growing problems associated with prescription drugs, particularly prescription opioids is an important component of a prevention effort. These efforts can focus on any of the approved training and education strategies listed below and use of any existing tools/resources or development of your own.

Resources: *Prescription Pain Medication Management and Education* existing tools:

- Utah: <http://health.utah.gov/prescription/tools.html>
- Washington: www.agencymeddirectors.wa.gov

Approved Training and Education strategies:

- Use train-the-trainer strategies in which coalition members assist in HCP education efforts. Recruit providers to educate others of their same profession.
- Coordinate continuing education offerings for HCPs related to the following topics.
- Coordinate HCP education and training at other planned continuing education sessions (e.g., trainings, meetings, seminars) related to the following topics.

HCP Education/Training Topic Areas:

- Dangers of prescribing multiple medications, especially multiple central nervous system (CNS) depressants, specifically opioids, sedatives, anxiolytics and muscle relaxants, and anti-depressants (OSAMRADs) simultaneously.
- Signs of substance misuse/abuse.
- Local resources for substance abuse treatment.
- Available resources for opioid prescribing, dosing, etc.
- Use of clinical opioid prescribing guidelines for acute and chronic pain.
- Use of pain management contracts.
- Ohio laws related to prescription drug fraud.

Patient Education: Train HCPs to educate patients receiving pain medication about:

- Importance of taking medication as prescribed.
- Dangers of sharing medication.
- Dangers of taking multiple medications, especially multiple central nervous system (CNS) depressants simultaneously.
- Alternative pain management strategies.
- Local resources for substance abuse treatment.

- Promote use of evidence-based guidelines for opioid dosing and prescribing among HCPs. Resources:
 - *Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain: an educational pilot in Washington State to improve care and safety with opioid treatment* <http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>
 - *Utah Prescription Pain Medication Management and Education:* <http://health.utah.gov/prescription/tools.html>
 - *Pain Treatment Topics: Methadone education and prescribing guidelines* http://pain-topics.org/opioid_rx/methadone.php
- Promote use of clinical guidelines for chronic and/or acute pain management.
 - *Utah Prescription Pain Medication Management and Education:* <http://health.utah.gov/prescription/tools.html>
- Promote use of contracts with pain patients among HCPs.
- Encourage use of Screening, Brief Intervention and Referral to Treatment (SBIRT) programs for prescription substance abuse in emergency departments and physicians' offices.
- Engage pharmacists to participate in these efforts.

Required Year One Objective:

**Objective 5A: Applicants must include a HCP training/education objective related to education of middle-aged patients. The objective may focus on any of the above topics and must be described in the Methodology Narrative (Appendix F) and the Methodology Work Plan (Appendix I).*

6. Media Advocacy, Campaigns, Information and Support Objectives;

Develop and disseminate a media education campaign directed at middle-aged adults and focusing on proper prescription drug use, dangers of sharing medication, taking multiple CNS depressants and resources for treatment.

Resources: Media advocacy/development or dissemination of social marketing campaign –
Examples:

- Use as Directed Campaign http://www.useonlyasdirected.org/index.php?p_resource=education_facts
- Zero Unintentional Deaths <http://www.zerodeaths.org/>

Required Objective:

**Objective 6A: By “insert date”, “AGENCY” will implement a media/social marketing campaign directed at middle-age adults and addressing the dangers of prescription pain medication. Related activities will include:*

- *Development of materials or alteration of existing materials addressing:*
 - *Importance of taking medication as prescribed*
 - *Dangers of sharing medication*
 - *Dangers of taking multiple medications, especially multiple CNS depressants*
 - *Local resources for substance abuse treatment*

- *Use of multiple local media outlets to disseminate written and verbal media campaign materials (newspaper articles, radio PSAs, bus signage, etc.).*
- *Identification of credible spokespeople (e.g., physician, pharmacist, coroner, law enforcement, survivor of prescription drug abuse, family member, etc.) to respond to media inquiries.*
- *Development of media toolkits containing state and local data, sample article template, call to action policy recommendation information, prevention information, sample campaign materials, contact information, resource list, etc.*
- *Conducting a press conference to raise awareness of the extent of the problem.*

New Program Coordinators/Directors Meeting: Program Directors/Coordinators are required to attend a meeting in Columbus in January (specific date to be determined). Fiscal personnel are welcome to attend. The purpose of this meeting is to clarify and provide guidance on required objectives and activities with funded subgrantees early in the grant cycle. There will also be information provided on Grants Administration Policies and Procedures (GAPP) including reporting requirements, responding to grant special conditions, budget revisions, etc. Applicants should include any travel costs associated with this meeting (and the required subgrantee annual meeting) in their budget.

Eligible Counties for Unintentional Prescription Drug Poisoning Focus Area due to High Unintentional Drug Poisoning Death Rates

Criteria: County must have a death rate greater than 8.50 per 100,000 population and at least 40 deaths from 2000-2007.¹ Preference will be given to projects with a multi-county focus especially in southwestern and southern Ohio where death rates are particularly high.

Number of deaths by county, year and average annual death rate per 100,000 population by county, 2000-07¹

County	Number of Deaths									avg annual rate per 100,000 popltn.	Ratio of County to State Rate
	2000	2001	2002	2003	2004	2005	2006	2007	Total		
MONTGOMERY	56	69	107	55	127	116	125	130	785	17.90	2.39
SCIOTO	3	9	13	10	14	17	15	19	100	16.36	2.18
CLINTON	1	2	5	7	12	4	6	8	45	13.44	1.79
TRUMBULL	13	12	18	23	38	29	30	58	221	12.61	1.68
ROSS	7	5	5	6	7	14	11	19	74	12.44	1.66
JEFFERSON	4	4	6	10	9	12	12	9	66	11.64	1.55
CRAWFORD	0	2	1	2	4	10	9	12	40	10.98	1.47
CLARK	10	9	5	11	25	15	18	20	113	9.97	1.33
CLERMONT	2	5	7	14	25	22	31	36	142	9.50	1.27
ATHENS	1	6	4	4	3	7	9	13	47	9.39	1.25
GREENE	6	5	14	15	16	19	21	16	112	9.15	1.22
CUYAHOGA	89	111	106	87	114	115	168	134	924	8.59	1.15
SUMMIT	12	32	52	49	60	50	53	66	374	8.56	1.14
FRANKLIN	36	49	84	63	72	102	154	187	747	8.51	1.14
Ohio	411	555	702	658	904	1020	1261	1351	6862	7.49	

Multi-county applications only will be considered from the following counties due to their high death rates.

County	Number of Deaths									avg annual rate per 100,000 popltn.	Ratio of County: State Rate
	2000	2001	2002	2003	2004	2005	2006	2007	Total		
VINTON	1	1	0	0	2	4	3	4	15	14.20	1.90
JACKSON	1	2	0	2	4	4	14	7	34	12.84	1.71
HARDIN	0	0	3	3	4	2	10	6	28	10.96	1.46
ADAMS	1	1	1	3	1	6	6	5	24	10.68	1.43
BROWN	0	2	2	2	8	5	5	10	34	9.74	1.30
PIKE	2	1	2	5	0	3	2	6	21	9.36	1.25
FAYETTE	1	0	1	1	4	3	5	5	20	8.90	1.19
HOCKING	1	2	3	1	2	1	1	9	20	8.70	1.16
Ohio	411	555	702	658	904	1020	1261	1351	6862	7.49	

¹Source: Ohio Department of Health, Office of Vital Statistics

INJURY PREVENTION: EVIDENCE-BASED PROGRAMS AND BEST PRACTICES

“EVIDENCE-BASED”

Evidence-based programs are prevention methodologies (i.e., policies, programs) that have been developed and evaluated using science-based processes. Experts use commonly agreed upon criteria for rating interventions, reaching a consensus that evaluation research findings are credible and sustainable. Evidence-based is also referred to as *science-based*, *evidence-informed* and *research-based models*. These strategies are the agreed-upon standards of public health practice.

Due to the varied and diverse issues involved in “injury prevention”, the RFP does not outline specific interventions, but rather websites where information on evidence-based programs and best- and promising practices in injury prevention can be found. The resources are listed within the respective Program Focus Area sections.

Levels of Evidence-Based Public Health Strategies

1. **Best or Effective Practices** indicate that there is strong evidence that the intervention works. There are sustainable, replicable programs that have demonstrated positive impact on prevention, costs, and /or other stated outcomes.
2. **Promising Practices** indicate there is some evidence that the intervention is effective, but additional research is needed in multiple settings to determine their full impact or effectiveness.
3. **Innovative Practices** are cutting-edge efforts that are untested or locally developed in which there is currently insufficient evidence to determine their impact.
4. **Untested Practices**¹ have not been evaluated or documented.



¹If a particular strategy is not considered evidence-based, it does not mean that the strategy is ineffective, but rather that additional study is needed to determine whether or not the intervention is effective.

(OPTIONAL) Supplemental Funding Opportunity (OPTIONAL) Statewide Coalition Building for Injury Prevention

An additional \$50,000 is available for two (2) funded projects (\$25,000 per project) to coordinate and administer statewide activities as described below as an extension of the Ohio Injury Prevention Partnership (OIPP).

- **Coordinate a statewide Child Injury Policy Group** composed of key state and local stakeholders and decision-makers who have the ability to impact policies related to child health and safety *(only Focus Area 1. Unintentional Child/Youth Injury Prevention applicants)*
- **Coordinate a statewide Falls Prevention Coalition** focusing on the older adult population to include all key representatives from statewide agencies and organizations, e.g., the aging network. *(only Focus Area 2. Falls among Older Adults applicants)*

***Only applicants applying for either Focus Area 1. Unintentional Child/Youth Injury Prevention or 2. Falls among Older Adults are eligible for this additional supplement.** Applicants must be funded for Focus Areas 1. or 2. in order to be eligible for Supplemental Funding consideration.

Required activities: (See: Sample work plan for Statewide Coalition Building in Appendix I.)

- Attend an orientation meeting with ODH Injury Prevention Program (IPP) staff in addition to the required New Project meeting.
- Recruit appropriate members for falls among older adults/child injury prevention policy. A list of current OIPP members and other potential members will be provided by ODH.
 - Contact members by phone and in writing (mail/email) to invite them to a preliminary forum.
 - Prepare written materials/invitations to explain the purpose of the initiatives.
 - Create orientation packets for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, etc.
- Coordinate quarterly meetings in an agreeable (to members) or central location. Four meetings must be planned and conducted by December 31, 2010. Develop agenda, coordinate meeting logistics and copy meeting materials.
- Contract with a professional facilitator to facilitate meetings and development of a state action plan with recommendations related to falls among older adults or child/youth injury prevention policy. Up to \$10,000 will be approved for this purpose and should be included in contractor line.
- Compile meeting minutes and send to ODH within 30 days after the meetings.
- Communicate with members in between meetings as necessary. Respond to requests for information from members.
- Represent Falls among Older Adults Coalition or Child/Youth Injury Policy Group at statewide meetings.
- Maintain regular communication with ODH IPP staff.

- Create website content that can be added to the ODH IPP webpage that describes the Falls among Older Adults Coalition or Child/Youth Injury Prevention Policy Group. *See the Drug Poisoning website as an example.*
- Deliver statewide action plans and recommendations from the respective group to ODH IPP.
- Plan and coordinate one instate policy training activity that engages key partners and members in revising and/or implementing and evaluating the state plan. Training should include developing a business marketing plan to increase capacity for injury prevention. A subgroup of the respective groups should be formed to assist in planning the training, setting objectives, choosing speaker(s)/topic area(s), etc.
 - For **Child Injury Prevention Policy Group**, the training should include but not be limited to regional/statewide representatives of key governmental and non-governmental agencies; media outlets; HMOs/MCOs; hospital/trauma/medical centers; Safe Kids Coalitions; medical/professional organizations; and other stakeholders – potential list to be provided by ODH.
 - For **Falls among Older Adults**, the training should include but not be limited to regional/statewide representatives of key governmental and non-governmental agencies; media outlets; HMOs/MCOs; hospital/trauma/medical centers; aging network service providers; medical/professional organizations; and other stakeholders – potential list to be provided by ODH.

Application Instructions:

- Provide a separate methodology, work plan (draft completed in Appendix I) and budget narrative justification for this section and include in GMIS 2.0. Do not include these activities in the Executive Summary.
- **Methodology:**
 - In a separate file attachment, provide a brief (no more than two pages) narrative description of your proposed plans to coordinate the statewide coalition.
 - Describe applicant agency and staff experience in local coalition facilitation, meeting and event planning or other similar statewide initiatives.
 - Describe plans to contract with a professional facilitator for quarterly meeting facilitation and development of a state action plan related to (Prevention of Falls among Older Adults or Child/Youth Injury Prevention Policy). Discuss experience in working with other contractors. How will you ensure that deliverables are achieved? What method (e.g., sole source, competitive bid) will be used to select a contractor?
 - Describe plans to conduct an instate policy training that engages key partners in revising and/or implementing and evaluating the state child injury control and prevention policy plan to be developed in Quarters one to three.
 - Describe experience related to developing action plans.
 - Describe other plans and activities related to statewide coalition building for Falls among Older Adults Prevention or Child/Youth Injury Prevention Policy.
- **Methodology Work Plan** – Use the available work plan in *Appendix I* (final page). Revise as needed to outline specific activities and detail a timeline for the completion of activities.
- **Budget Narrative Justification** – Include a detailed budget narrative justification outlining proposed costs in each of the following categories.

Line Items

- **Personnel** – Include anticipated personnel costs related to these activities.
 - **Other Direct Costs** (Supplies, Travel, etc)– Include anticipated supplies, copying/printing, training costs, travel to meetings/training, etc.
 - **Equipment**
 - **Contractual** – Include costs associated with a professional facilitator to facilitate meetings and the development of the action plan and recommendations (up to \$10,000).
- **Attachments:** Create new files for this section. Label the file attachments in GMIS 2.0 as follows:
 1. *“Insert County_supplement_narrative”*
 2. *“Insert County_supplement_workplan”*
 3. *“Insert County_supplement_budget”*

Sources of Ohio-Specific Data

APPENDIX D

OHIO-SPECIFIC INJURY DATA

- **Ohio Department of Health Information Warehouse - State and county-level data**
<http://dwhouse.odh.ohio.gov/>
- **WISQARS** (Web-based Injury Statistics Query and Reporting System) - Customized reports of state and national injury-related data. <http://www.cdc.gov/ncipc/WISQARS/>
- **WONDER** (Wide-Ranging Online Data for Epidemiologic Research) <http://wonder.cdc.gov/mortSQL.html>
- State data on underlying cause of death – state and county-level
- **Alcohol Related Disease Impact Software** - Injuries attributable to alcohol - Ohio data available.
<http://apps.nccd.cdc.gov/ardi/Homepage.aspx>
- **Ohio Trauma Registry** - Ohio Department of Public Safety
http://www.ems.ohio.gov/datacenter/data_center_site.asp
- **Ohio Child Fatality Review Annual Reports** - Ohio Department of Health
<http://www.odh.ohio.gov/odhPrograms/cfhs/cfr/cfrrept.aspx>

OHIO INJURY COST DATA

- **Children's Safety Network** - Fatal injury cost data by state
http://www.childrensafetynetwork.org/publications_resources/EDARC.asp
- **West Virginia Injury Control Research Center** - Injury hospitalization incidence and costs by state
<http://www.hsc.wvu.edu/icrc/AHRQFORM.asp>

OCCUPATIONAL INJURY DEATHS IN OHIO

- **Census of Fatal Occupational Injury** - Ohio Data Reports <http://www.bls.gov/iif/oshstate.htm#OH>
- **Census of Fatal Occupational Injury** - Data Query. <http://www.bls.gov/iif/home.htm>

MOTOR VEHICLE TRAFFIC CRASH DATA

- **Ohio Traffic Crash Data** - Ohio Department of Public Safety - **local data available**
http://www.publicsafety.ohio.gov/crashes/crash_request.asp
- **FARS** (Fatal Analysis Reporting System) - NHTSA - Fatal vehicle crash data on public roadways - Ohio data available <http://www-fars.nhtsa.dot.gov/QueryTool/QuerySection/SelectYear.aspx>

OHIO CHILD MALTREATMENT REPORTS

- **SACWIS** (Statewide Automated Child Welfare Information System) - Ohio Department of Job and Family Services http://jfs.ohio.gov/sacwis/SACWIS_Reports.stm

OHIO CRIME DATA

- **OIBRS** (Ohio Incident Based Reporting System) - Ohio Department of Public Safety - Ohio and county-level data <http://www.crimestats.ohio.gov/>

BEHAVIOR RISK FACTOR DATA

- **OYRBS** (Ohio Youth Risk Behavior Survey) - Ohio Department of Health – 2007 data available
http://www.odh.ohio.gov/odhPrograms/chss/ad_hlth/YouthRsk/youthrsk1.aspx
- **BRFSS** (Behavioral Risk Factor Surveillance Survey) - CDC <http://www.cdc.gov/brfss/index.htm>

Required attachment should be named “Insert county_ES_2010” and attached in GMIS 2.0

Instructions for Executive Summary and Program Narrative Templates

Once your NOIAF is received and processed, you will be emailed a Word version of this document. If you do not receive a Word version within two weeks of submission of your NOIAF, contact Gwen Stacy at gwen.stacy@odh.ohio.gov.

- Complete this form for the required Program Narrative section.
- Copy and paste Appendix E. and F. into two new documents and save as follows:
 1. Appendix E. Executive Summary should be saved as “ *Insert county_ES_2010*”
 2. Appendix F. Program Narrative should be saved as “ *Insert county_Narrative_2010*”
- Include your responses beneath each of the questions/statements in the order specified in this document. Respond to each bullet point individually as requested. The Review Scoring Sheet will follow this format exactly so the more closely you follow these instructions, the easier it will be for the reviewers.
- Attach completed Appendix E. and F. in GMIS 2.0 per system instructions.

Executive Summary Template

Program Focus Area Unintentional Child/Youth Injury Falls Among Older Adults Unintentional Prescription Drug Poisoning

1. **Executive Summary** (Note: This Summary should be limited to one page. It will be used for legislative and public inquiries about local programs):
 - Describe the injury problems that the program will address.
 - Include brief descriptions of local injury rates and related injury risk factors.
 - Provide justification for why these injury problems were chosen. What planning factors lead to the decision to propose this project?
 - List program goal(s) and objectives.

- Briefly describe:
 - Who the project will be serving, including demographics.
 - Location of project activities (e.g., schools, community, worksite, healthcare).
 - Role of your partners/coalition.

- Describe how the project will be evaluated.

- State the total funds that are being requested and how they will be primarily used.

Required attachment should be named “Insert county_Narrative_2010” and attached in GMIS 2.0

Program Narrative Template See Appendix E. for instructions,

Select Program Focus Area: Unintentional Child/Youth Injury Falls Among Older Adults Unintentional Prescription Drug Poisoning

2. Description of Applicant Agency and Documentations of Eligibility/Personnel:

Eligibility

- Briefly discuss the applicant agency’s eligibility to apply. Summarize the agency’s structure as it relates to this program and, as the lead agency, how it will manage the program.

Experience in and Capacity to Address Injury Prevention

- Briefly summarize any existing injury prevention efforts managed by your agency related to the focus area chosen.
- Provide information on other sources of grant and local funding your agency has for existing injury prevention activities. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.
- Describe other experience by your agency in managing and conducting injury prevention programs. If none, briefly describe experience in managing and conducting another population-based public health program.

Personnel

- **Funded projects must employ one full time staff (no fewer than 2,000 hours per year) assigned as the Injury Prevention Coordinator whose sole duties are to administer the Injury Prevention Program and related grant activities.** Provide documentation that demonstrates compliance with this requirement on the **Key Personnel Form - Appendix G.**
- List all personnel who will be directly involved in program activities and working on the grant on **Appendix G.** Include the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program. Attach position description and resumes in attachment section of GMIS 2.0 for all relevant program staff. Provide position descriptions for any new positions to be created.
- How many program staff within your agency work on injury prevention-related efforts? _____

Hiring and Training

- Describe plans for hiring and staff training as necessary to implement the project. Describe on-going training activities as appropriate. Include details about the type of training routinely provided to new staff. Include a statement here to ensure that all involved program staff will have experience or receive training in concepts of population-based injury prevention and control.
- Applicants should demonstrate that staff have experience or will be trained in the **Core Competency Areas for Violence and Injury Prevention Professionals** (See Appendix O) as defined by the STIPDA/SAVIR National Training Initiative at <http://www.stipda.org/displaycommon.cfm?an=1&subarticlenbr=41>. Describe staff experience with the competency areas and include a training plan below that is consistent with these competency areas. Resources for training are provided at: <http://www.injuryed.org/training.htm>. Budget may include costs associated with staff training related to the core competency areas.
- Is (or will) your agency/staff (become) a member(s) of STIPDA? <http://www.stipda.org> Yes ____ No ____

Contracts

- If any objectives of the grant are to be implemented through a contract, include background information about the contracting agency or individuals, if known. Include all work to be conducted through contracts in the methodology.

Capacity to Address Disparities

- 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.

3. Problem/Need:

Use this section to identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g. morbidity and/or mortality) or health system (e.g. accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Description of the Injury Problem

- Describe the injury problems that the program will address. Include descriptions of local injury rates and related injury risk factors.
- Provide support as to why this is a problem in your community at this time (include local data, not just national and state data). Describe any primary (self-collected) and secondary (existing) data that describes the problem and justifies the need for your program.

Disparities

- Explicitly describe segments of the target population who experience a disproportionate burden of the local injury rates (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies).

Planning Process

- Indicate if a needs assessment has been completed within the past two years. Provide a brief summary of the needs assessment process. Describe how this process was used in determining the injury problem(s) chosen.

Existing Programs and Gaps in Programming

- Include a description of other agencies/organizations also addressing this problem/need.
- Describe potential gaps in injury prevention programs and services in the community. How will the proposed project fill these gaps?

Barriers

- Describe any barriers/anticipated barriers in implementing injury prevention activities and strategies for overcoming these issues.

4. Methodology Narrative

Include a narrative description of your project methodology including your overall goal in this section as instructed. **Refer to Appendices C and J to complete this section.** Include your responses beneath each of the questions/statements in the order specified in this document. Respond to each bullet point individually as requested. The Review Scoring Sheet will follow this format so the more closely you follow these instructions, the easier it will be for the reviewers. In addition to the Methodology Narrative, applicants must also provide a work plan by completing **Appendix I. Methodology Work Plan.**

Applicants applying for the unintentional prescription drug poisoning focus area must include required objectives as listed in Appendix C.

Overall Project Description

- What is your overall project goal?
- Describe how program activities will address injury disparities in your community. Disparities may be based on race/ethnicity, sex, socio-economic status, geography, sexual orientation, age etc.
- Provide rationale for why the particular strategies and activities to be used are appropriate to the community.
- Describe the setting(s) or location(s) for your proposed activities; i.e., community, school-based, worksite, healthcare.
- Describe the evaluation measures that will be used to determine the overall success of the program. Describe impact measures as well as process/activity-level measures.
- **For Falls and Child/Youth Applicants only:** The objectives and activities in your work plan should be evidence-based. Include a description of the evidence-based strategies you have selected and rationale for why these were chosen. Include a reference that validates the effectiveness of the strategies. Refer to **Appendix C. Program Focus Areas** for further instruction and sources of evidence-based injury prevention strategies.

1. **Coalition Building and Partnerships** - Coalition-building is an effective population-based public health intervention to build local capacity for a given health issue. Each injury prevention project will be required to develop an injury prevention coalition or expand an existing one through this grant in order to implement their other objectives.
 - Describe your injury prevention coalition/partnerships. *OR* Describe your plans to develop a coalition or work with an existing one.
 - Attach a list of coalition members or proposed coalition members (representing agencies is acceptable). You may list the members below or attach a separate file in GMIS labeled “*County_coalition_2010*”.
 - Describe the relationship between the program staff and community partners who will be working on the project.
 - Describe any concerns or challenges you have faced in developing partnerships or a coalition. How have you addressed these challenges?
 - **For Child/Youth Injury applicants only:** Describe collaborations or planned collaborations with other ODH-funded projects as appropriate including Obesity Prevention/Healthy Communities/Community Heart Health, County Child Fatality Review Program, Healthy Homes projects, Help Me Grow, Tobacco Prevention (e.g., second hand smoke in homes/cars), etc. Provide specific description of any chronic disease prevention grants that are focused on the “built environment” and how you propose to work with them to ensure that new environments are built to be safe, include safety policies as necessary and have provisions for training individuals about child injury prevention as needed.

2. **Surveillance and Needs Assessment, including improving data collection efforts by others** – Projects should be data-driven and seek to improve the collection of injury data (e.g., external cause of injury coding – e-coding) and injury risk factor information.
 - Describe results of any baseline needs assessment used to plan the proposed strategies (e.g., behavior observations, pretest evaluations, attitude surveys, etc.). Describe any proposed needs assessment activities for year one of the project. How will these data be used to evaluate your activities at the end of the project period?
 - Describe any planned primary (data collection) or secondary (e.g., analysis, linkage, etc.) surveillance activities and use of injury data (e.g., reports) in your proposed project. If data will be collected from external agencies, has permission been obtained? Describe how data will be obtained and used to support other project initiatives.

- Describe any planned activities related to improving the quality and/or use of local fatal and non-fatal injury data.

Examples:

- *Improve external cause of injury coding (E-coding) in hospital discharge data (HDD) by:*
 - *Inviting hospital coders to coalition meetings and providing them with information on how HDD can be used for injury prevention efforts. Develop and provide E-coding “cheat sheets” offering a quick reference guide for commonly-occurring injuries (e.g., falls). This strategy could involve both increasing the percentage of data that is e-coded as well as improving the specificity of codes (i.e., decreasing use of “other/unspecified” codes).*
 - *Educating ER nurses and physicians via letters, factsheets, etc. about the importance of documenting the circumstances of injuries in the medical record so that it can be E-coded.*
- *Provide EMS providers with summaries of run data to demonstrate how it can be used for injury prevention planning purposes.*
- *Obtain commitment from child care centers and schools to use available injury reporting tools and resources to record injury data. Offer to collate and provide a general analysis of their de-identified data for them in exchange for using it for community planning efforts.*
- *Work with county coroner to improve the completion of injury-related information reported on the death certificate.*

3. Policy Enactment (Adoption) and Enforcement

- Describe plans to adopt new injury prevention policies (e.g., school or workplace), ordinances or laws. Describe which coalition members/partners will be engaged in this effort, what settings will be affected and how the efforts will be evaluated.
- What methods will be used to engage key stakeholders and decision-makers in order to ensure project success? Who are the anticipated opponents to the changes? How will you engage them in order to understand their perspectives and provide information/education?
- Describe strategies to promote enforcement and education of any new policies or laws to increase their effectiveness.
- Describe examples of any previous successes in this area for your community or agency.
- How will you evaluate the effectiveness of these efforts?

4. Environment, Engineering and Systems Change

- Describe proposed environmental and systems change interventions and how they will lead to achievement of outcomes and goals. Describe which coalition members will be engaged in this effort, how disparities will be addressed, what settings (community, school, worksite, healthcare) will be affected and how the efforts will be evaluated.
- What systems will be developed, enhanced, improved, changed, etc. to reduce injury risk factors.
- For Falls and Child/Youth Projects, offer evidence that the proposed strategies are effective.
- How will you evaluate the effectiveness of these efforts?

5. Training and Education *(See Appendix C for Focus Area-specific Requirements)*

- Describe proposed training and education strategies. Describe which coalition members will be engaged in this effort, how disparities will be addressed, what settings will be affected and how the efforts will be evaluated.
- Describe the intermediary populations (influential and credible persons, leaders, decision-makers, professionals) that will be targeted to achieve goals. For example, if you wish to increase bicycle helmet use among children, describe the population (e.g., physicians, teachers, EMS providers, child care center staff, etc.) you will train/educate to do this.
- What health behavior strategies/theories (e.g., improving self-efficacy of older adults to be physically active) are proposed to change knowledge, attitudes and/or behavior? What evidence exists that your strategy will be effective?
- How will you evaluate the effectiveness of these efforts?
- ***For Child/Youth and Falls only:*** Describe your proposed efforts to implement the AAP's TIPP program among local pediatricians. See Appendix C for details.

6. Media Advocacy, Campaigns, Information and Support, including Social Marketing Campaigns

- Describe available “media” outlets in your community and how you plan to use them to accomplish proposed activities, e.g., traditional media (newspapers, radio, TV); social media (websites); and other (movie theater previews, buses, yard signs, community events, sporting events, etc).
- Describe planned media strategies/campaigns including the proposed audience. Describe which coalition members will be engaged for in effort, how disparities will be addressed, what settings will be affected and how the efforts will be evaluated.
- How will messages be tailored for your proposed audience? (*Consider use of the Center for Health Promotion’s commercial/market research data for assistance in this area. Please see page 5 of this RFP for additional information. For more information on using the data, email the Center for Health Promotion at healthy@odh.ohio.gov .*)
- How will the media be used to elevate “injury” as a significant public health threat among your target population?

Sustainability Plan:

Sustainability means ensuring that an effort or change is lasting. It does *not* necessarily require securing additional funding for a program that would otherwise end, although leveraging funding can be an effective sustainability strategy. Sustainability can be achieved by changing individual, organizational or institutional policies, practices, norms, attitudes, etc. Include a statement here indicating how you will sustain injury prevention activities in your county if funding is no longer available through ODH.

*Required attachment should be named “Insert county_Personnel_2010”
and attached in GMIS 2.0 Narrative Section*

KEY PERSONNEL FORM

Funded projects must employ one full time staff (no fewer than 2,000 hours per year) assigned as the Injury Prevention Coordinator whose sole duties are to administer the Injury Prevention Program and related grant activities. Other sources of funding may be used to meet this requirement; however, this position must spend 100 percent of time on injury prevention grant-related activities. Projects may *not* use two or more part-time employees in different job positions to equal one FTE in meeting this requirement.

Complete this section to demonstrate compliance with this program requirement and to list other program staff. Attach resumes and position descriptions in GMIS 2.0 as needed. Position descriptions should be included for all new positions.

A. PERSONNEL/POSITION, PERCENT OF TIME DEVOTED TO AND PAID BY GRANT, FUNCTION AND QUALIFICATIONS

Personnel/Position	% of Time Devoted to Grant	% of Time Paid by Grant	Function of Position	Qualifications or Desired Qualifications of Project Personnel.*

*These should relate to the Core Competencies for Violence and Injury Prevention Professionals (See Appendix O).

Methodology Work Plan Instructions

Use these instructions to complete the enclosed Methodology Work Plan (Appendix I).

1. Program Impact Objectives:

Impact Objectives must be written in SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed) format and emphasize population-based interventions. See Appendix J for information on population-based interventions.

Impact objectives:

- Can specify health outcomes, behavioral outcomes, or environmental outcomes.
- Should describe the desired program outcome on the intermediate and/or ultimate target populations.
- Specify the immediate effect the program has on the targeted behaviors or on the influential environmental conditions. They focus on improvement of knowledge, attitudes, skills, and behaviors as well as organizational and environmental changes which promote safe and healthy behavior. They are more global and long range than process objectives.

Components of **SMART** Objectives

By When?	Time frame in which the change is expected to occur.
What?	Action or changes in behavior, health practice, or system to be achieved.
Who?	Group of people or systems expected to change.
Where?	Location of the activity.
How Much?	Extent of the change to be achieved.

- A generic format for an Impact Objective is:
By (date), (system) will (specify how system will change) in (where) as measured or evaluated by (how you will determine that the desired change has occurred).
- Measurable objectives use action verbs such as ‘establish,’ ‘enact,’ ‘train,’ ‘adopt,’ ‘commit,’ ‘increase,’ ‘reduce,’ ‘institute,’ or ‘organize.’

Complete the methodology work plan (Appendix I) for each program Population-based Objective and provide at least one Impact Objective for each of the following:

1. Coalition Building
2. Surveillance and Needs Assessment
3. Policy Enactment (Adoption) and Enforcement
4. Environment, Engineering and Systems Change
5. Training and Education
6. Media Advocacy, Campaigns, Information and Support

You will have the entire four-year period to achieve all of these objectives; however all must be included in your initial application.

Unintentional Prescription Drug Poisoning Focus Area

Applicants applying for the unintentional prescription drug poisoning focus area must include required objectives in the population-based areas. See **Appendix C** for instructions on completing the methodology workplan. See **Appendix J** for definitions of the population-based areas and other injury prevention examples.

Child/Youth Injury and Falls among Older Adults Focus Areas

For projects applying for child injury and falls, see **Appendix C** for instructions and **Appendix J** for examples of population-based objectives in each of the areas.

2. Impact Objective Evaluation Indicator

Provide a description of evaluation measures to indicate achievement of impact objectives.

3. Safety/Injury Disparities

Describe how each activity will address the safety/injury disparities in the applicant community.

4. Activities

Provide activities describing how the **Population-based Impact Objective** will be achieved. You must provide at least one activity to meet each program **population-based impact objective**.

5. Timeline

Assign a timeline for each activity; state the time period (in dates) when the activity will take place.

6. Person and Agency Responsible

Identify the person and agency responsible for completing the activities.

7. Target Population

List the populations - intermediate (influential and credible persons, leaders, decision-makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals.

8. Evaluation for Success

Describe how the activities will be evaluated for success. Describe the method for ensuring that each activity has been completed, e.g. survey data, number of providers trained, focus group results, etc. The method should be well thought out and specific evaluation tools completed before the project begins.

Complete the workplans (Appendix I) for each area, save all objectives in one file and name “insert county name_Workplan_2010”. Attach in GMIS 2.0.

SAMPLE Methodology Work Plan - *Child/Youth*

Agency Name: John Doe Hospital

GMIS# 00000014IP210

Population-based Objective #5: Policy Enactment and Enforcement

Program Focus Area(s): Unintentional Child/Youth Injury Falls Among Older Adults Unintentional Prescription Drug Poisoning

<p>Program Impact Objective: By December 31, 2010, the “Agency” will work with the “ABC” Coalition and city councilmen to enact a local bicycle helmet ordinance requiring children younger than 18 years to wear a helmet when riding a bicycle, skateboard, scooter on public streets, bicycle trails and in parks. Related objectives will be involved in media and training/education areas.</p>
<p>Impact Evaluation Indicator: Ordinance will be enacted. Pre/post helmet observations will be conducted in strategic locations near a widely-used bicycle trail and in neighborhoods where many children ride bicycles to determine effect of ordinance and educational efforts.</p>
<p>Disparities: How will this objective address injury disparities? Write N/A if not applicable. Policy will apply to all children although follow-up efforts will focus on low income communities to raise awareness, disseminate free helmets, and change behavior (per Environmental objective).</p>

Instructions: Please complete all components: related activities, timeline (report in dates only), person and agency responsible, health disparities and evaluation for success for each program impact objective(s).

Activities to accomplish the Impact Objective(s). Include focus and setting for activities as well.	Timeline	Person and Agency Responsible	Target Population for Efforts (specify intermediate or ultimate)	How the activity will be evaluated for success
Will research local helmet ordinances enacted in other communities and create draft language based on coalition input and consensus.	1/1/10 to 3/31/10	Jane Doe, Project Coordinator	Intermediate - City council members, coalition members	Sample ordinance will be created and vetted by coalition members.
Will create report of pre-observations of observed bicycle helmet use rates in local neighborhoods, parks and on bicycle trails.	3/31/10 to 6/30/10	ABC Coalition Members	Ultimate - Children who ride bicycles and engage in other wheeled sports.	Pre-ordinance observation data will be compiled and will be available for comparison with post.
Will meet with potential opponents of policy to present data on effectiveness of helmets, injury data, etc.	07/01/10 to 07/30/10	Jane Doe, Project Coordinator and ABC Coalition Members	Both - Anticipated opponent groups of ordinance (e.g., parents, bikers, skateboarder groups, law enforcement etc.)	Meeting minutes will be drafted. Participants will be canvassed pre/post meeting to determine their attitudes and support.
Will meet with city councilmen and other stakeholders, present pre-observation data, information on other local ordinances in Ohio and information on bicycle/wheeled-sports-related head injury among children and effectiveness of helmets.	08/01/10 to 08/31/10	Jane Doe, Project Coordinator	Intermediate - City council members, coalition members and other stakeholders (e.g., businesses that sell helmets, city park staff, law enforcement)	Meeting minutes will be available. Council members will be canvassed pre/post meeting to determine their support for ordinance.

Required attachment should be named "Insert county_Workplan_2010" and attached in GMIS 2.0
Methodology Work Plan

Agency Name: _____

GMIS# _____

Population-based Objectives #1: Coalition Building

Program Focus Area: Unintentional Child/Youth Injury Falls Among Older Adults Unintentional Prescription Drug Poisoning

Program Impact Objective: Write "SMART" impact objective(s) for your plan that address the priority focus area and target population for **Objective #2: Coalition Building.**

For Unintentional Prescription Drug Poisoning Projects: Follow instructions in Appendix C and cut and paste required objective.

For Falls and Child/Youth Injury Projects: Choose either Option A or Option B below:

A. By (M/D/Y), "Agency" will increase awareness of "IP topic area" by maintaining a collaboration with existing "name coalition/group", and will increase representation of the Coalition to include four additional key stakeholders as evidenced by mailing lists and meeting minutes.

OR

B. By (M/D/Y), "Agency" will establish a "insert community" injury prevention coalition or partnership of a least ten key local stakeholder agencies to support our needs assessment and build support for the identified injury priority areas.

Impact Evaluation Indicator(s):

Disparities: How will this objective address injury disparities? Write N/A if not applicable.

Instructions: Please complete all components: related activity, timeline (report in dates only), person and agency responsible, health disparities and evaluation for success for each program impact objective(s).

Activities to accomplish the Impact Objective(s)	Timeline	Person and Agency Responsible	Target Population (specify intermediate or ultimate)	How the activity will be evaluated for success

Population-based Objective #2: Injury Surveillance and Community Needs Assessment

Program Impact Objective: Write a “SMART” impact objective(s) in the space below for your plan that addresses the priority focus area and target population for #1: **Injury Surveillance and Community Needs Assessment**. Use a separate work plan for each impact objective. *See Appendix J for examples. For Unintentional Prescription Drug Poisoning Projects, follow instructions in Appendix C and use required objective.*

Impact Evaluation Indicator(s):

Disparities: How will this objective address injury disparities? Write N/A if not applicable.

Instructions: Please complete all components: related activities, timeline (report in dates only), person and agency responsible, health disparities and evaluation for success for each program impact objective(s).

Activities to accomplish the Impact Objective(s)	Timeline	Person and Agency Responsible	Target Population (specify intermediate or ultimate)	How the activity will be evaluated for success

Population-based Objective #3: Policy Enactment (Adoption) and Enforcement

Program Impact Objective: Write “SMART” impact objective(s) for your plan that address the priority focus area and target population for **#3: Policy Enactment (Adoption) and Enforcement**. *See Appendix J for examples. For Unintentional Prescription Drug Poisoning Projects, follow instructions in Appendix C and use required objective.*

Impact Evaluation Indicator(s):

Disparities: How will this objective address injury disparities? Write N/A if not applicable.

Instructions: Please complete all components: related activities, timeline (report in dates only), person and agency responsible, health disparities and evaluation for success for each program impact objective(s).

Activities to accomplish the Impact Objective(s)	Timeline	Person and Agency Responsible	Target Population (specify intermediate or ultimate)	How the activity will be evaluated for success

Population-based Objective #4: Environmental, Engineering and System Change

Program Impact Objective: Write “SMART” impact objective(s) for your plan that address the priority focus area and target population for #4: Environmental, Engineering and Systems Change. See Appendix J for examples. For Unintentional Prescription Drug Poisoning Projects, follow instructions in Appendix C and use required objectives.

Impact Evaluation Indicator(s):

Disparities: How will this objective address injury disparities? Write N/A if not applicable.

Instructions: Please complete all components: related activities, timeline (report in dates only), person and agency responsible, health disparities and evaluation for success for each program impact objective(s).

Activities to accomplish the Impact Objective(s)	Timeline	Person and Agency Responsible	Target Population (specify intermediate or ultimate)	How the activity will be evaluated for success

Population-based Objectives #5: Training and Education

Program Impact Objective: Write “SMART” impact objective(s) for your plan that address the priority focus area and target population for **#5: Training and Education**. See Appendix J for examples. For Unintentional Prescription Drug Poisoning Project, follow instructions in Appendix C.

Impact Evaluation Indicator(s):

Disparities: How will this objective address injury disparities? Write N/A if not applicable.

Instructions: Please complete all components: related activities, timeline (report in dates only), person and agency responsible, health disparities and evaluation for success for each program impact objective(s).

Activities to accomplish the Impact Objective(s)	Timeline	Person and Agency Responsible	Target Population specify intermediate or ultimate)	How the activity will be evaluated for success

Population-based Objectives #6: Media Advocacy, Campaigns, Information, and Support

Program Impact Objective: Write “SMART” impact objective(s) in the space below for your plan that address the priority focus area and target population for #6: **Media Advocacy, Campaigns, Information, and Support**. *See Appendix J for examples. For Unintentional Prescription Drug Poisoning Projects, follow instructions in Appendix C and use required objective.*

Impact Evaluation Indicator(s):

Disparities: How will this objective address injury disparities? Write N/A if not applicable.

Instructions: Please complete all components: related activities, timeline (report in dates only), person and agency responsible, health disparities and evaluation for success for each program impact objective(s).

Activities to accomplish the Impact Objective(s)	Timeline	Person and Agency Responsible	Target Population (specify intermediate or ultimate)	How the activity will be evaluated for success

Methodology Work Plan for Optional Supplemental State Coalition Building Activities

Population-based Objectives and Activities for Optional Statewide Coalition Building

Program Focus Area(s): Unintentional Child/Youth Injury Falls Among Older Adults

Program Impact Objective: Write “SMART” impact objective(s) for your plan that address the priority focus area and target population. By September 30, 2010, “agency” will create a statewide “Falls Coalition or Child Injury Policy Group (select one)” of at least 30 key stakeholders as an extension of the OIPP and coordinate quarterly meetings beginning in February 2010.

Impact Evaluation Indicator: A statewide group comprised of representatives from all relevant statewide and local groups, including decision-makers, will be created as an extension of the OIPP. At least 30 members will actively participate in quarterly coalition meetings.

Disparities: How will this objective address injury disparities? Write N/A if not applicable.

Representation will be sought from organizations that address disparities. We will strive to recruit a diverse membership as well. Action planning and recommendations will include considerations for injury disparities and achieving “safety equity”.

Activities to accomplish the Impact Objective(s)	2010 Timeline	Person and Agency Responsible	How the activity will be evaluated for success
1. Contact current and potential members by phone and in writing from list provided by ODH to recruit members. Identify and contact other potential members.	January 1 – March 30		Calls and written communication will be logged.
2. Develop communication method (e.g., email list) to provide regular communication to members.	January 1 – March 30		List will be developed.
3. Develop orientation materials for new members to include group purpose, mission/goals, activities, membership, OIPP member application, etc. and disseminate as needed.	January 1 – June 30		Packet will be developed.
4. Contract with a professional meeting facilitator to facilitate quarterly meetings and assist in development of an action plan with state-level recommendations.	February 1 – March 1		Contract will be initiated.
5. Coordinate Meeting #1 – Plan agenda, coordinate meeting logistics, communicate details to members, develop an RSVP list, take meeting minutes, conduct meeting evaluation.	March 1 – March 30		Meeting minutes including list of attendees provided. Meeting evaluation to be completed and results compiled.
6. Create a member list and provide to ODH and other members.	April 1 – April 30		Member list provided.
7. Coordinate Meeting #2 as above for Meeting #1.	April 1 – June 30		As for Meeting #1.

8. Create website content for ODH website to describe the group purpose, mission, goals, objectives, membership.	January 1 – June 30		Website content will be provided to ODH in a Word document with instructions.
9. Provide recommendations to ODH re: need for group continuation.	By July 1		Recommendations provided
10. Coordinate Meeting #3 as above for Meeting #1.	July 1 – September 30		As for Meeting #1.
11. Coordinate Meeting #4 as above for Meeting #1. Present final action plan with recommendations to the group.	October 1 – December 31		As for Meeting #1.
12. Provide action plan and recommendations to ODH, including a business action plan with funding recommendations.	By August		Action plan provided.
13. Conduct one instate policy training activity that engages members and other key stakeholders in revising, and/or implementing and evaluating the state plan. Subgroup of members will assist in planning training.	By September 30		Implementation targets will be developed. Measures will be developed to guide success of plan.

Additional training and guidance will be provided to grantees who are awarded this Supplemental Funding. Year one will be devoted to planning activities. Pending the availability of additional funding, years two and three can focus on implementation of the plan.

Examples of Injury Prevention Objectives for Population-based Programs

Population-based interventions refer to planned and systematic activities which primarily target an intermediate population such as influential persons, leaders, decision-makers and persons who serve the ultimate population to facilitate long lasting policies, environmental changes, services, training activities and information. These programs result in the improved health status of the ultimate population or selected population at risk for particular diseases and/or conditions.

The specific goal of this grant program is to reduce injury and injury related deaths to Ohioans through the development of comprehensive multi-faceted population-based programs at the local level that address the risks associated with unintentional injuries. It is expected that as a result there will be:

- An increase in the capacity of local communities to deal with the risks associated with unintentional injuries
- Development of collaborative programs that involve local partnerships between health and others such as EMS, police, schools, businesses, day cares, senior centers etc.

Multi-faceted population-based interventions involve a comprehensive approach and should include:

- Injury surveillance and/or community assessments
- Enactment and enforcement of regulations and policies aimed at reducing risks
- Engineering of solutions that decrease or eliminate the risks associated with injury
- Design and implementation of environmental systems that will reduce or eliminate risks
- Training to provide services that will extend beyond the project period
- Education relative to the risks associated with injury
- Evaluation of the effectiveness of measures instituted

Examples of population-based interventions include:

- A. Injury Surveillance and Community Needs Assessment** – an activity which detects and monitors local and statewide conditions or incidents contributing to morbidity and mortality. For example, collecting and disseminating injury data from EMS, hospitals, or school systems or collecting data on pedestrian hazards in specific locations.

Essential Elements:

1. Predetermine a plan for using data collected (e.g. sharing with appropriate groups, policy development, creating interventions, etc.)
2. Use standard case definitions and variables.
3. Use reliability and validity testing to confirm adequacy of data collection instrument.
4. Use appropriate sample size for data collection.
5. Establish a system of Quality Assurance.
6. Establish a protocol for assuring confidentiality of data.
7. Adhere to a data collection time table.
8. Disseminate results.

Unintentional Injury Prevention Examples:

- By December 2010, “agency” will establish an electronic injury surveillance system for fall-related injuries among older adults (ages 65+) occurring in Madison township.
- By December 2010, “agency” will publish a report of data collected and analyzed through the new injury surveillance system and present the results to school administrators.
- By July 2010, “agency” will produce a summary report based on data collected by the PTA to identify high risk pedestrian locations on children’s routes to school at six local elementary schools in Safesteps, Ohio.
- By December 2010, “agency” will establish an injury surveillance system to capture agricultural-related injuries occurring to youth ages 0 to 18 years in Farmington County.
- By December 2010, “agency” will improve the percentage of injuries e-coded in Safe-T County from 50% to 80% by:
 - Creating factsheets for hospital coders to show the percentage of injuries in respective hospitals that are e-coded, uses of e-coded injury data for planning prevention efforts and resources for improved e-coding.
 - Conducting a brief needs assessment of coders on what tools would assist them in improving injury coding such as creating an e-coding cheat sheet for coders that includes commonly occurring injuries and the desired e-codes.
 - Inviting coders to participate on coalition and provide a presentation to coalition members on data coding.
 - Drafting and mailing a brief letter to ER physicians and nurses describing the importance of carefully documenting the circumstances of injuries in the medical record and including case examples of the desired level of detail (e.g., circumstances, location, how the injury occurred, etc.). The letter will include an invitation to participate on the IP coalition too.

B. **Policy Enactment (Adoption) and Enforcement** – an activity which relates to steps taken or facilitated by program staff to bring about development or change of policy. For example, the implementation of a school anti-violence policy or a local bicycle helmet ordinance.

Essential Components:

1. Document need for policy adoption activities through quantitative or qualitative data.
2. Policy to be adopted should reflect best practices in related fields.
3. Identify support and involvement of stake holders within agreed upon timeline.
4. Identify/adhere to existing legal/organizational protocols for instituting policies.
5. Qualitative data indicates proposed policies are acceptable to priority segment of the population.
6. Use promotional activities to inform the community and stakeholders once new policies are adopted and implanted.
7. Identify and review enforcement measures to assure adopted policies are maintained.
8. Evaluate impact of policies adopted.

Unintentional Injury Prevention Examples

- By December 2010, “agency” will enact a local bicycle helmet ordinance in Safestreets OH to require children younger than 18 years to wear a helmet when riding a bicycle, skateboard, scooter on public streets, in parks, etc. ...
- By December 2010, “agency” will implement the “You’ve been caught” bicycle helmet positive incentive project countywide by providing training and coupons to representatives at all local police departments in Sunshine County and tracking the coupons returned.
- By June 2010, “agency” will promote enforcement of the new helmet ordinance by meeting with the chief or a lead representative of all law enforcement agencies.
- By December 2010, “agency” will determine the effectiveness of the new local helmet ordinance by evaluating pre/post helmet observation studies.

- C. **Environmental, Engineering and Systems Change** – an activity which relates to steps taken or facilitated by program staff to bring about changes in the county environment or community or organizational systems. For example, identification and intervention related to high risk areas or activities.

Essential Elements:

1. Document need for environmental and systems change
2. Use a predictor or feasibility study or data, which indicates what it will take to involve the target population or stakeholders.
3. Use local partners/collaborators to establish consensus regarding an effective environmental change.
4. Document adequate financial and stakeholder support (including coalition involvement).
5. If support is not available, activities should include raising awareness, enhanced research of the proposed system change, and/or social marketing intervention.
6. Plan to inform and promote the environmental change among the target population.
7. Show evidence of segments already responding to the proposed environmental change (early adopters)
8. Plan for ongoing maintenance of environmental systems change (institutionalization).

Injury Prevention Examples:

- By December 2010, “agency” will establish and train a “Friendly Neighbor Network” among 6 community churches to provide phone calls and basic assistance to elderly community members in West Fairskies, OH.
- By October 2010, the Merrystown Neighborhood Association will have plans and resources to reconstruct the Safestreet Park playground with new equipment and surfacing as determined by status reports and meeting updates.

- By December 2010, “agency” will reduce improper car seat use from 85% to 75% in Safetystar County, as measured by misuse forms completed by trained technicians, by establishing and promoting 5 countywide fitting stations.
- By December 2010, Sunshine County HD will increase bicycle helmet usage by 10% among youth in Anytown, OH as measured through pre/post helmet observation surveys to be conducted in June 2010 by implementing a community-wide helmet distribution program.
- By December 2010, “agency” will increase seat belt use on tractors from X to X based on pre-post survey of 4H youth ages 10-17 enrolled in the Be Farm Safe course.
- By December 2010, the Pro-Bike Ohio coalition will develop plans and petition the Parks Department to create a new walking/bicycling path.

D. **Training** – an activity which relates to steps taken or facilitated by program staff to train individuals to provide services that will extend beyond the project period. For example, facilitate training of appropriately qualified volunteers or resources and training to professionals such as teachers or other community leaders.

Essential Components:

1. Include comprehensive training methodology and a plan that includes goals, learning objectives, behavioral objectives and evaluation component.
2. Use train-the-trainer activities that include best practices, including cultural competency.
3. Plan training activities in cooperation with the priority population.
4. Employ trainees whose background and job responsibilities are appropriate.
5. Understand that training is part of an overall strategy to institutionalize a program.
6. Offer refresher/advanced/support training opportunities as appropriate.

Injury Prevention Examples

- By October 2010, “agency” will train representatives from ten local EMS agencies to conduct home safety checks for elder community members as documented by training evaluations and participant’s signed intent to perform at least two safety checks.
- By July 2010, Sunshine County HD will institute an elderly fall prevention train-the-trainer program among home health care providers by conducting four on-site trainings for home health care agencies.
- By October 2010, 15 school representatives will be trained to conduct basic playground safety checks at elementary schools in Faraway County as documented by evaluation forms and their signed intent to perform monthly safety checks of their school’s playground.
- By December 2010, “agency” will institute the Be Farm Safe train-the-trainer course at 12 Mason County 4-H clubs as measured by follow-up surveys.
- By December 2010, “agency” will provide training and resources to all pediatricians in Acortown on the TIPP program so they can counsel parents and children about adopting behaviors to prevent injuries.

- E. **Media Advocacy** – the use of mass media to support community organizing to advance a social or public policy initiative/change through the use of editorials, interviews, media events, letters to the editor and/or paid ads. See specific objective for Media Advocacy.

Essential Components:

1. Use media campaigns based on documented need.
2. Clearly define segmental audiences.
3. Media shots should occur often and consistently enough to impact opinions.
4. Develop working relationship with media personnel.
5. Provide information that is accurate, consistent and utilizes credible persons for the delivery of the message.
6. Utilize multiple media channels to shape the message.
7. Develop Media Action Plan prior to the delivery of media activities.
8. Contain an evaluation plan that measures impact of message delivery.
9. Involve members of the target population in designing the media message.

- F. **Media Campaigns, Information and Support** – an activity which relates to steps taken by program staff to use the media to inform the public about healthy lifestyles or resources/events available, and enhance primary population based initiatives. For example, PSAs, print articles, billboards/signs, participation in talk shows, radio/TV segments to promote the planned intervention. See specific objective for public awareness campaigns.

Essential Elements:

1. When possible and appropriate, link to community based special events, state or national health campaigns/initiatives.
2. Use media outlets based on cultural appropriateness.
3. Review campaign messages already developed to ascertain appropriateness for proposed campaign.
4. Pretest for message acceptability and cultural appropriateness.
5. Identify population segments for campaign.

Media Advocacy/Campaigns - Unintentional Injury Prevention Examples

- By May 2010, “agency” will initiate an elder fall prevention social marketing campaign with targeted messages based on focus group results.
- By October 2010, “Agency” will develop a fire safety media campaign for elders living alone by partnering with the local XBC TV affiliate’s health liaison, to be released and promoted during National Fire Safety Awareness Week 2010.
- By September 2010, “Agency” will coordinate a Pedestrian Safety press conference with the local media outlets during “Walk Your Child to School Day 2010”. At the press conference, the following evidence supporting the need to improve pedestrian hazards through sidewalk repairs, improved signage, traffic calming strategies, etc. will be released:
 - a collage of photographs taken by children on their walks to school documenting the pedestrian hazards they navigate each day.
 - a report of pedestrian-related injuries occurring to children walking to school from 2008 – 2009 in Blank Co .

- By October 2010, “agency” will develop a media campaign with acceptable messages for increasing use of helmets among elementary school-aged children while bicycling, skating or skate boarding. Messages will be created through focus groups with target children.
- By December 2010, “agency” will develop a social marketing campaign targeting middle-aged adults on the importance of taking medication as prescribed and the dangers of sharing prescription drugs. Messages will be crafted through use of commercial market research data and piloted in focus groups with affected population.

INJURY PREVENTION COALITION IDEAS

This list is presented to help you generate some ideas on coalition representation. Some may not be appropriate for your program.

Potential Partners/Coalition Members	Appropriate for project (Y/N)	Available in community (Y/N)	Contact person/notes
County/City Health Department			
Maternal & Child Health Staff (e.g., WIC programs, Help Me Grow)			
Adolescent Health/Youth Violence Staff			
Older adult programs			
Other, specify			
Other City/County Agencies			
Emergency Preparedness/Health Department			
Children & Family Services – Jobs and Family			
Law Enforcement Agency			
Other County/City Agency (specify)			
Area Agency on Aging/County Aging Organization			
Emergency Medical Services (EMS)/Fire Department			
Local Officials			
Mayor's Office			
City/County Administration			
County Health Director/Commissioner			
Other High Profile County Official (specify)			
Transportation officials			
Hospitals/Health Care			
Emergency Room Nurses/Trauma Center Manager			
Community Outreach/Education Programs			
EMS Coordinator			
Insurance Providers			
Occupational therapists/physical therapists			
Poison Control Center staff			
Pediatricians/Osteopathic physicians/Geriatricians/Trauma surgeons			
Schools			
School Nurses			
School Safety Officer			
Administrators			
Teachers			
Students/student groups			
Parent Teacher Organizations			

Potential Partners/Coalition Members	Appropriate for project (Y/N)	Available in community (Y/N)	Contact person/notes
Business			
Insurance providers/agents			
Related business agenda (e.g., bicycle helmets, car seats, home safety equipment, etc.)			
Businesses willing to provide in-kind donations (e.g., food, mailing, printing, communications, etc.)			
Community-Based Organizations			
Youth Serving Organizations (specify)			
Mental Health			
Substance Abuse Prevention Organizations			
Orgs. Serving Marginalized Communities (e.g., poverty)			
Child and Family First Council			
Orgs. Serving Migrant Farm Workers			
Community Health Centers			
Faith-based Organizations			
Community/Service Organizations (e.g., Jaycees, Federation of Women's Clubs, Junior League, etc.)			
Child Care Centers			
Community Centers (e.g, Jewish Community Centers/YMCA/YWCA)			
Others, specify			
Colleges & Universities			
University/College			
Community College			
Technical/Art Schools			
Advocacy Groups			
AAA			
Other, specify			
Racial/Ethnic Underserved			
African American			
Hispanic/Latino			
Asian Pacific Islander and Native American			
Persons with Disabilities			
Rural			
Low socio-economic status			
Gay, Lesbian, Bi-sexual & Transgender (GLBT)			
Others (please specify)			

Required attachment should be named "*Insert county_Summary_2010*" and attached in GMIS 2.0

PROGRAM SUMMARY PAGE

Ohio Department of Health Injury Prevention Program

Budget Period: January 1, 2010 to December 31, 2010

Please complete this page after you have read the instructions and completed the rest of the application.

Project Title:

Applicant Agency:

Primary Program Contact:

Telephone:

E-mail:

Injury Focus Area(s):

Communities to be served:

- Single County Program – Specify:
- Multi-County – List counties:

What is the Ultimate Program Target Population(s) - Be specific

Age Group(s) of Ultimate Population:

List your Primary Program Partners:

Activities (Select all that apply. Refer to Appendix E for descriptions):

- Community Assessment
- Surveillance
- Education
- Training
- Media Campaign and/or Advocacy
- Enactment (Adoption) and Enforcement of Policy Change
- Environmental, Engineering or Systems Change
- Other (specify):

Program Summary: Provide a *short* narrative summary of your program objectives and the activities selected above used to reach the intended population. **Limit to approximately 100 words.**

Amount Requested from ODH: \$

2010 Reviewer Score Sheet
Ohio Department of Health, Bureau of Health Promotion & Risk Reduction
Injury Prevention Program Grants

Applicant Agency _____	County(s) to Be Served _____	
Applicant Number _____	Requested Budget \$ _____	
Reviewer Number _____	Date _____	
Grant Focus Area(s): <input type="checkbox"/> Unintentional Child Injury <input type="checkbox"/> Falls among Older Adults <input type="checkbox"/> Unintentional Prescription Drug Poisoning		
<i>For internal use:</i> Provides documentation of one FTE dedicated to grant-related activities (See Appendix G: Key Personnel Form)? <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, does applicant provide sufficient justification for why the grant should be reviewed anyway? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Scoring Summary		
Section	Maximum Score	Reviewer Score
Executive Summary	5	_____
Applicant Agency	45	_____
Problem/Need	45	_____
Methodology Work Plan	55	_____
Total Score	150	_____

Maximum Score – 150 points Minimum Score to Be Funded – 100 points

General Comments _____

Special Conditions and/or Changes Needed (Please list): _____

Technical Assistance or Training Needs (Suggested for this grantee to strengthen the project): _____

Category – Executive Summary (5 points)	Comments	Maximum Score	Reviewer's Score
<input type="checkbox"/> Describes the injury problems the program will address, including descriptions of local injury rates and related injury risk factors. Provides justification of the injury problems chosen. <input type="checkbox"/> Lists program goals and objectives. <input type="checkbox"/> Describes who the project is serving, includes demographics, location of project activities and role of partners/coalitions. <input type="checkbox"/> Describes how the project will be evaluated. <input type="checkbox"/> Provides the total funds requested and how they will be used.		1 point 1 point 1 point 1 point 1 point	
Total Executive Summary		5 points	

Category – Applicant Agency (45 points)	Comments	Maximum Score	Reviewer's Score
<ul style="list-style-type: none"> <input type="checkbox"/> Discusses eligibility to apply and summarizes agency's structure as it relates to this program and as lead agency, how it will manage the program <input type="checkbox"/> Summarizes existing injury prevention efforts; provides information on other sources of funding for existing injury prevention efforts and how this funding will be used to expand other areas; describes other experience by the agency in managing injury prevention programs OR describes the agency's experience in managing other population-based public health programs. <input type="checkbox"/> Lists all personnel working on the grant on the Key Personnel Form (Appendix G). Includes relationship between program staff members, applicant agency staff members and other partners and agencies they will be working on the grant. Includes number of program staff in agency that work on injury prevention-related efforts <input type="checkbox"/> Includes position description and resumes <input type="checkbox"/> Provides documentation and demonstrates compliance that an individual is 100% dedicated to injury prevention (See Appendix G) <input type="checkbox"/> Describes plans for hiring and training staff; includes on-going training and details about the training provided. Includes a statement that ensures all involved program staff will have experience or receive training in concepts of population-based injury prevention and control 	<p>Applicants that do not provide this assurance are not eligible for this funding.</p>	<p>5 points</p> <p>10 points</p> <p>5 points</p> <p>3 points</p> <p>Required</p> <p>5 points</p>	

Category – Applicant Agency – Continued (45 points)	Comments	Maximum Score	Reviewer's Score
<ul style="list-style-type: none"> <li data-bbox="121 365 982 503">❑ Demonstrates that staff have experience or will be trained in the Core Competency Areas for Injury and Violence Prevention; Includes a training plan that is consistent with the core competency areas (Appendix O). <li data-bbox="121 584 913 649">❑ Includes background information about contract agency or individuals and all work to be conducted, if applicable <li data-bbox="121 730 966 950">❑ Describes the capacity of the organization, its personnel or contactors to communicate effectively and convey information in a timely manner that is easily understood by diverse audiences. Includes person of limited English proficiency, those who are not literate, how low literary skills, and individuals with disabilities 		<p data-bbox="1659 397 1774 430">5 points</p> <p data-bbox="1659 625 1774 657">5 points</p> <p data-bbox="1659 771 1774 803">5 points</p>	
Total Applicant Agency		45 points	

Category – Problem Statement/Need (45 points)	Comments	Maximum Score	Reviewer's Score
<ul style="list-style-type: none"> <input type="checkbox"/> Identifies and describes local health status concern that will be addressed; may be stated in terms of health status or health system indicators and should be measurable in order to serve as baseline data. The targeted population is clearly identified <input type="checkbox"/> Describes injury problems and includes description of local injury rates and related injury risk factors. Provides support as to why this is a problem in your community and includes data that describes the problem and justifies the need for the program <input type="checkbox"/> Explicitly describes segments of the target population who experience a disproportionate burden of local injury rates <input type="checkbox"/> Indicates if a needs assessment has been completed within the past two years. Includes a brief summary. Describes how this was used in determining the injury problem chosen <input type="checkbox"/> Includes a description of other agencies/organization also addressing this problem/need <input type="checkbox"/> Describes potential gaps in services in the community <input type="checkbox"/> Describes any barriers in implementing IP activities and strategies for overcoming these issues 		<p>10 points</p> <p>10 points</p> <p>5 points</p> <p>10 points</p> <p>3 points</p> <p>3 points</p> <p>4 points</p>	
Total Problem Statement/Need		45 points	

Category – Methodology Narrative and Work Plan (55 points)	Comments	Maximum Score	Reviewer's Score
<ul style="list-style-type: none"> <input type="checkbox"/> Includes a narrative description of methodology, including goals, as instructed and a description of the population-based strategies proposed. <input type="checkbox"/> Provides rationale for why the particular strategies and activities to be used are appropriate to the community <input type="checkbox"/> Describes how the program activities will address injury disparities in the community <input type="checkbox"/> Provides a clear description of the setting (s)location(s) for activities <input type="checkbox"/> Describes the evaluation measures that will be used ; includes impact and process/activity-level measures <input type="checkbox"/> Includes a statement indicating how you will sustain injury prevention activities in your county if funding is no longer available through ODH <input type="checkbox"/> Provides a work plan with timeline of objectives and activities by completing Appendix J for each of the six population-based activities <ul style="list-style-type: none"> <input type="checkbox"/> Coalition Building <input type="checkbox"/> Needs assessment/Injury Surveillance <input type="checkbox"/> Policy Enactment and Enforcement <input type="checkbox"/> Environmental, Engineering and Systems Change <input type="checkbox"/> Training/Education <input type="checkbox"/> Media Advocacy/Campaigns/Social Marketing 		<p>15 points</p> <p>4 points</p> <p>3 points</p> <p>2 points</p> <p>10 points</p> <p>2 points</p> <p>3 points</p> <p>3 points</p> <p>3 points</p> <p>3 points</p> <p>3 points</p> <p>3 points</p>	
Total – Methodology/Work Plan		55 points	
Score (out of 150 total)			

Required attachment should be named *“Insert county_Demographics”* and attached in GMIS 2.0

Community Demographics Table

Complete the following table for your target “community” using the following sources and attach in GMIS 2.0 as *“Insert County_Demographics”*. Use county-level data if more specific (e.g., city) information is not available.

Sources: Information can be found at the following sites:

1. U.S. Census Factfinder at <http://factfinder.census.gov>
2. Ohio Department of Development, County Profiles <http://www.odod.state.oh.us/research/files/s0.htm>

Target Community: City/County _____

Zip Code(s) _____

Designated Appalachian County Yes _____ No _____

Demographic	Category	Target Community		Ohio	
		Number	Percent	Number	Percent
2007 Total Population²	All residents			11,466,917	100%
Gender¹	Male			5,586,499	48.7%
	Female			5,876,904	51.3%
Age²	Under 6 years			908,264	8%
	6 to 17 years			1,976,877	17.4%
	18 to 24 years			1,056,259	9.3%
	25 to 44 years			3,335,997	29.4%
	45 to 64 years			2,567,648	22.6%
	65 and over			1,508,095	13.3%
	Median Age			36.2	N/A
Race/Ethnicity¹	White			9,630,053	84%
	African American			1,346,290	11.7%
	American Indian and Alaska Native			21,903	0.2%
	Asian			174,382	1.5%
	Native Hawaiian and Other Pacific Islander			3,372	0%
	Other race			109,891	1%
	Two or more races			177,512	1.5%
	Hispanic (may be any race)			273,920	2.4%
Language¹	Speak a language other than English at home			657,311	6.1%

Community Demographics Tables Continued

Demographic	Category	Target Community		Ohio	
		Number	Percent	Number	Percent
Educational Attainment ²	No high school diploma			1,262,085	17%
	High school graduate			2,674,551	36.1%
	Bachelor's degree or higher			1,563,532	21.1%
Poverty ^{1,2}	Individuals below poverty level ¹			1,170,698	10.6%
	Below 50% poverty level ²			530,076	4.8%
	Families below poverty level ¹			235,026	7.8%
Unemployment	% of Labor Force Unemployed - 2009				10.4%
Income ²	2006 Per Capita Personal income			\$33,320	N/A
Geography ¹	Urban			8,782,329	77%
	Inside Urbanized Areas			7,311,293	64%
	Inside Urbanized Clusters			1,471,036	13%
	Rural			2,570,811	23%
Land Use (% of Land) ²	Urban			N/A	9.17%
	Cropland			N/A	45.53%
	Pasture			N/A	7.81%
	Forest			N/A	37.12%
No. Houses (Year Built) ²	Before 1960		*	2,251,130	47.1%
	1960 to 1979		*	1,44,1421	30.1%
	1980 to March 2000		*	1,090,500	22.8%
Media Resources ²	Television stations		*	69	N/A
	Radio stations		*	340	N/A
	Daily newspaper stations (<i>circulation</i>)		*	94 (3,126,339)	N/A
Health Care ²	Physicians		*	29,472	N/A
	Hospitals (# beds)		*	177 (44,189)	N/A
	Licensed Nursing Homes		*	1,779	N/A
	Licensed Residential care		*	1,000	N/A
Schools ²	Public Schools		*	4,043	N/A
	Students		*	1,751,511	N/A
Transportation ²	Motor Vehicles		*	12,021,879	N/A

*Calculate % of Ohio for these

Core Competency Areas for Violence and Injury Prevention Professionals

Detailed learning objectives for each of the core competencies can be found at:

<http://www.injured.org/docs/Core%20Competencies.pdf>

- Ability to describe and explain injury and/or violence as a major social and health problem.
- Ability to access, interpret, use and present injury and/or violence data.
- Ability to design and implement injury and/or violence prevention activities.
- Ability to evaluate injury and/or violence prevention activities.
- Ability to build and manage an injury and/or violence prevention program.
- Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.
- Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education.
- Ability to maintain and further develop competency as an injury and/or violence prevention professional.
- Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic (e.g. motor vehicle occupant injury, intimate partner violence, fire and burns, suicide, drowning, child injury, etc.) and be able to serve as a resource regarding that area.

Training resources are available at: <http://www.injured.org/training.htm>

Source: State and Territorial Injury Prevention Association (STIPDA)
<http://www.stipda.org/displaycommon.cfm?an=1&subarticlenbr=41>

Injury Prevention Program Application Checklist

Checklist for Required Application Documents not a part of the GMIS 2.0 System

GAU Requirements

For **NON**-Local Health District Applicants Only:

If your agency is **not** a health district, have you:

- Read Section I.L. in the RFP pertaining to the Public Health Impact Statement?
- Communicated with the local health district regarding the impact of the proposed grant activities on the Local Health District Improvement Standards?
- Mailed a Public Health Impact Statement containing request for local health district support?
- Obtained and mailed a Public Health Impact Statement of Support from the local health district (if available)?
- Completed and mailed a Declaration Regarding Material Assistance to a Terrorist Organization (DMA) questionnaire? *(for all non-governmental applicants)?* Available at <http://www.publicsafety.ohio.gov/links/HL50038.pdf>

For **NON-PROFIT** Agencies Only

If your agency is a non-profit, have you copied and mailed to ODH (RFP Section I.AA.):

- Proof of Current Liability coverage?
- Evidence of Non-Profit Status?

For **NEW** Applicants, applicants who have not had a grant from ODH within the past 2 years, and applicants for whom relevant information (TIN, banking information, address) has changed Only: Have the following been completed, signed in **blue ink with original signatures** submitted to ODH: (RFP Section I.AA & II. G-H.): ***Forms available on the internet***

- Electronic Funds Transfer (EFT) form? *(only new applicants or if information has changed)*
- IRS W-9? *(only new applicants or if information has changed)*
- Vendor Information or Information Change Form? *(only new applicants or if information has changed)*

For **ALL** Applicants:

- Have you submitted a copy of your organization's audit? (RFP Section I. Z.)
- Have you submitted the GMIS 2.0 Training Form indicating need for training (Appendix A)?
- Have you prepared a detailed budget narrative justification and attached it in GMIS, including the following?
 - Budget does not exceed a total budget of \$65,000?
 - Includes detailed justification for Personnel, Other Direct Costs, Equipment and Contracts?
 - Includes funds for travel to New Project Director/Coordinator Meeting?
 - Includes funds for travel to Annual Meeting?

Program Requirements:

For ALL Applicants:

- Have you selected one Focus Area? Child Injury Falls among Older Adults Drug Poisoning
- Have you carefully read the instructions in Appendix C. that correspond to the selected Focus Area?
- Have you included a list of current or proposed coalition members?

Have you completed and submitted all required Program attachments in GMIS 2.0?

- I. **Appendix E.** Executive Summary Template named “Insert county_ES_2010”
- II. **Appendix F.** Program Narrative Template named “Insert county_Narrative_2010”
- III. **Statement of Intent to Pursue Health Equity** named “Insert county_Equity”
- IV. **Appendix G.** Key Personnel Form named “Insert county_Personnel_2010”
 - Have you documented compliance with the requirement to employ one full time employee at no fewer than 2,000 hours who is solely dedicated to Injury Prevention grant activities.
- V. **Appendix I.** Methodology Work Plan named “Insert county_Workplan_2010”.

Have you completed a work plan sheet containing at least one impact objective for each of the six population-based injury prevention areas?

 - 1. Coalition building
 - 2. Injury Surveillance/Needs Assessment
 - 3. Policy Enactment and Enforcement
 - 4. Environmental, Engineering and Systems Change
 - 5. Training and Education
 - 6. Media Advocacy, Campaigns, Information and Support
- VI. **Appendix L.** Program Summary named “Insert county_Summary_2010”
- VII. **Appendix N.** Demographics Table named “Insert county_Demographics”
- Have you reviewed the 2010 Reviewer Score Sheet (Appendix M) to ensure that you have included all information that reviewers will be seeking?

For applicants of *Focus Areas 1. Child/Youth Injury* or *2. Falls among Older Adults*:

- Have you reviewed **Appendix J. Examples of Injury Prevention Objectives for Population-based Programs** for descriptions and sample objectives.
- Have you included the **required Training and Education objective(s)** in your Methodology Narrative and Work Plan?
- Have you considered applying for the **Optional Supplemental Funding Opportunity** concerning statewide coalition building activities?

For applicants of *Focus Area 3. Unintentional Prescription Drug Poisoning*:

- Have you confirmed your agency’s **eligibility** by reviewing the list of counties in Appendix C.?
- Have you included **all required objectives** listed in Appendix C. in your Methodology Narrative and Work Plans?