



OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

MEMORANDUM

Date: August 1, 2014

To: Subgrantee Applicants

From: Sean Keller, Division Administrator
Division of Prevention and Health Promotion

Subject: Immunization Action Plan (IAP) Subgrant Application

A handwritten signature in black ink, appearing to read "Sean Keller", is written over the "From:" line of the memorandum.

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion, Bureau of Infectious Diseases announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., September 22, 2014. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **competitive application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outlined in the competitive Request for Proposal (RFP). Reference the competitive RFP for more information. The competitive RFP for this grant program can be found on the ODH website www.odh.ohio.gov. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Dave Feltz or Michele McPeters at 614-466-4643 or e-mail at dave.feltz@odh.ohio.gov or michele.mcpeters@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
Prevention and Health Promotion

BUREAU OF
Infectious Diseases

Immunization Action Plan
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2015
(01/01/15 – 12/31/15)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components – an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and Q, the entire application will not be considered for review.**

This is a competitive Request for Proposal (RFP); A Notice of Intent to Apply for Funding (NOIAF) must be submitted by August 18, 2014 so access to the application via the Internet website “ODH Application Gateway” can be established. The NOIAF must be accompanied by the agency’s Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms can be located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) <http://media.obm.ohio.gov/oss/documents/EFT+FORM++REVISED+01+14+2014.pdf>
- Vendor Information Form http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The OGAPP manual is available on the ODH website:

<http://www.odh.ohio.gov>.

(Click on Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-1%20Rev%205-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

B. Application Name: Immunization Action Plan (IAP)

- C. Purpose:** IAP funds are designed to raise and maintain infant immunization rates in Ohio to reach the 2015 goal - that 90% of children will be up-to-date on immunizations by two years of age. This goal will be accomplished primarily through immunization assessment and education activities and secondarily through reminder and recall efforts.

- D. Qualified Applicants:** Local public health agencies are eligible to apply. Agencies currently funded under the Immunization Action Plan (IAP) program as well as local public health agencies not currently funded with IAP funds are eligible to apply. Eligible counties are listed in appendix D. Applicants funded in 2013 or 2014 must have demonstrated

acceptable performance from January 2013 – June 2014. If multiple health districts in a county or region apply jointly for funding, one health district must act as the lead agency/fiscal agent for the grant.

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, September 22, 2014.**

E. Service Area: Applicants must apply for funds to cover a minimum of one county in the state of Ohio. Counties with smaller population sizes should combine efforts to create an application for two or more counties.

F. Number of Grants and Funds Available: Up to 45 grants may be awarded, and no more than one grant may be awarded in each county. Total funding for IAP grants is expected to approximate \$3.1 million dollars. Funds originate from federal funding sources. Two or more local health districts may collaborate on an application.

Individual eligible counties may apply for an amount less than or equal to the amount stated for their county in appendix D (2015 Immunization Action Plan Grant Maximum Funds Available). However, if a county is eligible for less than \$30,000, that county health department agency must partner with at least one other (preferably neighboring) county public health agency for a minimum award of \$30,000. If a county is eligible for more than \$30,000, the county must act as a lead agency, or must apply as a single entity subgrant.

Counties eligible for the Perinatal Hepatitis B project should refer to the corresponding additional amounts listed in appendix D.

Applicants proposing to serve multiple counties may apply for the sum of the funds available (see appendix D) for all counties to be served. Dollars designated for a county must be spent to specifically address the objectives outlined in this RFP.

Awards will be based upon all of the following criteria:

1. The resident birth cohort of children in the applicant county;
2. The number of children served by vaccines at each health department;
3. The number of Vaccine for Children (VFC) providers in each applicant county;
4. The ability of applicants to meet stated program objectives in 2013 and the first 6 months of 2014 (if applicable).
5. The soundness and score of applicant responses to requirements for 2015.

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.

Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery by **4:00 p.m. by Monday, September 22**. Applications and required attachments received after this deadline will not be considered for review.

Contact Dave Feltz, at (614) 466-4643 or dave.feltz@odh.ohio.gov or Michele McPeters at (614) 466-4643 or michele.mcpeters@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.268, the Federal Immunization Cooperative Agreement, PHS Act 317, 42 USC, Sec. 247B.

I. Goals: The goal of the IAP program is to achieve and maintain 90% vaccination coverage levels for universally recommended vaccines among children less than 24 months of age through:

- Assessing and improving health district immunization rates through use of an Immunization Information System (IIS) and promoting effective practice changes to improve immunization rates;
- Assessing the immunization rates of providers throughout the applicant county (or counties) and promoting effective practice changes to improve immunization rates;
- Identifying disparities of low immunization levels and providing additional immunization education to parents and health care providers in those areas;
- Educating immunization providers of children regarding the importance of timely immunizations and effective strategies to improve practice behavior;
- Assuring timely vaccination of Women, Infants and Children (WIC) eligible clients;
- Implementing additional and targeted reminder and recall activities to improve local health department immunization rates.
- Assure the vaccination of infants born to high-risk of hepatitis B disease.

IAP funds originate from federal 317 funds as defined by the Centers for Disease Control and Prevention (CDC), so the above goals correspond with the focus of the 2013-2017 Federal Immunization Grant Guidance FOA to assure access to vaccines

J. Program Period and Budget Period: The program period will begin January 1, 2015 and end on December 31, 2015. The budget period for this application is January 1, 2015 through December 31, 2015.

K. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities.

- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services
- Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions
- Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public

Health Practice Decisions

- Standard 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences.

The PHAB standards are available at the following website:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

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 PHAB Standards.

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

The applicant must submit the above summary as part of the 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 PHAB Standards.

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 point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

M. Incorporation of Strategies to Eliminate Health Inequities

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and therefore do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- (2) Explain and identify how specific social and environmental conditions (social

determinants of health) put groups who are already disadvantaged at increased risk for health inequities.

- (3) Explain how proposed program interventions will address this problem.
- (4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

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

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned 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 programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

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. **The subgrantee agency must be prepared to support 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, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the NOIAF. Please contact Dave Feltz, at (614) 466-4643 or dave.feltz@odh.ohio.gov or Michele McPeters at (614) 466-4643 or michele.mcpeters@odh.ohio.gov.

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.

P. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, September 22, 2014**.

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 Services Unit, 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 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). 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, written notification, issued under the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

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. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the 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 RFP;
9. Has demonstrated acceptable past performance in areas related to programmatic and

- financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this RFP.

Applications will be evaluated based on the 2015 IAP Application Review Form (see appendix C).

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

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations 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 being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services.

V. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by CDC to the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program.”

W. Reporting Requirements: Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this RFP before the department will release any additional funds.

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

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantees Program Reports must be completed and submitted via GMIS as required by the subgrant program by the following dates: July 15, 2015 and January 15, 2016. Required attachments associated with the Program Report are to be submitted according to the attached appendix E and will be submitted through GMIS 2.0. 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 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 ODH's (GMIS) indicates acceptance of the OGAPP.

- 2. Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: First quarter expenditure report for period January 1, 2015 through March 31, 2015 due April 15, 2015; second quarter expenditure report for period April 1, 2015 through June 30, 2015 due July 15, 2015; third quarter expenditure report for period July 1, 2015 through September 30, 2015 due October 15, 2015; and fourth quarter expenditure report for period October 1, 2015 through December 31, 2015 due January 15, 2016.

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

- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before February 15, 2016. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Sub-grantee Final Expense Report serves as an invoice to return unused funds.

Submission of the Periodic and Final Subgrantee Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the Subgrantee 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 within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions within GMIS. 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. Subsequent payments will be withheld until satisfactory responses to the special

conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. 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 (including but not limited to bank fees);
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://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
17. 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 \$1,000, unless justified in the budget narrative 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. *Local immunization registry software products or maintenance;*
23. *Plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.*

Subgrantees will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subgrantees for purposes later discovered to be prohibited.

Client Incentives and Client Enablers:

Client incentives are *unallowable cost*. The following client incentives are allowed. None.

Client Enablers are *unallowable cost*. The following client enablers are allowed. None.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subgrantees are required to maintain a log of all

client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

Z. Audit: Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subgrantee will fall into one of two categories which determine the type of audit documentation required.

Subgrantees that expend \$500,000 or more in federal awards per fiscal year are required to have a single audit which 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 no later than nine months after the end of the subgrantee's fiscal year. 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 expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The subgrantee must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subgrantee's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent via e-mail to audits@odh.ohio.gov or to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: OGAPP, 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 or indirect) of the findings on subgrants passed through the ODH; and,
- 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

Formatting Requirements:

- Properly label each item of the application packet (e.g. Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 30 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.

- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

<p>Complete & Submit Via Internet</p>
--

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary
11. Statement of Support from the Local Health Districts
12. Attachments as required by Program: NONE

One copy of the following document(s) must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

<p>Complete Copy & E-mail or Mail to ODH</p>

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

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

II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the RFP is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and

acceptance of OGAPP 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. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 9 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 OGAPP and the Compliance Section of the application for additional information.
 - 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2015 to December 31, 2015.

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

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

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

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

C. Assurances Certification: Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: Provide a brief, one page synopsis of the purpose, methodology, and evaluation plan of this Immunization project. Identify the target population, services and programs to be offered those services, burden of health disparities and health inequities. Describe the public health problems that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

Note the following issues in this section:

- Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program and work with any other participating agencies (e.g., Sub-contracted local health districts, other health districts within the applicant county). Describe plans for meeting with multiple health department agencies involved with this program to review progress on IAP grant activity.
- 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.
- Describe the capacity of your organization to reach populations disproportionately impacted by low immunization rates. Note any relationships with social service or community organizations that provide services to disparate populations.
- 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. Include position descriptions for these staff.

3. Problem/Need: Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. 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.

Explicitly describe segments of the target population who experience a disproportionate burden for vaccine-preventable diseases or who have low immunization levels.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Note the following issues in this section:

- Provide information for the target population for this project (**children under 24 months of age**). Identify:
 - The number of children under 24 months of age seen for immunizations at each local health district in each applicant county in 2013;
 - The number children and percentage of children under 24 months of age that were given a 1st dose of MMR vaccine during the 2013 calendar year at each local health district in each applicant county.
 - The number and percentage of children under 24 months of age that were given a 4th dose of DTaP during the 2013 calendar year at each local health district in each applicant county.
 - Identify the groups by race, ethnicity, or geographic location experiencing low immunization rates in the applicant county
 - State past efforts, challenges and progress towards improving immunization rates in the applicant's immunization clinics, including changes in rates observed through the use of CoCASA (Comprehensive Clinical Assessment Software Application) and the AFIX (Assessment, Feedback, Incentives, eXchange) process.
 - Describe data regarding immunization rates. Clearly list the series up-to-date (UTD) rates by 24 months (4:3:1:3:3:1:4) measured using the CoCASA software during 2013 and 2014 for each health department applicant.
 - Describe any additional immunization survey results used in the past 5 years to indicate low levels of immunization coverage in each of the applicant counties.
 - List all immunization clinic site locations, clinic hours, and type of clinic (appointment only, walk-in only, or the clinic schedules appointments and accepts walk-ins) for all children seen in public health clinics in the applicant counties.
 - Describe how the agency ensures there are no barriers for children to receive immunizations at public health clinics in the applicant counties.
 - Describe the process taken to insure that immunization histories are properly documented and forwarded successfully to the State Immunization Registry (ImpactSIIS) for all children seen in public health clinics in the applicant counties.
 - Describe other agencies and organizations that also address this need and are willing to play a role in the project (e.g., health care providers, schools, community service organizations).
- 4. Methodology:** In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

Reminder: the primary goal of the IAP grant is to achieve and maintain 90% vaccination coverage levels for universally recommended vaccines among children less than 24

months of age. All IAP grant applicants must respond to each of the following required program objectives (Objectives 1 - 6). Only applicants eligible for additional funding for Perinatal Hepatitis B activities, as identified in appendix D, are to respond to Objective 7.

IAP Grant Objectives:

Objective 1: Health District Self-Assessment (AFIX)

IAP grantee agencies will successfully use the AFIX (Assessment, Feedback, Incentives, eXchange) process to regularly assess the immunization rates of clients they serve to improve on-time vaccination rates of children under age 24 months of age. IAP grantee agencies will conduct the AFIX process with their own data at least twice in 2015 – at least once between January-June, and at least once between July-December.

Note: Staff who will be conducting AFIX assessments and feedbacks must meet the AFIX Core Competencies (see appendix F), complete required ODH AFIX trainings, and must sign and return the 2015 Data Collection Confidentiality Agreement which ODH will mail no later than December 31, 2014.

Note: For additional information on this objective, refer to the materials in the AFIX Manual found on the ODH website under the Immunization Program section. You must use the forms and instructions found in this section when conducting assessments and feedbacks.

- 1a Describe past successes and challenges each health department agency has encountered incorporating the quality assurance AFIX process to improve immunization rates. Include new procedures, activities, and protocols that have been implemented.
- 1b Describe when your agency will **Assess** the immunization rates of children under 24 months of age using health district immunization records. Identify when the first and second assessments will be performed (must occur at least once between January – June; and once between July – December). Identify the person(s) who will complete the assessment and print the required CoCASA summary report (4:3:1:3:3:1:4); single antigen report (4:3:1:3:3:1:4); and diagnostic report (4:3:1:3:3:1:4).
- 1c Describe the activities your agency will perform to involve immunization staff in the AFIX **Feedback** process. Identify who will lead the discussion on health district strengths, weaknesses, and strategies for improvement. Identify who will process and assemble the data for the feedback. Identify who will participate in the feedback. Identify when the feedback will occur.
- 1d Describe how the health department will use **Incentives** for immunization staff to improve the immunization delivery system. Identify the measurable outcome that will trigger the use of the incentive (e.g., increased rates, decreased missed opportunities). Incentives can be informal or formal. Informal incentives include providing educational materials and opportunities for improved immunization knowledge that are typical educational costs associated with the IAP grant (e.g. new vaccine schedules, CDC Pink Books, MOBI materials). Formal incentives include recognition for improved performance at board meetings, at staff meetings, among peers at nursing conferences, or by ODH during state-wide conferences. Identify when the incentives will be utilized during the grant cycle. Applicants should refer to Section 4, in the AFIX Manual located on the ODH website for ideas for incentives. Plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags cannot be purchased using IAP funds.
- 1e Describe how the **eXchange** process will function. Identify when the exchange process will be completed. Identify how the results of the exchange process will be reported to health department staff.
- 1f Evaluation: this objective will be successful at each participating health department if a minimum of two AFIX's are completed during the grant year, if the total UTD and late UTD rates by 24 months improves and if the percent of children listed as missed

opportunities decreases. Indicate that your agency will report on the following outcomes for this objective:

- The number of completed internal AFIX processes with HD staff (one by June 30, 2015 and one by December 31, 2015);
- The following information from the 4:3:1:3:3:1:4 CoCASA summary Report, 'Immunizations Complete' table:
 - The number and percent of patients who received immunizations by the assessment date;
 - The number and percent of patients who were late up-to-date;
 - The number and percent of patients who were up-to-date and complete by 24 months.
- The following information from the 4:3:1:3:3:1:4 CoCASA summary Report, 'Immunizations Not Complete' table:
 - The number and percent of patients listed as missed opportunities.

Objective 2: Immunization Provider Assessments (AFIX)

IAP grantee agencies will successfully use the AFIX (Assessment, Feedback, Incentives, eXchange) process to assess the immunization rates of immunization providers in their respective communities to improve on-time vaccination rates of children under age 24 months of age.

Note: For additional information on this objective, refer to the materials in the AFIX Manual found on the ODH website under the Immunization Program section. You must use the forms and instructions found in this section when conducting assessments and feedbacks.

- 2a Describe past successes and challenges each health department agency has encountered providing the quality assurance AFIX process to immunization providers in your communities.
- 2b List the names of staff who will conduct AFIX assessments and feedbacks for (non-health district) providers. Please note that all assessors and other staff reviewing the data are required to complete a "Data Collection Confidentiality Agreement" each project year, a copy of which needs to be on file with the ODH Immunization Program before any assessments are conducted. Participating health districts must submit a list of all assessors and other staff who will be reviewing the data by January 31 of each year.
- 2c Create a simple table (spreadsheet) identifying each pediatric and family practice in each applicant county. Using multiple columns, identify those who do provide immunizations, those who do not provide immunizations; those who have never received an AFIX; those who have received an AFIX in 2011, 2012, 2013 or 2014; those who will be targeted for AFIX in 2015.
- 2d Identify the total target number of AFIXs planned for 2015. Identify the target for January-June, and the target for July-December. Use the table format below to identify these targets.

Table 2d - Number of Proposed AFIX Visits

Lead Agency – (name)	Jan-Jun AFIX	Jul-Dec AFIX	Total AFIX
Partner Agency – (name)	Jan-Jun AFIX	Jul-Dec AFIX	Total AFIX

- 2e Describe your plan to promote the importance of and the need for AFIXs among the pediatric and family practices in your jurisdiction. Identify who will perform this work and key process start and completion dates for each measurable planned activity.
- 2f Evaluation: this objective will be successful if the targeted number of AFIXs are met or exceeded and if a high percentage of providers who received the AFIX process make changes to their immunization practice to improve rates. Indicate that your agency will report on the following outcomes for this objective:
- The number of AFIXs completed among non-health department providers during each 6 month period (includes assessment and feedback). (Note: follow-up documentation is to be submitted to ODH after the follow-up contact is made).
 - The number of providers who have self-reported changes to improve their immunization practice as a result of the AFIX. Changes could include: reducing missed opportunities, using ImpactSIIS, beginning effective reminder recall systems, decreasing invalid doses, catching-up late start children.
 - Of providers receiving a 2015 AFIX who also had an AFIX during the previous year (repeat AFIXs), indicate the number of providers who increased their 4:3:1:3:3:1:4 rate by 24 months of age (use data from the 4:3:1:3:3:1:4 CoCASA summary report, 'Immunizations Complete' table).
 - Of the repeat AFIXs completed, indicate the number of providers who decreased the number of missed opportunities for 4:3:1:3:3:1:4.

Objective 3: Immunization Coverage Disparities

IAP grantee agencies will use existing data to evaluate where under-immunized children under 24 months of age reside in order to target educational and informational messages to the parents / guardians of these children to improve the rate of timely immunization. Specific immunization clinics may be created to provide vaccination services to children under age 24 months who are shown to have immunization coverage disparities.

- 3a List known or suspected geographic areas where immunization coverage disparities exist in each applicant county using the format of the following example table:

Area of known or suspected immunization disparity	Known or Suspected Disparity	Data Type used to determine disparity	Data results
NE area of county	Few Immunization Providers	Survey of Immunization providers	Only 1 of 7 primary care providers give immun.
Morgan city school district	Lower immunization levels	School assessment of immun. records	CoCASA results indicate 50% series completion by age 2
Dayton City school district	Low income children	School lunch data	90% of children qualify for school lunches
Zip code 43666	Poverty rate is high	US government census info	80% families fall below poverty line in this zip code
SE quadrant of county	Higher percentage of religious objectors	School assessment reports; health department data	Religious objectors increased 2% among new school enterers

Census Tract 39035118800	Large number of low income children. Large numbers of Hispanic/Latino parents with limited English proficiency.	45% of the population earns below \$15000 per year	Immunization rates low.
Entire county	Amish Families	Discussions with local Elders	Elders only recommend 3 vaccines and no more

3b Describe your plan to provide targeted immunization **education** to parents of children under age 2 in geographic areas where there are known immunization disparities. Information must be crafted and targeted to address the following appropriate issues:

- Information about vaccine-preventable diseases;
- Safety and effectiveness of vaccines;
- Immunization recommendations for children;
- Locations of facilities providing immunizations for underserved and underinsured populations;
- VFC program;
- Responsibility to maintain a personal immunization record and to bring it to provider visits.
- Identify key process start and completion dates for each measurable planned activity.

3c Describe plans for **assessing** immunization coverage disparities in 2015. Identify key process start and completion dates to measure each immunization coverage disparity. Assessments may involve the review of immunization completion data using existing AFIX information from vaccine providers, available school or childcare data, or other poverty indicators from federal or not-for-profit sources.

3d Describe plans to assure that foreign language vaccine information statements are available to all immunization clinics in your county who care for higher numbers of children who have parents that do not speak English or have limited English proficiency. These vaccine information statements can be found on the Immunization Action Coalition website at: <http://www.immunize.org/>.

3e Describe efforts to tailor healthcare services to cultural and language preferences of diverse populations in your target area. This description should feature your plans to adhere to the Department of Health and Human Services Culturally and Linguistically Appropriate Services standards (CLAS).

3f Describe any plans for the creation of specific immunization clinics targeting children under 24 months of age who are determined to have immunization coverage disparities based on assessed disparities data. These immunization clinics must be limited in nature to address the immunization coverage disparity of infants through age 24 months.

3g Evaluation: this objective will be successful if immunization disparities are documented with data and effective education is provided to improve the immunization status of children under age 2 among the parents affected by the disparity. Indicate that your agency will report on the following outcomes for this objective:

- The type and number of measurable planned educational activities targeted for each listed immunization disparity;
- The number and outcome of additional assessments to determine immunization disparities;
- The number of immunization clinics that receive foreign-language vaccine information statements for non-English speaking parents;
- The number of planned immunization clinics for infants and children determined to be affected by immunization disparities.

Objective 4: Provider Education

IAP grantee agencies will successfully educate immunization providers in their respective community with current vaccine recommendations and information so children can be immunized effectively and on-time.

- 4a List the names of staff who will be trained to conduct the Maximizing Office Based Immunization (MOBI) program in each participating county. Note that MOBI trainers must complete an annual training certification.

Note: Contact the Ohio Chapter of the American Academy of Pediatrics at (614) 846-6350 for more information about MOBI trainings.

- 4b Describe your plan to **advertize** the MOBI training among the pediatric and family practices in your jurisdiction. Identify the processes to be used to inform providers about MOBI, identify who will perform the promotional activities and identify key process start and completion dates for each measurable planned activity.
- 4c Describe your plan to **perform** MOBI among the pediatric and family practices in your jurisdiction. Identify the number of MOBI presentations planned for the entire year. Identify the number planned between January-June and from July-December. Identify who will perform the MOBI activities and list key process start and completion dates for each measurable planned activity. Use the table format below to indicate the target number of MOBI visits.

Table 4c- Number of Proposed MOBI Visits

Lead Agency – (name)	Jan-Jun MOBI	Jul-Dec MOBI	Total MOBI
Partner Agency – (name)	Jan-Jun MOBI	Jul-Dec MOBI	Total MOBI

- 4d Describe your plan to educate your health district’s immunization staff with current immunization information. Each participating health department must include a plan for key immunization clinic staff to view the Immunization Update 2015 or another CDC sponsored web-based training found at the following website:

<http://www.cdc.gov/vaccines/ed/default.htm>.

Identify key process start and completion dates for each measurable planned activity.

- 4e Describe your plan to educate public and private immunization providers in your county through methods, **other than MOBI**, including CDC web-based trainings and mailings. Topics are to include vaccine schedules, contraindications and misconceptions, vaccine storage and handling, vaccine preventable disease reporting, Standards for Pediatric Immunization Practice, perinatal hepatitis B prevention, and strategies for improving immunization rates (e.g., AFIX). For providers in your county who do not provide immunizations, describe an education plan to inform those providers about where to refer children in need of immunizations in your county (e.g., clinic schedules, locations, cost of immunizations). Identify key process start and completion dates for each measurable planned activity.
- 4f Describe your plan to educate and notify all obstetricians and hospitals with maternity services in your county of the need to immediately report Hepatitis B Surface Antigen

positive (HBsAg+) pregnant women to you and to the ODH Perinatal Hepatitis B Prevention Program (PHBPP). Identify who will complete this work and list key process start and completion dates for each measurable planned activity.

4g Evaluation: this objective will be successfully met if health department, private immunization providers and other non-immunization providers are effectively educated on timely immunization procedures and standards. Indicate that your agency will report on the following outcomes for this objective:

- The list of providers informed about the MOBI process;
- The list of providers who received a MOBI training;
- The names of health department clinical staff who completed a CDC on-line course work regarding immunizations and corresponding course name;
- The list of immunization providers who received non-MOBI education;
- The list of obstetricians and hospitals that were educated regarding HBsAg positive test results.

Objective 5: Collaboration with WIC

IAP grantee agencies will promote the screening and referral of children seen at WIC (Women, Infants, and Children) program sites to a public or private immunization provider for timely vaccinations. Local health district immunization clinics will refer all potentially eligible children to the local WIC agency in a timely manner.

Objectives 5a – 5d apply to all applicant the counties.

5a Identify all the individual WIC locations in each applicant county where WIC children under 24 months of age will be screened for immunization completion and those locations where screening will not occur. Identify those WIC clinics that will be using ImpactSIIS to directly look up immunization records and document that screening occurred for children less than two years of age (24 months) at WIC clinics.

5b Describe *how* children referred to the health department from WIC clinics for immunizations will be placed into an active recall system. Describe how the recall system will function. Identify when this recall process will begin, the frequency of this recall process and when children under 24 months of age will be removed from a recall system. Include protocols for how children will be tracked for immunization compliance by staff persons.

5c Describe how children presenting at health district immunization clinics who are eligible for WIC benefits will be referred to the most appropriate WIC certification center.

5d Evaluation: objectives 5a-5c will be successfully met if children are referred effectively for immunization and WIC services. Indicate that your agency will report on:

- Report on the number of children screened by individual WIC clinics for the period of January-June, and July-December. ImpactSIIS is to be used to run the WIC Summary Report showing the numbers of children screened by WIC location during a defined period of time.
- The number of children referred to WIC from immunization clinics by month.

Objective 6: Immunization Reminder and Recall Systems

IAP grantee agencies will implement a successful reminder and recall system for immunization consumers, including timely pre-appointment reminders of immunizations that are due and culturally appropriate recall requests if the infant or toddler is behind on vaccinations.

6a Describe your plan to **remind** parents of upcoming immunizations. Include a description of how children are identified for pre-appointment reminders, the timing of the

reminders, and the types of reminders. Identify key process start and completion dates for each measurable planned activity.

Note: A pre-appointment reminder is to be delivered shortly before each scheduled or recommended “appointment,” according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the “appointment.”

Note: SIIS may be used for the reminder system to meet this objective if:

- Immunization data is entered or transmitted to SIIS at least semi-monthly,
- Historic immunization data for children under 36 months of age is included, and
- Your local health district has *not* turned off the reminder function (on the Clinics screen under Defaults on the ImpactSIIS web site).

6b Describe your plan to **recall** children under 24 months of age who are *behind* on immunizations. (e.g., use of CoCASA missing immunization report or other registry reports). The plan should demonstrate multiple attempts at recall over the period of a year. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations. Identify key process start and completion dates for each measurable planned activity.

Note: Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) on page 3 of Section 2 Assessment-Pediatric found in the AFIX Manual on the ODH website. Only records that meet the specified definition should be marked as MOGE. Local computer and registry systems must enable compliance with this definition of MOGE.

6c Describe your plan to *remind and recall families* of reported cases of hepatitis B surface antigen (HBsAg) positive pregnant women to have infants and household and sexual contacts complete the hepatitis B vaccine series on schedule. Explain how you will remind and recall families to have infants of HBsAg+ mothers complete post-vaccination serology testing. Identify key process start and completion dates for each measurable planned activity.

Note: Specific instructions on how to operate a perinatal prevention program are available through the ODH Immunization Program (614-466-4643). The ODH protocol for perinatal hepatitis B prevention should be followed.

6d Evaluation: this objective will be successfully met if children are successfully reminded and recalled under 24 months of age. Indicate that your agency will report on the following outcomes for this objective:

- The number of parents / guardians reminded by clinic site by month;
- The number of parents / guardians recalled by site by month;
- The number of parents / guardians reminded to complete the hepatitis B vaccine when a positive HBsAg test indicates vaccine.

A response to Objective 7 is required only by the seven counties eligible due to higher levels of morbidity for perinatal hepatitis B: Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, and Summit counties.

Objective 7: Perinatal Case Identification and Follow-up

Select health districts must implement a system to ensure that all Hepatitis B Surface Antigen positive (HBsAg+) pregnant females are identified and that their newborn infants, and infants born to females for whom no HBsAg test result is on record, are given Hepatitis B Immune Globulin (HBIG) and Hepatitis B Vaccine (HBV) within twelve hours of birth. In addition, each child born to an HBsAg+ female must be followed to ensure that the remaining two doses of HBV are administered by six months of age, and that a post-vaccine serology is drawn and tested by fifteen months of age. HBsAg+ pregnant females must be counseled about their condition, and all household and sexual contacts of the female should be identified, interviewed, tested, and, if necessary, vaccinated with three doses of HBV.

7a Describe your plan to ensure that all HBsAg+ pregnant females are identified prior to delivery. This should include a plan for working with ODH Perinatal Hepatitis B

Prevention Program (PHBPP) staff, pre-natal care providers, and hospitals in your county and counties contiguous to yours. Identify key process start and completion dates for each measurable planned activity.

- 7b Describe the system you will utilize to ensure that infants at high risk for hepatitis B disease will receive HBIG and HBV within twelve hours of birth. This should include females known to be HBsAg+ and those for whom no prenatal test is on record. Identify key process start and completion dates for each measurable planned activity.
- 7c Describe your plan to track all infants born to HBsAg+ females to ensure completion of the three dose HBV series and a post vaccine serology. Identify key process start and completion dates for each measurable planned activity.
- 7d Describe the process your agency will use to identify, interview, test, and if necessary, vaccinate all sexual and household contacts of HBsAg+ females identified through the PHBPP. Identify key process start and completion dates for each measurable planned activity.
- 7e Describe how your agency will inform and periodically remind obstetricians, pediatricians, and general practitioners in your jurisdiction about the PHBPP, and the need to report all HBsAg+ females to the local health district in a timely manner. Describe your plan to educate the OB and pre-natal nursing staff at each birthing hospital staff regarding PHBPP. Identify key process start and completion dates for each measurable planned activity.
- 7f Describe your agency plan to ensure that objectives 7a-7e will be completed in each of the contiguous counties to your metropolitan area. The plan should use the personnel hired by your agency for perinatal hepatitis B activities to either coordinate or perform these objectives. Consider the use of Standard Operating Protocols (SOP) to ensure that these objectives are met. Identify key process start and completion dates for each measurable planned activity.
- 7g Describe how your agency will report perinatal hepatitis B cases to ODH according to Ohio Administrative Code 3701-3-02 using the Ohio Disease Reporting System (ODRS), and how you will track the progress of each case. Describe how your agency will assure that the required hepatitis B case management information will be entered into ODRS. Identify key process start and completion dates for each measurable planned activity.
- 7h Evaluation: this objective will be successfully met if a high percentage of HBsAg+ pregnant females are identified prior to delivery; and if all of the babies born to HBsAg+ mothers receive HBIG + vaccine in a timely manner. Indicate that your agency will report on the following outcomes for this objective:
- The percent of HBsAg+ pregnant females identified prior to delivery;
 - The percent of babies born to HBsAg+ mothers who receive HBIG and HBV within 12 hours of birth;
 - The percent of babies born to HBsAg+ mothers who complete their 3 dose vaccine series;
 - The percent of babies born to HBsAg+ mothers who receive post-vaccine serology testing.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.sam.gov.

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

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

G. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before September 22, 2014**. *A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.*

III. APPENDICES

- A.** Notice of Intent to Apply For Funding
- B.** GMIS Training Form
- C.** Application Review Form
- D.** 2015 Immunization Action Plan (IAP) Grant Maximum Funds Available
- E.** 2015 IAP Semi-Annual Progress Report Instructions
- F.** AFIX Core Competencies
- G.** Summary of the National Stakeholder Strategy for Achieving Health Equity

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Infectious Diseases

ODH Program Title:

Immunization Action Plan (IAP)

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

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____

Agency Head (Signature) _____

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? YES NO

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal. **The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form.** These forms are located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- Vendor Information Form http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf

Submit all required forms even if no changes to ODH. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY August 18, 2014

Mail, E-mail: Michelle Bell at michelle.bell@odh.ohio.gov
Ohio Department of Health Bureau of Infectious Diseases, Immunization Program
246 North High Street – 6th Floor, 35 E. Chestnut
Columbus, OH 43215
E-mail: Michelle.Bell@odh.ohio.gov

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by the due date. NOIAF's considered late will not be accepted.



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

GMIS TRAINING REQUEST (Competitive Cycle ONLY)

This document is to be used for GMIS during a competitive cycle only. **EACH** person requesting training must complete a form. Requests will only be honored when form is signed by your **Agency Head** or **Agency Financial Head**. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH.

Grant Program: _____ RFP Due Date: _____

Agency Name: _____

Salutation: (Dr., Mrs., etc.) _____

User's Name: (no nicknames, please) _____

User's Job Title: (e.g., Program Director) _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Agency/Financial Head Signature: _____
(*Signature of Agency/ Financial Head)

(*Printed Name of Agency /Financial Head)

TRAINING REQUEST FORMS MUST BE SUBMITTED WITH THE NOTICE OF INTENT TO APPLY FOR FUNDING FORM

Users will receive his/her username and password via e-mail once they have completed training.

2015 Immunization Action Plan (IAP) Application Review Form

Applicant Name: _____ GMIS #: _____

Counties included: _____

Score Summary

Application Element	Score	Point Value
GMIS 2.0 Budget Issues		5
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		5
Problem/Need		13
Obj. 1: Health district Self-Assessment (AFIX)		19
Obj. 2: Immunization Provider Assessments (AFIX)		19
Obj. 3: Immunization Coverage Disparities		15
Obj. 4: Provider Education		18
Obj. 5: Collaboration with WIC		5
Obj. 6: Immunization Reminder and Recall Systems		11
Obj. 7: Perinatal Case ID and Follow-up (Optional – for select large counties)		<i>Select Counties</i> 0 or 11 (circle one)
Application Element Subtotal:		
		112 or 123
Past Performance		
		72 or 81 (circle one)
Total Application Point Score (Add Subtotal + Past Performance)		
		184 or 204 (circle one)
Total Application % Score (Divide total application score by point value maximum)		
		NA

2015 IAP Application Review Form

Category	Score
GMIS 2.0 Budget Issues	
Q: Do budget items in GMIS 2.0 relate to required grant objectives?	0 1
Q: Is the GMIS 2.0 budget justification section complete (provide info on personnel, other costs, equipment and contracts?)	0 1 2 3
Q: Is total funding request at or below Maximum funding allowed?	0 1
Requested funding amount: (sum amts for multiple counties):	
List any LHDs that will be contractors:	Subtotal _____ / 5
<i>Notes:</i>	
Executive Summary	
Q: Did the applicant provide a poor, average or good overview?	0 1 2
<i>Notes:</i>	Subtotal _____ / 2
Description of Applicant Agency/Documentation of Eligibility/Personnel	
Q: Applicant summarized the agency structure & management of the IAP grant?	0 1
Q: Describe capacity to communicate to diverse audiences?	0 1
Q: Describe capacity to reach children with low immunization rates and note relationships with community organizations?	0 1
Q: Note any personnel or equipment deficiencies?	0 1
Q: Describe plans for hiring & training / partners / Include position descriptions?	0 1
<i>Notes:</i>	Subtotal _____ / 5

Problem / Need	
Q: Identify the # of children < 24 months of age seen for shots in 2013 at HD?	0 1
Q: Identify the # of MMR dose 1 administered and percentage administered <24 months in 2013 at HD?	0 1
Q: Identify the # of DTaP dose 4 administered and percentage administered <24 months in 2013 at HD?	0 1
Q: Identify groups by race, ethnicity or geographical areas with low immunization levels?	0 1
Q: Clearly state past efforts toward improving immunization rates?	0 1
Q: Describe the 4:3:1:3:3:1:4 data regarding immunization rates in the county?	0 1 2
Q: Describe additional survey result information in the past 5 years?	0 1
Q: List all immunization clinic locations – public health?	0 1
Q: Describe no barriers policies?	0 1 2
Q: Describe the process to forward info to ImpactSIIS?	0 1
Q: Described other organizations involved in promoting immunizations?	0 1
<i>Notes:</i>	Subtotal _____ / 13
Objective 1: Health District Self-Assessment (AFIX)	
1a: Explain past challenges	0 1 2
1b: Description of assessing (include minimum of 2 AFIX)	0 1 2 3
1c: Describe feedback – includes all staff?	0 1 2 3
1d: Incentives have measurable criteria?	0 1 2 3
1e: Describe exchange plan?	0 1 2 3
1f: Evaluation: Indicates compliance with reporting on all 5 outcomes?	0 1 2 3 4 5
<i>Notes:</i>	Subtotal _____ / 19

Objective 2: Immunization Provider Assessments (AFIX)	
2a: Explain past challenges?	0 1 2 3
2b: List names of staff?	0 1
2c: Is the spreadsheet of the immunization providers clear?	0 1 2
2d: Is the target number of AFIX's planned?	0 1 2
2d: Is the target number adequate?	0 1 2 3
2e: Describe a promotion plan?	0 1 2 3 4
2f: Evaluation: Indicates compliance with reporting on all 4 outcomes?	0 1 2 3 4
<i>Notes:</i>	Subtotal _____ / 19
Objective 3: Immunization Coverage Disparities	
3a: Geographic disparities listed in the table?	0 1 2
3b: Plan for targeted immunization education reasonable?	0 1 2
3c: Plans to reassess pockets of immunization disparities listed?	0 1 2
3d: Plans to provide foreign language vaccine information statements to immunization providers?	0 1
3e: Plans to tailor healthcare services to the culture and language preference for diverse populations in your target area?	0 1 2
3f: Plans to implement immunization disparities clinics targeting children under 24 months of age?	0 1 2
3g: Evaluation: Indicates compliance with reporting the 4 outcomes?	0 1 2 3 4
<i>Notes:</i>	Subtotal _____ / 15
Objective 4: Provider Education	
4a: List MOBI staff (e.g., nurse, health educator)?	0 1
4b: MOBI promotion plan is comprehensive / multidimensional?	0 1 2 3
4c: MOBI implementation plan is systematic and covers the whole year?	0 1 2 3
4d: Education for LHD staff is comprehensive?	0 1 2
4e: Non-MOBI education for provider offices is comprehensive?	0 1 2
4f: Education plan for OB providers & hospitals adequate for HBsAg+ reporting?	0 1 2
4g: Evaluation - Indicates compliance with reporting the 5 outcomes?	0 1 2 3 4 5
<i>Notes:</i>	Subtotal _____ / 18

Objective 5: Collaboration with WIC	
5a: Identified all WIC locations that screen, assess and refer?	0 1
5b: Described how referred kids are recalled?	0 1
5c: Described how children are actively referred to WIC (not just a poster)?	0 1
5d: Evaluation - Indicates compliance with reporting the 2 outcomes?	0 1 2
<i>Notes:</i>	Subtotal _____ / 5
Objective 6: Reminder and Recall Systems	
6a: Identified the process of immunization reminder system?	0 1 2 3
6b: Identified the process for immunization recall when past due?	0 1 2 3
6c: Identified the process for reminders & recalls for HBsAg+ children?	0 1 2
6d: Evaluation - Indicates compliance with reporting the 3 outcomes?	0 1 2 3
<i>Notes:</i>	Subtotal _____ / 11
Objective 7: Perinatal Case Identification and Follow-up (7 metro. areas only)	
7a: Identified the plan to identify HBsAg+ pregnant females prior to delivery?	0 1
7b: Identified plan to assure HBIG and HBV w/in 12 hours to at-risk infants?	0 1
7c: Identified the plan to track infants for HBV and post-test serology?	0 1
7d: Described the plan to follow-up with additional Hep B contacts ?	0 1
7e: Described the plan to educate providers about the PHBPP?	0 1
7f: Described the plan to work with contiguous jurisdictions in coordinated efforts?	0 1
7g: Described the plan to reporting perinatal hepB cases to ODH?	0 1
7h: Evaluation - Indicates compliance with reporting the 4 outcomes?	0 1 2 3 4
<i>Notes:</i>	Subtotal _____ / 11
Past Performance	
Score from July 15, 2013 progress report (use average if multi-county)	_____ / 24 or 27
Score from January 15, 2014 progress report (use average if multi-county)	_____ / 24 or 27
Score from July 15, 2014 progress report (use average if multi-county)	_____ / 24 or 27
<i>Notes:</i>	Subtotal _____ / 72 or 81

Special Conditions:

Comments to Subgrantee:

Reviewer Signature:

Appendix D

2015 Immunization Action Plan (IAP) Grant Maximum Funds *			
County	Core	Perinatal Hep B	Total
Adams	\$8,711		\$8,711
Allen	\$32,266		\$32,266
Ashland	\$13,159		\$13,159
Ashtabula	\$27,444		\$27,444
Athens	\$12,564		\$12,564
Auglaize	\$17,017		\$17,017
Belmont	\$16,154		\$16,154
Brown	\$13,844		\$13,844
Butler	\$91,355		\$91,355
Carroll	\$6,344		\$6,344
Champaign	\$9,900		\$9,900
Clark	\$31,337		\$31,337
Clermont	\$47,395		\$47,395
Clinton	\$16,162		\$16,162
Columbiana	\$35,279		\$35,279
Coshocton	\$9,445		\$9,445
Crawford	\$18,638		\$18,638
Cuyahoga	\$309,817	\$43,150	\$352,967
Darke	\$13,357		\$13,357
Defiance	\$10,993		\$10,993
Delaware	\$43,673		\$43,673
Erie	\$28,371		\$28,371
Fairfield	\$35,027		\$35,027
Fayette	\$9,385		\$9,385
Franklin	\$363,165	\$86,050	\$449,215
Fulton	\$16,272		\$16,272
Gallia	\$14,274		\$14,274
Geauga	\$25,808		\$25,808
Greene	\$46,524		\$46,524
Guernsey	\$15,940		\$15,940
Hamilton	\$233,915	\$36,550	\$270,465
Hancock	\$22,312		\$22,312
Hardin	\$12,589		\$12,589
Harrison	\$4,068		\$4,068
Henry	\$10,268		\$10,268
Highland	\$20,125		\$20,125
Hocking	\$11,289		\$11,289
Holmes	\$23,456		\$23,456
Huron	\$32,284		\$32,284

Jackson	\$9,365		\$9,365
Jefferson	\$12,696		\$12,696
Knox	\$22,375		\$22,375
Lake	\$45,587		\$45,587
Lawrence	\$18,538		\$18,538
Licking	\$42,723		\$42,723
Logan	\$12,517		\$12,517
Lorain	\$79,152		\$79,152
Lucas	\$131,765	\$29,400	\$161,165
Madison	\$10,903		\$10,903
Mahoning	\$79,853	\$26,650	\$106,503
Marion	\$18,140		\$18,140
Medina	\$34,711		\$34,711
Meigs	\$6,809		\$6,809
Mercer	\$22,661		\$22,661
Miami	\$23,939		\$23,939
Monroe	\$4,073		\$4,073
Montgomery	\$148,697	\$32,700	\$181,397
Morgan	\$3,218		\$3,218
Morrow	\$8,196		\$8,196
Muskingum	\$25,131		\$25,131
Noble	\$3,595		\$3,595
Ottawa	\$11,529		\$11,529
Paulding	\$5,830		\$5,830
Perry	\$11,545		\$11,545
Pickaway	\$18,562		\$18,562
Pike	\$8,176		\$8,176
Portage	\$30,139		\$30,139
Preble	\$10,716		\$10,716
Putnam	\$13,482		\$13,482
Richland	\$33,742		\$33,742
Ross	\$19,731		\$19,731
Sandusky	\$30,869		\$30,869
Scioto	\$18,808		\$18,808
Seneca	\$22,653		\$22,653
Shelby	\$16,118		\$16,118
Stark	\$93,705		\$93,705
Summit	\$117,593	\$36,000	\$153,593
Trumbull	\$47,022		\$47,022
Tuscarawas	\$23,217		\$23,217
Union	\$14,758		\$14,758
Van Wert	\$10,901		\$10,901
Vinton	\$3,399		\$3,399

Warren	\$59,042		\$59,042
Washington	\$16,362		\$16,362
Wayne	\$32,215		\$32,215
Williams	\$10,161		\$10,161
Wood	\$30,959		\$30,959
Wyandot	\$9,994		\$9,994
Totals	\$3,195,798	\$290,500	\$3,486,298

* IAP Grant Maximum Funds are contingent on funding sources for 2015. Funding levels will be adjusted if full funding is not received from CDC.

**2015 Immunization Action Plan (IAP)
Semi-Annual Progress Report Instructions**

Please use the following instructions to prepare the semi-annual progress report for your Immunization Action Plan Subgrant. Please follow instructions carefully, as progress reports are scored. All 2015 IAP reports are due to ODH on the following dates: July 15, 2015 and January 15, 2016.

1. Provide a brief narrative of the progress made towards each objective during the previous 6 month period (January – June 2015 or July – December 2015). Re-state each IAP objective as listed in the 2015 IAP RFP. Identify the specific successes and challenges encountered and the solutions instituted for each objective. Significant achievements should be described, as well as instances when objectives were not met. Be specific in your description of accomplishments. The narrative must be one file per county, combining all the objectives together. The file format may be either MS Word or .pdf. In multiple county situations, the lead agency and each subcontracting county is to attach a separate narrative file. All narrative files must be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section.
2. Report evaluation or outcome measures as defined in the evaluation section of each 2015 IAP program objective using a MS Excel spreadsheet to be provided by the IAP Coordinator in June 2015 and in November, 2015. This file format must be MS Excel. The outcome spreadsheet must be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section.
3. Provide samples of locally produced promotional materials, pamphlets, articles, letters, or reports created during the report period that directly relate to grant objectives (e.g., newsletters). Attachments can be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section. If you elect to send any hard copy attachments, note your grant number and agency name on the front page, with one original and two copies to:
Ohio Department of Health
Grants Administration, Central Master Files
246 N. High Street, 4th Floor
Columbus, OH 43215
4. Submit the following CoCASA reports from Objective 1 directly to Alexandra Thornton via fax at 614-728-4279 or as scanned copies via email to Alexandra.Thornton@odh.ohio.gov.

AFIX with VFC Provider	AFIX with non-VFC Provider
1. Notification and Demographic Form	1. Notification and Demographic Form
2. Diagnostic Report (4:3:1:3:3:1:4)	2. AFIX Assessment Analysis Form
	3. Feedback Form with follow-up information
	4. Diagnostic Report (4:3:1:3:3:1:4)
	5. Site Visit Questionnaire

Note: In 2014, the CDC created the AFIX online reporting tool in order to streamline data submission and collection. In addition to reporting information into the online tool, a complete AFIX report packet will be used during the feedback session and left with the provider. Recent changes allow grantees to submit a reduced number of forms and reports to the ODH AFIX Coordinator.

Accessing the AFIX Online Reporting Tool:

The tool is housed in the CDC’s Secure Access Management Services (SAMS).

Various pieces of AFIX visit information will be entered into the online system.

Save the following link to your favorites in your internet browser so that you can easily access the tool.

Secure Access Management Services (SAMS) Secure Portal: <https://sams.cdc.gov/>

Refer to the SAMS and AFIX Online Tool user guides for the process of accessing the online tool as well as to learn what information needs to be entered and how to enter the information.

If you have any questions, please contact David Feltz or Michele McPeters at (614) 466-4643.



Assessment, Feedback, Incentives and Exchange (AFIX) Project for Ohio

Core Competencies

The Ohio Department of Health (ODH) Immunization Program has developed a list of Core Competencies for those conducting AFIX. These competencies are the minimum skills necessary for an individual to be successful at conducting AFIX. It is expected that those assigned to conduct AFIX have these skills.

Knowledge of computers including:

- Experience using desktop and laptop computers
- Experience using disks, CD, and/or flash drives to save and transfer data
- Experience using printers
- Experience using Word, email, and other basic applications
- Experience using the internet

Knowledge of the Immunization Schedule including:

- Current ACIP schedule
- Familiarity with concepts including minimum intervals, minimum ages, catch-up schedules, invalid doses, etc.

Knowledge of strategies for improving immunization rates including:

- Reminder systems
- Recall systems
- Simultaneous administration
- ImpactSIIS

Ability to speak in front of and with groups of people, including physicians, nurses and other office staff

Ability to travel to ODH AFIX trainings and to conduct AFIXs.

(7/2008)

Summary of the National Stakeholder Strategy for Achieving Health Equity

The fundamental purpose of the National Stakeholder Strategy is to promote systematic and systemic change that improves the overall health of the nation. Achieving this purpose will take time, include many people, and require that steps be taken incrementally while maintaining focus on the ultimate goal of achieving health equity. In this regard, the information in this section provides an overview of what may be required to influence change and improve outcomes for affected communities. It sets out a strategy for change based on the five key goals and 20 strategies that were developed through an extended grassroots process. The goals and their corresponding strategies provide a starting point and menu of resources for stakeholders to design actions that are achievable through their scopes of influence and areas of expertise.

Goal	Goal Description	Strategy
1	AWARENESS Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.	<p>1. Healthcare Agenda - Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas.</p> <p>2. Partnerships - Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan.</p> <p>3. Media - Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multitier audience—including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals to encourage action and accountability.</p> <p>4. Communication - Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health.</p>
2	LEADERSHIP Strengthen and broaden leadership for addressing health disparities at all levels.	<p>5. Capacity Building - Build capacity at all levels of decision making to promote community solutions for ending health disparities.</p> <p>6. Funding Priorities- Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services.</p> <p>7. Youth - Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives.</p>
3	HEALTH SYSTEM AND LIFE EXPERIENCE Improve health and healthcare outcomes for racial, ethnic, and underserved populations.	<p>8. Access to Care - Ensure access to quality health care for all.</p> <p>9. Children - Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at risk children, including children in out-of-home care.</p> <p>10. Older Adults - Enable the provision of needed services and programs to foster healthy aging.</p> <p>11. Health Communication - Enhance and improve health service experience through improved health literacy, communications, and interactions.</p> <p>12. Education - Substantially increase, with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long term health benefits.</p> <p>13. Social and Economic Conditions- Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes.</p>
4	CULTURAL AND LINGUISTIC COMPETENCY Improve cultural and linguistic competency and the diversity of the health-related workforce	<p>14. Workforce - Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities.</p> <p>15. Diversity - Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.</p> <p>16. Ethics and Standards, and Financing for Interpreting and Translation Services - Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation. Encourage financing and reimbursement for health interpreting services.</p>
5	DATA, RESEARCH, AND EVALUATION Improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes	<p>17. Data - Ensure the availability of health data on all racial, ethnic, and underserved populations.</p> <p>18. Community-Based Research and Action, and Community- Originated Intervention Strategies - Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.</p> <p>19. Coordination of Research - Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities.</p> <p>20. Knowledge Transfer - Expand and enhance transfer of knowledge generated by research and evaluation for decision making about policies, programs, and grant making related to health disparities and health equity.</p>