

Project Narrative

Statement of Need

This proposal is submitted by the Fresno County Department of Public Health (FCDPH) as a rural application targeting the westside of Fresno County, defined as rural per [Rural Health Grants Eligibility Analyzer \(hrsa.gov\)](#). Fresno County is in the heart of the Central San Joaquin Valley, one of the most productive agricultural regions in the world. Fresno County also includes the City of Fresno, which is not a part of this proposal but is the focus of a parallel urban health literacy proposal from the City of Fresno. The predominantly Spanish-speaking Hispanic/Latino population who reside in the target region in the westside of Fresno County live in small communities ranging from 300 to 18,000 people and primarily work in agricultural fields, packing houses, or food processing. Despite raising and harvesting the food on our tables, many westside residents struggle with food insecurity and other social determinants of health (SDOH), leading to higher rates of chronic conditions including obesity, diabetes, hypertension, and cardiovascular disease. Per the CDC's Social Vulnerability Index (Appendix V), the westside of Fresno County is in the most vulnerable quartile for all variables.

As illustrated in Appendix V, the pandemic has taken a grim toll in Fresno County. A contributing factor is the significant shortage of affordable housing. Many residents live in multi-generational households to make ends meet. Due to communal living conditions and frequent carpooling, farmworkers are at an increased risk of becoming infected with COVID-19. Farmworkers have been designated as essential workers and several large COVID-19 outbreaks have occurred in agricultural workplaces. FCDPH has partnered with multiple community-based organizations (CBOs) to combat COVID-19 related health disparities amongst agricultural workers.

Proposed Approach

FCDPH will utilize Office of Minority Health (OMH) funding to build on these partnerships and develop a health literacy plan that incorporates national culturally and linguistically appropriate services (CLAS) standards to support rural communities and agricultural workers in the westside of Fresno County. Grant support will be used to hire a dedicated team of health educators to develop, update, and maintain a library of culturally and linguistically appropriate health education materials covering COVID-19 related issues, chronic diseases, health promotion and disease prevention, and information regarding services addressing SDOH.

FCDPH will engage individuals including those with limited Spanish-English proficiency by using this grant to fund the hiring of CHWs with a shared cultural and linguistic background as trusted messengers to improve the health literacy of those they serve and to ensure warm handoffs when referrals are needed to address SDOH. Peer CHWs will be recruited and hired through CBOs and health care providers partnering in this proposal and serving the westside of Fresno County. CHWs will participate in an initial core educational program, as well as continuing education training throughout the grant period. FCDPH will also ensure availability of updated and culturally and linguistically appropriate health literacy materials by scheduling routine visits to each participating CBO and health care provider. FCDPH will employ a nucleus of health education specialists who will interface with peer CHWs, participating CBOs, and health care providers.

CHWs will also receive education and training in conducting initial assessments of clients and patients to identify needs related to SDOH. FCDPH, in conjunction with its partners, will identify a SDOH screening tool to be utilized by the peer CHWs. The identification of a common SDOH

screening tool is not part of the scope of this health literacy proposal but is a key component of a non-competitive CDC Health Disparity grant.

FCDPH's health literacy plan will benefit from the development of a HIPAA-compliant electronic information exchange system that will be funded by alternative funding sources. A robust electronic information exchange will facilitate the dissemination of health literacy materials and communication and follow-up while addressing SDOH. Funding for this information exchange is not requested from OMH. This health literacy proposal has also been developed and written in coordination with a parallel proposal from the City of Fresno, with careful attention to not duplicate any funding or staffing, and is part of a broader effort to implement a comprehensive care coordination program consistent with the Pathways Community HUB model described by the AHRQ, again without any overlapping funding.

The FCDPH health literacy plan will advance Healthy People 2030 objectives HC/HIT -01 through 03 and improve adherence to COVID-19 public health practices with high-risk and underserved racial and ethnic minority populations in the rural communities of west Fresno County. A continuous quality improvement strategy will be used to refine health literacy strategies that support the access, use and outcomes of COVID-19 health information and services for the target population. A dedicated team of health educators will be responsible for monitoring and updating all health literacy materials on a regular basis. In addition, there will be ongoing education and training for the peer CHWs who will be delivering health literacy services. Collaboration with partners is central to this proposal. Per the 2019 Fresno Community Health Needs Assessment, health literacy was identified as a priority area by Fresno County residents. The combination of culturally and linguistically competent health literacy materials generated by dedicated health educators disseminated by peer CHWs offering patients and

providers warm handoffs to SDOH resources, coupled with an information exchange infrastructure will be beneficial in multiple use scenarios and will enable FCDPH and its partners to improve health literacy and reduce health disparities in the communities it serves.

FCDPH will work with a Minority Serving Institution, to develop an evaluation approach that will be used to determine whether the health literacy intervention was implemented in adherence with CLAS Standards, whether it reached its target population described in the Disparity Impact Statement, and whether there were any changes in access, use and outcomes of program activities. Key evaluation elements will include: 1) Analyze data available through CalREDIE and CalCONNECT for COVID-19 testing, contact tracing, and vaccination trends in west Fresno County; 2) Survey individuals who have received services related to health literacy objectives regarding communication with their health provider, and involvement in decision-making (Healthy People 2030, HC/HIT -01 through 03) and compare to CAHPS survey benchmarks, and Assess IID-D02, “Increase the proportion of people with vaccination records in an information system” by evaluating HEDIS data for participating health care providers.

FCDPH will also employ process measures, including availability of health education for chronic conditions, and information on accessing services related to SDOH. Materials will be assessed for cultural and linguistic appropriateness using existing CLAS Standards and for availability both electronically and in paper versions at each participating organization. CLAS-specific performance metrics will include: 1) Bi-weekly meetings with at least 50% of CHWs and monthly site visits to each participating organization; 2) Availability of bilingual core health literacy documents applicable to the needs of underserved Fresno County communities addressing COVID-19, chronic conditions, health promotion and disease prevention, nutrition, physical activity, substance use, behavioral health and SDOH resources with routine updates of

documents, and dissemination to CHWs and participating organizations, and 3) Tracking SDOH referrals and length of time to follow-up with a target of increasing referrals from baseline by 10% at 6 months, 20% by 12 months, 30% 18 months, and 40% by 24 months.

Organizational Capacity

Since the inception of the COVID-19 pandemic, FCDPH has been working and contracting for services with CBOs and health care providers, who have used CHWs to fill specific roles such as medical case investigators, contact tracers, and providing isolation and quarantine guidance to thousands of families in both metro and rural Fresno County. This health literacy proposal builds on partnerships developed and lessons learned and significantly expands the education, training, and support of a network of CHWs affiliated with CBOs and health care providers. FCDPH has the organizational capacity to minimize delays in project start-up activities. The current roles and responsibilities of the Principal Investigator Dr John Zweifler includes the development of strategies to address SDOH and reducing health disparities. He has been integrally involved in the development of other similar projects and will tap FCDPH staff who have been working with CHWs and agricultural workers during the pandemic to develop best practices. Project Director Reyna Villalobos has worked extensively with planned partners to coordinate COVID-19 related responses including contact tracing and outreach for testing and vaccinations with contracted CBOs and healthcare providers and will easily be able to transition into this new role. FCDPH has worked with MSIs including CSU Fresno and Fresno City College on education and evaluation initiatives. FCDPH will identify a MSI for both the CHW training component as well as to develop a testing strategy that best assesses the performance metrics. FCDPH believes this project is feasible and sustainable, particularly in light of the State of California plans to implement many elements of CalAIM in the next several years.

The Fresno County Department of Public Health (FCDPH), Health Literacy Initiative will improve health literacy for the target population of rural and agricultural workers living in the westside of Fresno County, with an integrated and coordinated program that contributes to evidence-based public health strategies and incorporates the national standards for culturally and linguistically appropriate services (CLAS). Fresno County is in the heart of the San Joaquin Valley, one of the most productive agricultural regions in the country. Despite the bounty of food produced in this region, rural communities in Fresno County struggle with food insecurity and other social determinants of health (SDOH). The fruits and vegetables grown in Fresno County are harvested by a predominantly Latino workforce. COVID-19 has had a disparate impact on these essential workers, resulting in increased cases of COVID-19 related illnesses, hospitalizations, and deaths. To combat COVID-19 related health disparities amongst agricultural workers, FCDPH has partnered with community-based organizations (CBOs) through regular meetings and support of a network of dedicated peer community health workers (CHWs).

FCDPH will utilize Office of Minority Health (OMH) funding to build on these experiences in the development of a health literacy plan that incorporates CLAS standards while targeting rural communities and agricultural workers in the westside of Fresno County. Bilingual Spanish-English health literacy materials generated by health educators addressing COVID-19, communicable diseases, chronic medical conditions, health promotion and disease prevention, and resources addressing SDOH will be produced. This health literacy plan will expand already existing collaboration with CBOs, governmental agencies, and health care providers including federally qualified health centers (FQHCs) and hospitals caring for rural and agricultural communities in west Fresno County by standardizing and coordinating the education, training, and deployment of a network of CHWs. A network of CHWs working in coordination with a centralized team of health educators will ensure appropriate distribution of health literacy materials and a 'warm handoff' to community health resources. A minority serving institution will support these educational efforts.

This health literacy plan will benefit from the development of a HIPAA-compliant electronic information exchange system that will be funded by alternative sources. A robust electronic information exchange will facilitate the dissemination of health literacy materials, communication, and follow-up addressing SDOH. Funding for this information exchange is not requested from OMH. This health literacy proposal has also been developed and written in coordination with a parallel proposal from the City of Fresno, with careful attention to not duplicate any funding or staffing, and is part of a broader effort to implement a comprehensive care coordination program consistent with the Pathways Community HUB model described by the AHRQ.

Performance measures will be based on CLAS standards and will include scores on standardized surveys such as CAHPS, and process measures to assess access to culturally and linguistically appropriate materials at each participating organization. Long term sustainability for this ambitious but realistic proposal will be achieved by connecting health literacy programs with planned efforts to reduce disparities and address SDOH that are contained in the State of California's California Advancing and Innovating Medi-Cal (CalAIM) program. The combination of trained peer CHWs working with dedicated health educators, coupled with an information exchange infrastructure that supports not only exchange of information but also communication and follow-up for individuals impacted by SDOH, will enable FCDPH and its

partners to address the root causes of disparities and improve the health of the communities it serves.

Budget Narrative – Fresno County’s Health Literacy Project for Western Fresno County

A. Personnel Description of Annual Salaries and Wages

Position Title and Name	FTE	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Salaries Requested
Principal Investigator Dr. John Zweifler	10%	\$187,962	\$18,796	\$169,166	\$18,796
Project Director Reyna Villalobos	50%	\$95,709	\$47,854	\$47,854	\$47,854
Health Educator TBD - Vacant	100%	\$52,435	\$52,435	0	\$52,435
Health Education Specialist TBD - Vacant	100%	\$45,075	\$45,075	0	\$45,075
Staff Analyst 1 TBD - Vacant	40%	\$48,964	\$24,482	\$24,482	\$24,482
Office Assistant 1 TBD - Vacant	50%	\$25,291	\$12,646	\$12,645	\$25,291
				\$254,147	\$ 213,933

B. Personnel Justification

Job Description: Principal Investigator – Dr. John Zweifler

Dr. Zweifler will serve as a Principal Investigator for Advancing Health Literacy to Enhance Equitable Community Response to COVID-19. As Principal Investigator, 10% of his time will be allotted to ensure that all performance metrics are addressed in a timely manner and the budget is utilized as described in the health literacy proposal by meeting regularly with the Project Director and other key staff, reviewing all documents submitted to HHS OMH, and participating in updates with the community health workers hired through this proposal. Dr Zweifler will also ensure that the health literacy activities are integrated with the range of FCDPH initiatives addressing social determinants of health and health disparities. Dr Zweifler is particularly concerned about long-term sustainability and support for the information exchange system and the network of community health workers that is central to this health literacy proposal and will work to transition this grant activity into the CalAIM initiatives that are being phased in beginning of 2022 in California.

Job Description: Project Director – Reyna Villalobos, MPH

Reyna will serve as the Project Director, coordinating the overall operation of the project and ensuring project compliance. 50% of her time will be allotted to the responsibilities for program day-to-day oversight, hiring, development of project budget, supporting partnering organizations such as community-based organizations, clinical providers, Minority Serving Institution to ensure successful implementation of the scope of work, development of materials, training, and evaluation of the project, including providing project staff oversight. Reyna will be responsible for submitting progress reports and all necessary documentation to the Office of Minority Health.

Job Description: Health Educator– Vacant

The Health Educator will allot 100% of their responsibilities to the identification, review and support of bi-lingual (Spanish) health education material development that meet the goals and objectives of this project. The HE will work closely with the Project Director in coordinating some of the activities with the partnering organizations, including communication and media activities. The HE will also support the implementation of the information exchange system to help address the health disparities.

Job Description: Health Education Specialists– Vacant

The Health Education Specialists (HES) to be hired will allot 100% of their responsibilities to outreach and communication with CHWs. HES will work closely with CHWs hired by CBOs to recommend and develop core bi-lingual (Spanish) material and will field test the health education material for self-efficacy, comprehension, and adaptation needs prior to community dissemination.

Job Description: Staff Analyst– Vacant

40% of the Staff Analyst's time will be allotted to assist program staff and County Management by performing a variety of administrative duties, including preparing partnering organization agreements, sub-contracts, MOUs, and monitoring for contract compliance. The Staff Analyst to be hired will also assist with monitoring the budget, and expenditures, preparing requests for proposals and agenda items for Board of Supervisors, representing the County at various meetings, and before boards, commissions, and committees, as appropriate. The Staff Analyst will also assist with gathering the required documentation for report submission to HHS OMH.

Job Description: Office Assistant– Vacant

The Office Assistant to be hired will allot 50% of their time to provide office and administrative support to all project staff. This position will complete all required paperwork for office supply, purchases, requisitions, travels, mileage reimbursements, and make sure project staff completes required County forms for all appropriate activities. The Office Assistant will perform data entry, audit file, material support, answer phones and act as front office staff greeting and directing visitors.

C. Fringe Benefits Description

Position	Unemployment Insurance (.00190712% of Salary)	OASDI (0.07649471% of Salary)	Retirement (0.57200343 % of salary)	Health Insurance/ 0.17055402/ FTE)	Benefits Admin (\$_/FTE)	Total Benefits Requested
Principal Investigator	\$36	\$1,438	\$0	\$0	\$0	\$1,474
Project Director	\$91	\$3,661	\$27,372	\$4,472	\$56	\$35,773
Health Educator	\$100	\$4,011	\$29,993	\$8,943	\$112	\$43,047
Health Education Specialist	\$86	\$3,448	\$25,783	\$8,943	\$112	\$38,260
Staff Analyst 1	\$37	\$1,498	\$11,203	\$3,577	\$45	\$16,373
Office Assistant 1	\$24	\$967	\$7,233	\$4,472	\$56	\$12,696
Total	\$374	\$15,024	\$112,335	\$31,301	\$392	\$147,623

Total Annual Salaries: \$213,933 X 2 Years = \$427,866

Total Annual Fringe Benefits: \$147,623 X 2 Years = \$295,246

Total Annual Salaries and Fringe Benefits Requested: \$361,556 X 2 Years = \$723,112

D. Fringe Benefits Justification

FCDPH provides fringe benefits to all its full-time equivalent employees. Benefits include unemployment, retirement, OASDI, health insurance, life insurance, and benefits administration. Support for benefits is needed for all core positions PI, Project Director, Health Educator, two Health Education Specialists, Staff Analyst and Office Assistant.

E. Travel Description

Staff Person Traveling	Mileage Rate	Proposed Travel Dates	Proposed Locations Traveled	No. of Trips/Duration of Travel	Year 1 Travel Requested	Year 2 Travel Requested
Health Educator	.56 cents per mile	Monthly	10-12 locations to Fresno County's westside, rural communities (e.g., Firebaugh, Huron, Mendota, San Joaquin, Tranquillity, Three Rocks, Helm, Cantua Creek, Coalinga, Biola)	144 trips - 1.5 hours each roundtrip Each Trip Average 70 Miles RT	\$5,645	\$5,645
Health Education Specialist	.56 cents per mile	Bi-Monthly	10-12 locations to Fresno County's westside, rural communities (e.g., Firebaugh, Five Points, Huron, Mendota, San Joaquin, Tranquillity, Three Rocks, Helm, Cantua Creek, Coalinga, Biola)	288 trips - 1.5 hours each roundtrip Each Trip Average 70 Miles RT	\$11,289	11,289
					\$16,934	\$16,934

F. Travel Justification

In State Travel is necessary for the Health Educator and Health Education Specialists who are going to be working closely with the CHWs and the agricultural workers and their families. An estimated 30,240 total miles will be traveled annually to conduct outreach and meet and engage with residents from the Western part of the county. 30,240 miles X .56/mile= \$16,934

Total Travel Requested: \$16,394 a Year X 2 Years = \$33,868

G. Equipment Description

Equipment Item	Number Requesting	Unit Cost	Year 1 Request	Year 2 Request	Total Request for Equipment
Laptop computers and software	2	2,500 each	\$5,000	0	\$5,000
Wi-Fi hotspots with unlimited data	2	\$150 a month	\$3,600	\$3,600	\$7,200
Cell phones with unlimited data	2	\$100 a month	\$2,400	\$2,400	\$4,800
			\$11,000	\$6,000	\$17,000

H. Equipment Justification

Health Education Specialist will be required to be out in the community meeting frequently with agricultural workers and will need to have a laptop computer, and hotspots for reliable connectivity. In addition, because of the high degree of travel and meetings with residents, cell phones will be needed for the Health Educator and the HES.

Total Equipment Requested: Laptops/software, WiFi and cell phones for one year = \$11,000 X 2 Years for WiFi and Cell Phones = \$17,000

I. Supplies Description

Project Supplies	Year 1 Request	Year 2 Request	Total Request for Supplies
Paper, pens, markers, sticky notes, notepads, and related items	\$1,800	1,800	3,600
	\$1,800	\$1,800	\$3,600

J. Supplies Justification

Expenses for office supplies such as paper, pens, notepads and other related items are anticipated as part of the project’s implementation. The purchase of these supplies will support the work of all project staff PI, Program Director, HE, HES, Staff Analyst and Office Assistant.

Total Supplies Requested: \$1,800 X 2 Years = \$3,600

K. Contractual Description

Minority Serving Institution (MI)	Request for MI Contract Year 1	Request for MI Contract Year 2	Total Request for MI Contract
Evaluation	\$50,000	\$50,000	\$100,00
CHW TA and Training	\$50,000	\$10,000	\$60,000
Total	\$100,000	\$60,000	\$160, 000

Community-based Organizations (CBO)	Total Request for CBO/FQHC/RHC Contracts
Federally Qualified Health Centers (FQHCs) and Rural Health Center (RHC)	\$1,828,214
Total	\$1,828,214

L. Contractual Justification

FCDPH will work closely with a Minority Serving Institution (MSI) for establishing and developing an ongoing improvement process and project evaluation that helps to assess whether the intervention (s) implemented were in adherence with the CLAS standards to help reduce health disparities in the Western side of Fresno County. The MSI will also provide ongoing technical assistance, training, and support to all the CHWs using an approved and adapted curriculum that covers COVID-19, communicable diseases and chronic disease prevention and health promotion.

Community-based Organizations (CBOs), Federally Qualified Health Centers (FQHCs) and the Rural Health Center will hire 10-12 total CHWs who reside in the respective communities and who can serve as trusted messengers, speaking the primary language of residents (Spanish) to address the health disparities related to COVID-19, communicable diseases, chronic conditions and social determinants of health.

Total Requested for Contracts: \$160,000 for MI and \$1,828,214 for CBOs and FQHCs/RHCs = \$ 1,988,214.

M. Other Description

Material Development/Printing/Duplication and Promotion	Unit Costs	Total
Development and Printing of a myriad of health education materials	10,000 copies of each material and at least 30 different materials = 300,000 total copies @ .10 cents each	\$30,000
Promotion and marketing via radio/television, social media	Radio: 10,000 Television: 15,000 Social Media:5,000	\$30,000
		\$60,000

Other Description

Security	\$101 a month X 24 months	\$2,424
Facility Maintenance	\$281 a month X 24 months	\$3,372
Utilities	\$214 a month X 24 months	\$5,136
		\$10,932

M. Other Justification

Material Development/Printing/Duplication and Promotion

FCDPH will work with current contracted media vendor to assist with developing a myriad of tailored messaging and/or content to reach the priority target population. The Western part of Fresno County will be saturated with culturally and linguistically appropriate messaging. The materials developed will be used to promote health education related to COVID-19, communicable diseases, chronic diseases, and related health disparities. Some material will be available for electronic download, which will help to reduce the overall costs of printing.

Total Requested for Material Development, Printing, Duplication and Promotion = \$60,000 for two years.

Security, Facilities Maintenance and Utilities

FCDPH incurs monthly costs associated with security, facility maintenance and utilities. The anticipated costs for these items total \$10,932.

Total Requested for Security, Facilities Maintenance and Utilities = \$10,932 over two years.

N. Indirect Costs Description

The current approved Fresno County indirect rate is 22.579%. Total indirect requested = direct cost X 22.579 = **\$163,271**

O. Indirect Costs Justification

FCDPH has an approved indirect rate of 22.579% from the California Department of Public Health.

P. Program Income Description

No income is anticipated from this project.

Q. Program Income Justification

N/A

R. Non-Federal Resources Description

The Non-Federal Resources for this project are \$254,147.

S. Non-Federal Resources Justification

Program staff such as the PI, Project Director, Staff Analyst and Office Assistant, are allocated on this project only a percentage of their time and will have other project responsibilities, and as such, some of their salaries will be covered by other sources of funding.

(2) Plan for Oversight of Federal Award Funds

FCDPH's robust Finance Department oversee a multitude of local, state, and federal grants. The Finance Department has established processes for clear transparency and accountability. Working closely with the Program Director, and Staff Analyst, the Finance Department will ensure all policies and procedures are closely followed and monitored. This Federal funding will be methodically tracked and separated from other funding using the structure and controls that are currently in place. Bi-weekly meetings focused on expenditures will be held to ensure appropriate levels of spending.

APPENDIX I: PROJECT PARTNERS

The list below represents potential partners based on their extensive experience and relationship working with the Fresno County Department of Public Health’s (FCDPH) COVID-19 response efforts. If awarded, FCDPH will require all interested partners to go through its Purchasing Department open bidding RFP process. The potential partners identified here have strong leadership and several years of experience serving the underserved communities on the Western part of Fresno County. Project partners may include community-based organizations, federally qualified health centers, a rural health center, safety-net hospital system and one Minority Serving Institution. The partner roles in developing and implementing the health literacy and sustainability plan have been described generically and more specific information, including contracts, will become available once funded.

Potential Partnering Organizations	Potential Role in Developing and Implementing the Health Literacy and Sustainability Plan
Community-based Organizations	
Cultiva La Salud	Partnering organization with FCDPH to hire CHWs, support training, provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
WestSide Family Preservation	Partnering organization with FCDPH to hire CHWs, support training, provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Education Leadership Foundation	Partnering organization with FCDPH to hire CHWs, support training, provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Leadership Counsel for Justice and Accountability	Partnering organization with FCDPH to hire CHWs, support training, provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Centro La Familia Advocacy	Partnering organization with FCDPH to hire CHWs, support training, provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Centro Binacional Para El Desarrollo Indígena Oaxaqueño	Partnering organization with FCDPH to hire CHWs, support training, provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
LEAP	Partnering organization with FCDPH to hire CHWs, support training, provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.

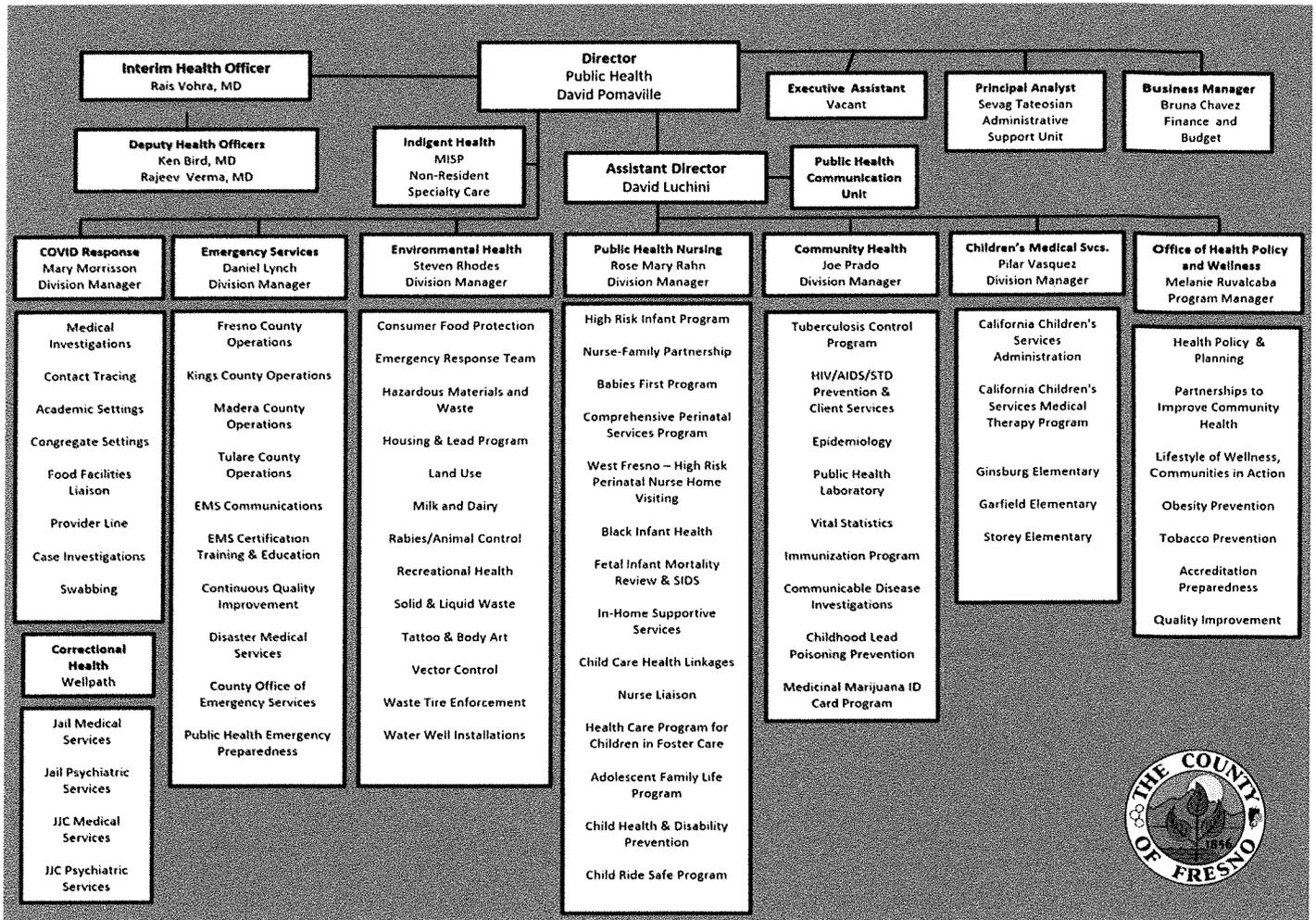
Federally Qualified Health Center	
Aria Health	Partnering FQHC with FCDPH to support training, referrals and provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
United Health Centers	Partnering FQHC with FCDPH to support training, referrals, and provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Valley Health Team	Partnering FQHC with FCDPH to support training, referrals and provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Rural Health Center	
Adventist Health	Partnering Rural Health Center with FCDPH to support training, referrals, and provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Hospital System	
Community Regional Medical Center	Partnering safety net hospital with FCDPH to support training, referrals, and provide access to the information exchange system for the implementation of the health literacy plan and sustainability plan.
Minority Serving Institution	
California State University, Fresno	Partnering Minority Serving Institution with FCDPH responsible for establishing and developing an ongoing improvement process and project evaluation that helps to assess whether the intervention (s) implemented were in adherence with the CLAS standards to help reduce health disparities in the Western side of Fresno County.

APPENDIX II: DOCUMENTATION OF COMMITMENT FROM PARTNERS, SUBRECEIPT ORGANIZATIONS AND AGENCIES

FCDPH is committed to working closely and collaboratively with the community-based organizations (CBOs), health care providers and Minority Serving Institution who serve the target population of individuals living in the rural and agricultural communities in the westside of the county. FCDPH demonstrated its commitment to collaboration by partnering with CBOs and health care providers to carry out key activities to mitigate the COVID-19 pandemic in rural and underserved communities, including testing, contact tracing, and vaccinations.

As alluded to in Appendix I, Fresno County has a very rigorous bid process that is designed to provide funding opportunities in a fair and equitable way for qualified organizations in the community. For this reason, FCDPH is unable to provide letters of commitment from the CBOs and health care providers serving the target population in the westside of Fresno County. As is clearly described in the budget and budget narrative, FCDPH has allocated a major portion of the grant award if received to funding community health workers (CHWs) who will be hired by CBOs and health care providers serving the target population in the westside of Fresno County. The expectations for these CHWs is described in the budget narrative. Upon receipt of this funding, FCDPH will open a bid process for any qualified organizations to apply to be a partner on this project. Based on its experience working with the CBOs and health care providers serving the target population in the westside of Fresno County during the COVID-19 pandemic, FCDPH is confident that there will be a great deal of interest in participating in this project. Per grant guidelines, copies of all MOUs and/or contracts associated with this funding will be provided to OMH.

APPENDIX III: ORGANIZATIONAL CHART



Fresno County Department of Public Health (FCDPH) serves the entire jurisdiction of Fresno County with approximately 400 staff. FCPH is uniquely positioned and ready to lead the implementation of the health literacy and sustainability plan. With nearly 60 years of experience managing budgets, agreements, and contracts successfully, it will ensure all project activities are in compliance and regulatory and programmatic requirements are met. Currently, FCDPH is managing numerous local, state and federal revenue agreements and contracts for service.

The FCDPH Health Literacy Project will be housed in the Office of Health Policy and Wellness. This division is responsible for numerous programs, including obesity prevention, tobacco prevention, chronic disease prevention and many others that promote and support the elimination of health disparities. The staff under the proposed project staffing will be responsible for implementing the key Health Literacy and Sustainability Plan tasks alongside the CHWs and partnering organizations, and monitoring the project's ongoing progress.

Current Staffing	Current Number/FTEs	Proposed Project Staffing	Proposed Number/FTEs
		Principal Investigator	1/10%FTE
Program Manager	1/1.0 FTE	Program Director	1/50%FTE
Health Educators	4/4.0 FTE	Health Educator	1/100%FTE
Health Education Specialist	10/10.0 FTEs	Health Education Specialist	1/100% FTEs
Staff Analyst	1/1.0 FTE	Staff Analyst	1/40% FTE
Office Assistant	2/2.0 FTE	Office Assistant	1/50% FTE
Total	18/18.0 FTEs		3.50 FTEs

APPENDIX IV: SUMMARY BIO FOR DR. JOHN ZWEIFLER

Dr John Zweifler is a family physician with decades of experience in primary care, medical education, and health care administration. He has been in a number of medical leadership roles and has spoken on a variety of topics including quality improvement, health care delivery, health disparities, and value-based care. Throughout his career, he has provided care to rural and underserved communities. He is the author of the e-books, “Tipping Health Care in the Right Direction,” and “Pop Health”. He currently works on COVID-19 related activities and population health and social determinants of health with the Fresno County Department of Public Health (FCDPH), supervises residents in ambulatory settings with the University of California San Francisco (UCSF) Fresno Family Medicine Residency Program, and is a medical consultant with The Terry Group.

Dr Zweifler has been the principal investigator for several competitive grants, including three consecutive family medicine HRSA training grants while Program Director for the UCSF Fresno Family Medicine Residency Program. More recently while working with Adventist Health Central Valley Network as the Director for Graduate Medical Education, he was the principal investigator for a Medication Assisted Treatment grant with the Sierra Health Foundation, a substance use navigator grant with Calbridge, and a CalMedForce grant on behalf of the Adventist Health Hanford Family Medicine Residency Program. Dr Zweifler has been with FCDPH for less than a year and has already written the narratives for federal and state grants and learning collaborative applications which address health disparities and social determinants that are pending notification. Dr Zweifler is intimately involved in crafting related grant applications to CDC due in the next month that will further the model for addressing SDOH and reducing health disparities that is described in this health literacy proposal. Dr Zweifler has additional experience as a researcher. He has close to 20 published peer reviewed articles on primary care topics and health policy.

Dr. Zweifler will serve as a Principal Investigator (PI). As the PI, Dr Zweifler will work to ensure that all performance metrics are addressed in a timely manner and the budget is utilized as described in the health literacy proposal by meeting regularly with the project manager and other key staff, reviewing all documents submitted to HHS OMH, and participating in updates with the community health workers hired through this proposal. Dr Zweifler will also ensure that the health literacy activities are integrated with the range of FCDPH initiatives addressing social determinants of health and health disparities. Dr Zweifler is particularly concerned about long term sustainability and support for the information exchange system and the network of community health workers that is central to this health literacy proposal and will work to transition this grant activity into the CalAIM initiatives that are being phased in beginning in 2022 in California. This health literacy proposal has been carefully written to ensure that there is adequate administrative support and built-in plans for oversight and meeting with the community health workers who will be delivering health literacy materials. Because this proposal aligns so closely with other initiatives addressing social determinants of health and health disparities that Dr Zweifler is involved with in his role with FCDPH, Dr Zweifler anticipates being able to perform the responsibilities of the PI as part of the allotted FTE.

APPENDIX IV: SUMMARY BIO FOR REYNA VILLALOBOS, MPH

Reyna Villalobos is an enthusiastic and passionate public health practitioner with nearly 25 years of experience holding vast positions in the field of public health on a variety of health-related issues addressing health disparities and social determinants of health, including obesity prevention, tobacco prevention, chronic disease prevention, homelessness, transportation, healthcare coverage, and has led community driven work focused on policy, systems and environmental changes with low-income community residents. Reyna will serve as the Project Director. Prior to joining Fresno County Department of Public Health, Reyna worked for Clinica Sierra Vista, one of the largest Federally Qualified Health Centers in the country, where she served as the Chief of Grants, Population Health and Strategic Partnerships. During her tenure at Clinica, Reyna oversaw the Healthcare for the Homeless Program, and managed multiple other Programs and supervised 40 staff.

In June 2020, Reyna Villalobos joined Fresno County Department of Public Health – COVID-19 Division as a Program Manager – Community Outreach Liaison in June of 2020. In this role, Reyna has been leading and supporting all the COVID-19 surveillance testing across the county, working closely with Federally Qualified Community Health Centers (FQHCs) and the COVID-19 Equity Project Community-Based Organizations comprised of three coalitions: Immigrant Refugee, African American, and Disability with 21 initial organizations. Reyna is responsible for managing the contracts and supporting the FQHC and CBOs with the implementation of their scope of work, which entails expanding mobile testing, case investigation and contact tracing, providing preventive health education and outreach, as well as financial supports for individuals directly impacted with COVID-19. In this role, Reyna also supports the Communications Unit and the Public Information Officer with appropriate material translation in Spanish and ensures messaging is accurate for individuals with Limited English Proficiency.

Furthermore, Reyna provides oversight to the COVID-19 Information Team (CIT), responsible for developing medical case investigation presentations and workflows for internal and external case investigators, including COVID Division Leads such as the Congregate Setting, Academic Setting, Facilities, Information Line, and Contact Tracing.

Reyna completed her Master's in Public Health with an emphasis in Health Services Administration in 1999 and a Gerontology Certification and has completed multiple professional internships, one at the Health Resources Services Administration (HRSA) in Rockville, Maryland, Baylor Healthcare System in Dallas, and at Yadkinville, North Carolina's Health Department, including completing the Fresno County Chamber of Commerce's Leadership Class 33 in 2017.

Reyna has a deep passion to serve the community at all levels and is particularly interested in addressing the root causes of health inequities and social determinants of health. Reyna is bi-lingual and bi-literate in Spanish and enjoys working in her community to improve health disparities and health outcomes for those most vulnerable.

APPENDIX V: PROJECT TARGET POPULATION

This project will be focused on the residents of the Western part of Fresno County, particularly individuals and families working in the food and agriculture industry (e.g., fields, packing houses and food processing). The data in the table below is for Fresno County as a whole. It highlights the social determinants that impact all of the county and have contributed to the high numbers of total COVID cases and positivity rates. As the attached Social Vulnerability Index (SVI) (see bottom of Appendix V) data indicates, the Western part of Fresno County is in the highest quartile of vulnerability within the county. The SVI data reflects the additional barriers that result from SDOH that confront agricultural workers and other individuals living in the Western part of the county.

(a) Race/ethnicity	(b) COVID-19 Total Cases and Positivity Rate (effective 4/1/2021)	(c) Households with more persons than rooms	(d) Uninsured populations (effective 4/1/2021)*	(e) Populations with Limited English Proficiency
Hispanic/Latino	47.6%	15.7%	11.7%	28.8%
White (non-Hispanic)	16.6%	2.9%	8.3%	16.9%
Asian	7.6%	15.6%	6.6%	32%
African American	2.5%	6.8%	-	-
Multi-Race	0.1%	7.7%	-	-
American Indian/Alaska Native	0.4%	10.3%	-	-
Native Hawaiian Pacific Islander	0.9%	36.2%	-	-
Other	24.3%	0.9%	12.3%	32%
Total	N=100,277 cases/testing+ 2.4%	9.6%	8.4%	19.4%

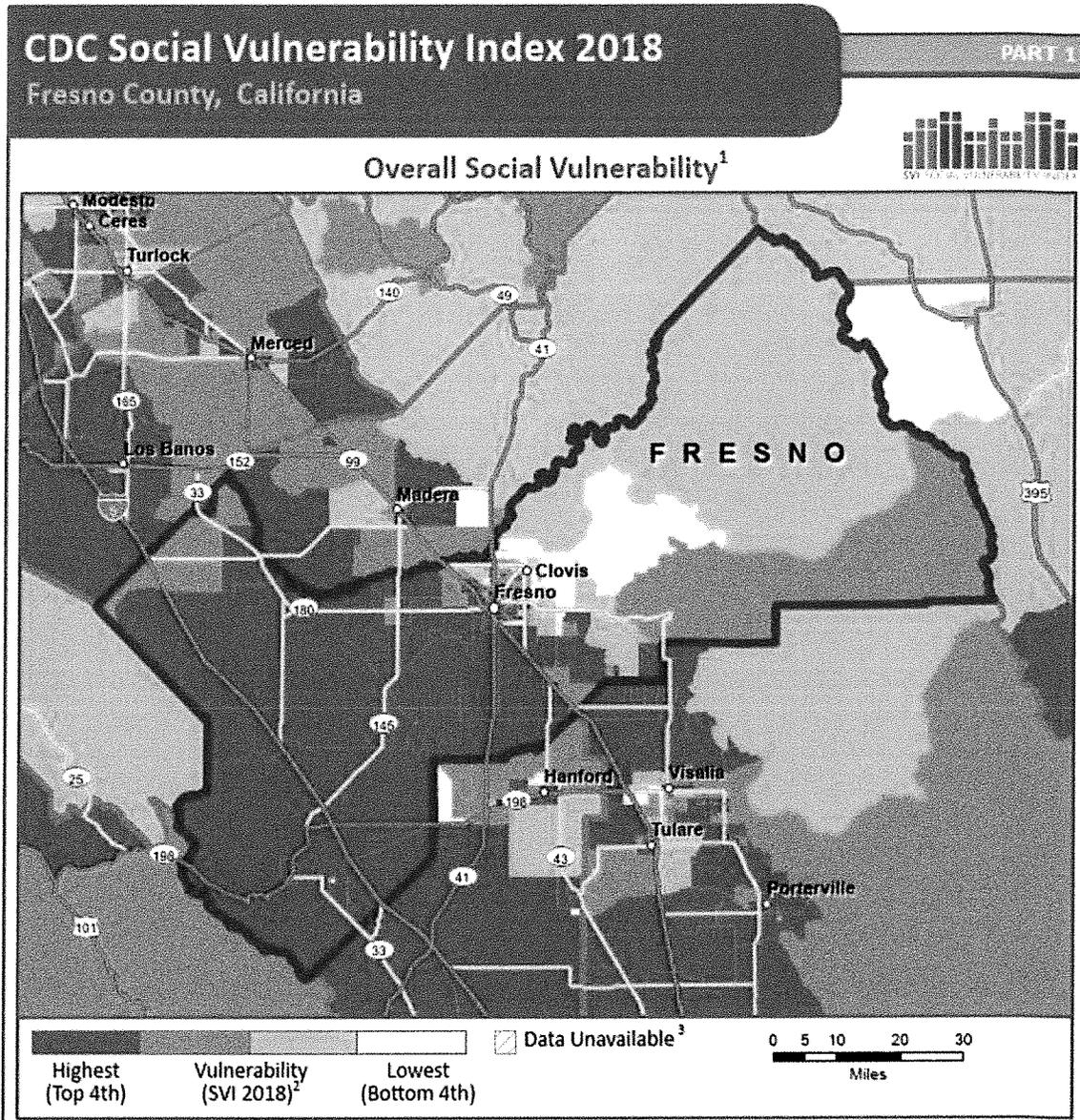
B) Percent of total PCR confirmed COVID-19 cases by race/ethnicity. Other includes Unknowns. **Positivity only available for Total and represents a 7-day percentage.

C) Percent of household overcrowding (> 1.0 persons per room) and severe overcrowding (> 1.5 persons per room). U.S. Census Bureau, American Community Survey (ACS) 5-year estimates 2011-2015 (Table DP04 and B25014). U.S. Department of Housing and Urban Development (HUD), Consolidated Planning Comprehensive Housing Affordability Strategy (CHAS) data 2009-2013, Table 10.

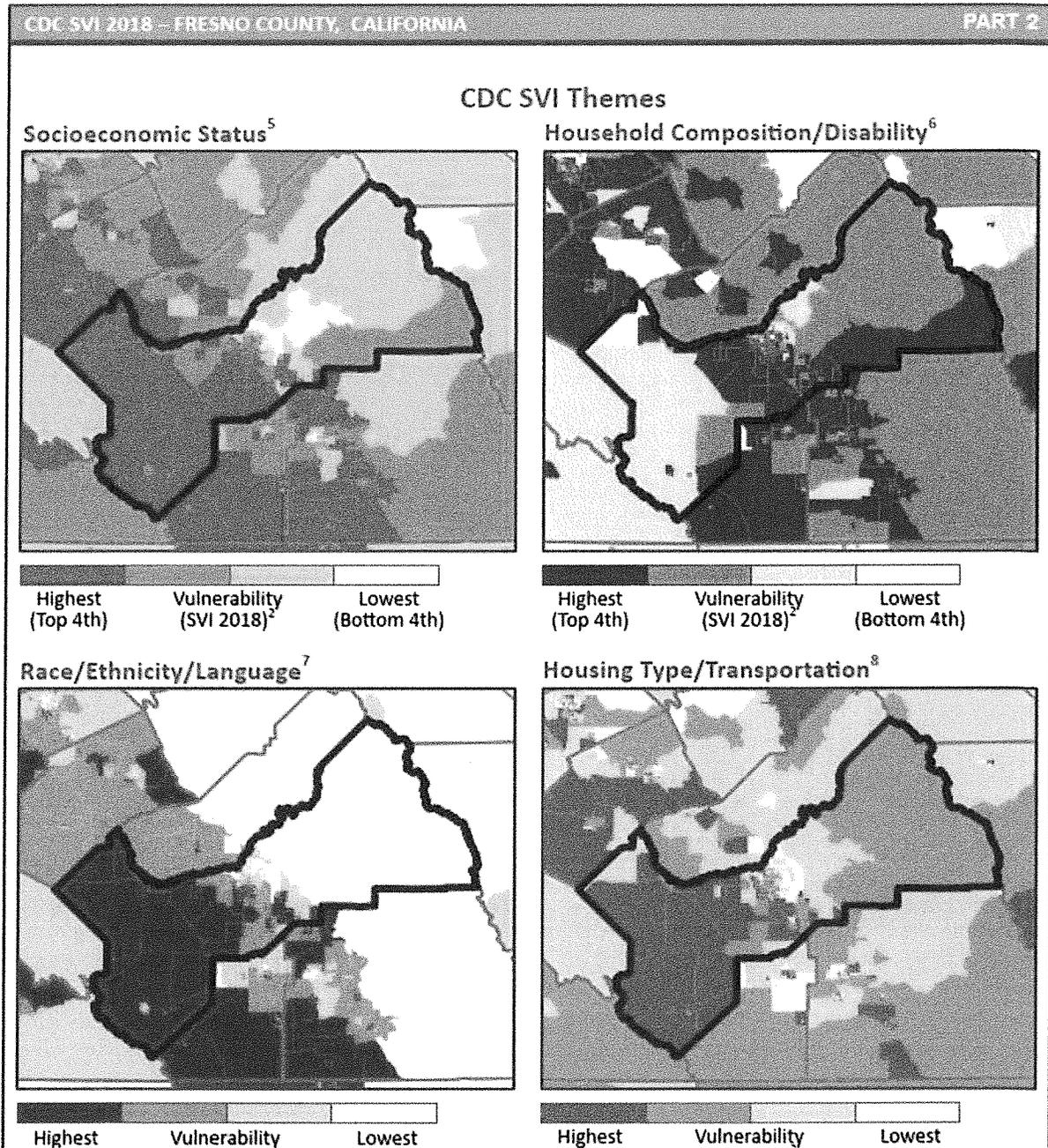
D) No Health insurance coverage. 2019: American Community Survey. 1-year estimates selected population profiles.

E) Speak English less than "very well". 2019: American Community Survey. 1-year estimates selected population profiles.

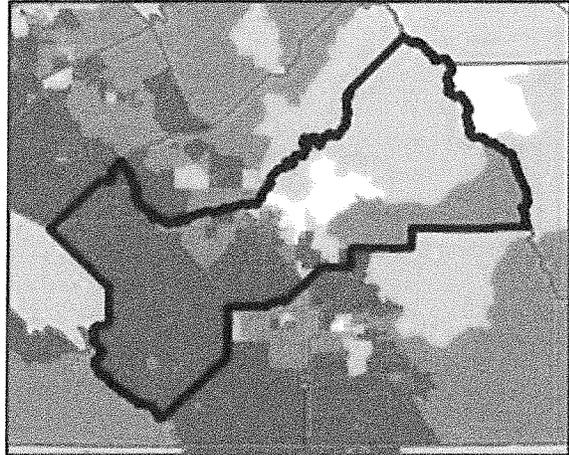
Project Target Population's Overall Social Vulnerability Index (SVI)



Project Target Population's Social Vulnerability by Themes



Socioeconomic Status⁵



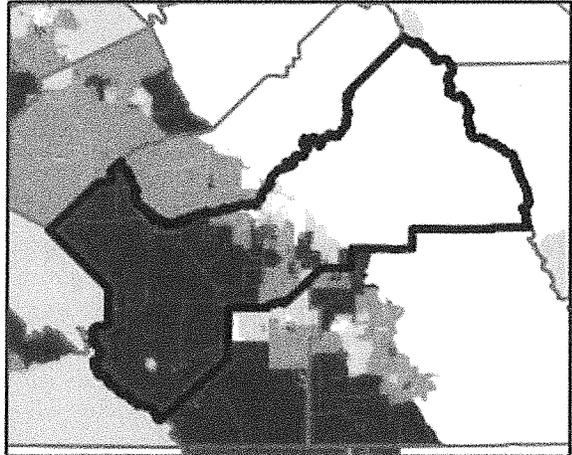
Highest (Top 4th) Vulnerability (SVI 2018)² Lowest (Bottom 4th)

Household Composition/Disability⁶



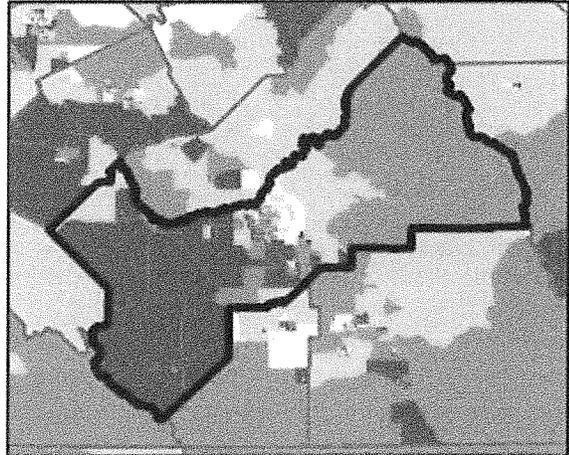
Highest (Top 4th) Vulnerability (SVI 2018)² Lowest (Bottom 4th)

Race/Ethnicity/Language⁷



Highest Vulnerability Lowest

Housing Type/Transportation⁸



Highest Vulnerability Lowest