

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Fresno County Department of Public Health"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000512"/>	* c. Organizational DUNS: <input type="text" value="5561976550000"/>	
d. Address:		
* Street1: <input type="text" value="P.O. Box 11867"/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="Fresno"/>	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="93775-1867"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Department of Public Health"/>	Division Name: <input type="text" value="Off. of Health Policy & Wellne"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Melanie"/>	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Ruvalcaba"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Program Manager"/>		
Organizational Affiliation: <input type="text" value="Fresno County Department of Public Health"/>		
* Telephone Number: <input type="text" value="559-600-6449"/>	Fax Number: <input type="text" value="559-600-3543"/>	
* Email: <input type="text" value="mruvalcaba@fresnocountyca.gov"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control - OSTLTS

11. Catalog of Federal Domestic Assistance Number:

93.391

CFDA Title:

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthc

*** 12. Funding Opportunity Number:**

CDC-RFA-OT21-2103

* Title:

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

13. Competition Identification Number:

CDC-RFA-OT21-2103

Title:

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Fresno County's Initiative to Address COVID-19 Related Health Disparities

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,897,935.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="7,897,935.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 1	93.391	\$	\$	3,511,333.10	\$	3,511,333.10
2. Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 2	93.391			4,386,602.20		4,386,602.20
3.						
4.						
5. Totals		\$	\$	7,897,935.30	\$	7,897,935.30

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 1	Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 2			
a. Personnel	\$ 294,100.00	\$ 294,100.00	\$	\$	\$ 588,200.00
b. Fringe Benefits	202,929.00	202,929.00			405,858.00
c. Travel	1,500.00	1,500.00			3,000.00
d. Equipment	10,000.00	0.00			10,000.00
e. Supplies	592.00	593.00			1,185.00
f. Contractual	1,605,000.00	2,490,268.00			4,095,268.00
g. Construction	0.00	0.00			0.00
h. Other	1,218,000.00	1,218,000.00			2,436,000.00
i. Total Direct Charges (sum of 6a-6h)	\$ 3,332,121.00	\$ 4,207,390.00			\$ 7,539,511.00
j. Indirect Charges	179,212.10	179,212.20			358,424.30
k. TOTALS (sum of 6i and 6j)	\$ 3,511,333.10	\$ 4,386,602.20	\$	\$	\$ 7,897,935.30
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 1	\$		\$	\$
9. Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 2				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$		\$	\$

SECTION D - FORECASTED CASH NEEDS

Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal \$ 3,511,333.10	\$ 877,833.27	\$ 877,833.28	\$ 877,833.27	\$ 877,833.28
14. Non-Federal \$				
15. TOTAL (sum of lines 13 and 14) \$ 3,511,333.10	\$ 877,833.27	\$ 877,833.28	\$ 877,833.27	\$ 877,833.28

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 1	\$ 877,833.27	\$ 877,833.28	\$ 877,833.27	\$ 877,833.28
17. Fresno Co. DPH Initiative to Address COVID-19 Related Health Disparities - Year 2	1,096,650.55	1,096,650.55	1,096,650.55	1,096,650.55
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 1,974,483.82	\$ 1,974,483.83	\$ 1,974,483.82	\$ 1,974,483.83

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 7539511	22. Indirect Charges: 358424.30
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23. Remarks:

The County of Fresno resides in four congressional districts:

- District 16
- District 21
- District 22
- District 4



Project Abstract Summary – Fresno County Department of Public Health

Funding from CDC-RFA-OT21-2103 received by the Fresno County Department of Public Health (FCDPH) will be used to address COVID-19 related health disparities and advance health equity in underserved and disproportionately affected populations.

During the response to COVID-19 in Fresno County, the COVID Equity Project was created. This is a partnership between several community-based organizations, healthcare providers, and educational institutions. The goal was to provide outreach to hard-to-reach populations for testing, education, and eventually vaccination using a community health worker model. Building upon these relationships and activities, FCDPH would like to further to develop this model to expand outreach to address other social determinants of health and other underlying health conditions that may be exacerbated by COVID-19.

FCDPH will focus on Strategies 1, 3 and 4. Some of the key activities will include:

- Creating and recruiting a Health Equity Officer position. This position will align activities with the region and the State and will eventually serve other County of Fresno departments such as the Department of Behavioral Health and the Department of Social Services to better align resources and information related to health equity in the County.
- Align community health worker (CHW) activities in the community so referrals to resources are more efficient and services provided are more comprehensive. FCDPH will work with local CBOs to ensure that most CHWs receive common training and use the same tools so that services are more consistent in the community. Part of this alignment will include the identification of a common screening tool as well as a common data infrastructure system.
 - Evaluating, identifying, and implanting a common health data system for all community-based organizations (CBOs) to use in order to interface with all County departments. This common system will allow CHWs with various CBOs to more efficiently and effectively refer clients to resources in the community, especially wrap-around services related to COVID-19. CHWs will also be able to ensure that clients follow through with any referrals
 - Evaluate and identify a common social needs assessment tool that CHWs can use to ensure that they can identify all barriers that a client might be experiencing, including those related to the social determinants of health. All CHWs will be trained in the use of the tool and be familiarized with the resources that are available to community members to address these barriers.

Project Narrative

A. Background

Fresno County Department of Public Health (FCDPH) is the health authority for the County, and its fifteen incorporated cities, under the leadership of David Luchini, Interim Director, and Rais Vohra, MD, Interim Health Officer. The mission of FCDPH is the promotion, preservation and protection of the community's health. We accomplish this through identifying community health needs, assuring the availability of quality health services and providing effective leadership in developing public health policies. We are committed to working in partnership with our communities to eliminate health disparities.

At 6,000 square miles, Fresno County is the sixth largest county by land mass and tenth largest county by population in California. Having one of the fastest growing and most diverse populations, the County has been growing at a rate nearly twice that of California. In 2017, its estimated population was 989,255 (US Census). More than half of Fresno County residents live in a single metropolitan area (nearly 60%) and the rest (approximately 40%) live within rural communities and in unincorporated areas. Fresno County is a minority majority County with more than 50% of the population being Latino, 11% Asian, 5.8% African American, 3.0% American Indian/Alaska Native, and 0.3% Native Hawaiian and other Pacific Islander in 2017. 29.5% were White (non-Hispanic). Nearly 44.6% of the County population speaks a primary language other than English at home. Compared to the state, 73.8% of County residents versus 82.1% of Californians age 25 or older are high school graduates; only 19.7% of County residents versus 32.0% of Californians age 25 or older hold a bachelor's degree. In 2012, the agricultural industry provided an estimated 48,900 jobs, making up 14.7 percent of all classified industry jobs. The County continues to be one of the top agriculture producing regions in California and the nation.

As of May 2018, Fresno's unemployment rate was 6.9% compared to California at 3.7% and the US at 3.6%. The 2016 median household income was estimated at \$45,963 compared to \$63,783 for California and \$55,322 nationally. More than 25% of the County's population lives below the poverty line compared to 12.7% nationally.

Even though Fresno County is one of the nation's food baskets, the 2016 California Health Interview Survey (CHIS) estimated that 52.3% of Fresno County adults were not able to afford enough food versus 44.4% for California. A substantial number of County residents were either in or near USDA designated food deserts. Limited access to grocery stores results in fewer choices to quality food and restricts purchase of fresh fruits and vegetables. With few food options, families often depend on fast food or corner stores to feed their children, a diet that is rich in calories but offers little nutritional benefit. Consequently, obesity rates and chronic diseases, such as prediabetes, type 2 diabetes, and high blood pressure, are often higher in areas with high poverty and low access to quality food.

The disproportionate rates of chronic disease among low-income residents are a primary focus for FCDPH. The 2016 CHIS found that Fresno County percentages of overweight and

obese adults were 40.2% and 32.4% respectively. The 2018 California County Health Status Profiles indicated that Fresno County's age-adjusted deaths rate from coronary heart disease was 108.1 compared to HP 2020's National target at 103.4 per 100,000 population. The 2016 CHIS found 6.4% of Fresno County adults have been diagnosed with heart disease, as compared to 5.9% of the State. Fresno County ranked 48 out of 58 California counties for deaths attributed to heart disease. The age-adjusted death rate due to stroke was 44.7, higher than the HP2020 target of 34.8 per 100,000 population. The 2016 CHIS found 7.6% of Fresno County adults have ever been diagnosed with diabetes. The age-adjusted death rate due to diabetes in Fresno County was 26.4%, higher than the California rate of 20.7%. Additionally, according to a 2016 study by the University of California, Los Angeles (UCLA), 49% of Fresno County adults are prediabetic or undiagnosed diabetic. Fresno County is designated as a Health Professional Shortage Area in primary care. The 2016 CHIS Health Profile indicated that 53.2% of Fresno County residents received Medi-cal coverage compared to 33.0% of people in California.

Previous countywide assessments highlight the concern of community members, health care providers, academic experts, and community leaders for health challenges attributed to the region's socioeconomic and environmental conditions. All attest to the concentrated poverty in the county and its impact on community health. The marked poor health in Fresno County in comparison to California and the nation is the result of multifaceted issues that demand aligned intervention priorities and strategies from multi-sector partners. Many of the multiple community health challenges in Fresno County can be attributed to the region's socioeconomic and environmental conditions. Fresno, one of the poorest counties in California, is sometimes referred to as "the Appalachia of the West." Social determinants impact health care and health status and manifest as health inequities. The health challenges are far beyond what any one organization can address. The process of focusing priorities will allow for expanded opportunities to align limited resources and target strategies in communities where change is needed and people are primed for action.

COVID-19 disproportionately impacted the County's communities of color, those who did not have access to healthcare or wrap-around services, those with underlying health conditions, and those who had other barriers related to social determinates of health. The Fresno COVID-19 Equity Project used a community health worker (CHW) model to successfully perform outreach and education in regards to testing, and then eventually vaccination. FCDPH would use this funding to further develop the CHW model to address social determinants of health in the community in order to lessen the impact of future epidemics. FCDPH would align training and resources in order to make the response efforts more equitable and thorough. Additionally, FCDPH would create and recruit a Health Equity Officer who could help to ensure that activities were culturally competent. This new position would eventually serve additional County departments we well, including the Department of Behavioral Health and the Department o Social Services.

B. Approach

i. Purpose

For this project, FCDPH will partner with local community based organizations (CBOs) to further develop and enhance the CHW model in Fresno County to serve populations that were disproportionately affected by COVID-19 due to underlying health conditions or other barriers, including social determinants of health. This will include identifying a common training, social needs assessment tool, and a common data infrastructure to more efficiently and thoroughly address community needs. Additionally, FCDPH will recruit Health Equity Officer that will ensure that activities throughout the department are culturally competent and will eventually serve additional County departments such as the Department of Behavioral Health and the Department of Social Services to ensure that services throughout the County are more consistent.

ii. Outcomes

FCDPH's strategies align with CDC's outcomes. As outlined in the logic model and the work plan, outcomes will include:

1. Reduced COVID-19 related health disparities
 - a. Increase capacity of CHWs in Fresno County to better perform outreach and education in regards to COVID-19 as well as other underlying health conditions.
2. Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk that are underserved, including racial and ethnic minority groups and people living in rural communities.
 - a. FCDPH will recruit a Health Equity Officer position that will serve other County departments as well.

iii. Strategies and Activities

Both research and experience have shown that making policy, systems and environment (PSE) changes to scale and sustain lifestyle change programs and community clinical links where people live, learn, work, and play contributes to improvements in short- and long-term health outcomes. The collaborative foundation of this project will allow for greater reach for underserved populations in Fresno County. This project will also build upon the activities completed by the COVID Equity Project from CARES funding and additional capacity building through our ELC funding. FCDPH will address:

Strategy 1 – Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.

- a. FCDPH will identify a common social needs assessment tool to incorporate into the CHW model to make identification of barriers easier and more streamlined.
- b. FCDPH will identify a common data infrastructure tool for all CHWs to use in order to improve and enhance referral services, especially to wrap-around services in response to COVID-19.

Strategy 3 – Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

- a. FCDPH will recruit a Health Equity Officer for the department. The Health Equity Office will align with regional and State activities in the area of health equity and will ensure that targeted populations are reached more effectively and efficiently. This position will also eventually serve other County departments so that activities and initiatives are more aligned internally.

Strategy 4 – Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

- a. FCDPH will continue to work with CBOs through the COVID Equity Project. FCDPH will provide funding to upscale and build capacity for a CHW network in Fresno County to align services and make them more comprehensive to serve cross-sectoral issues related to chronic illness and social determinants of health.

1. Collaborations

- c. FCDPH will collaborate with the CDC for technical assistance and continued quality improvement in regards to national best practices and evidence based programs. FCDPH will also work with organizations identified through CDC-RFA-OT18-1802 to provide technical assistance to program awardees. FCDH also works with the California Department of Public Health to ensure that activities are aligned throughout the region as well as the State. CDPH does an excellent job of coordinating efforts throughout the State to ensure consistent messaging and leveraging of resources where possible.
- d. Additionally, FCDPH has several established community relationships that would be significant for this program. These collaborations include working with several local CBOs through the COVID Equity Project. These CBOs serve targeted hard-to-reach populations throughout the County. FCDPH would build upon these relationships to expand to additional CBOs in order to expand the CHW network. This network also includes a

CHW stakeholder group which includes our local managed care plans, hospitals, and university.

2. Target Populations

FCDPH serves the entire jurisdiction of Fresno County. However, one of the primary targets for this program will be the Hispanic community. Hispanics make up over half of the population of Fresno County and were disproportionately affected by COVID-19. The Hispanic community faces several challenges. They typically have a lower socio-economic status and make up more than half of the County's Medicaid recipients. Many speak only Spanish, which creates language barriers that also affect their understanding and trust of medical providers, and prevention and treatment options. Additionally, many residents of this population live in rural Fresno County. These areas tend to have very limited access to care, and limited healthy food and nutrition options.

Other target populations will include our African American and Asian populations in both urban and rural communities, low-income, Medicaid/Medi-Cal recipients, immigrant populations, and those with underlying chronic health conditions and are more likely to be affected by COVID-19.

C. Applicant Evaluation and Performance Measure Plan

Through a review for proposals (RFP) process, FCDPH will select an Evaluation contractor that will plan, implement, and report on a comprehensive performance management and evaluation for this project. With guidance from program staff, and key stakeholders and partners, the Evaluation contractor will, as directed by CDC, participate in implementing the evaluation plan and act on recommendations from CDC and contractors on how best to implement evaluation directives. The Evaluation contractor will assist Fresno County in all required reporting on program evaluation actions and findings as well as overall program activities, performance, and outcomes on a quarterly and annual basis.

The proposed approach includes both process and outcome evaluation activities, collection of key annual performance measures and other indicators of short-term outcomes and program reach for all proposed interventions and calculation of overall performance expressed as reach to individuals using intervention settings. The following sections describe partner roles, evaluation overview, key questions, performance measures, data sources, use of evaluation findings, potential contribution of the innovative strategy, and links to other site and national evaluations.

FCDPH and Evaluation contractor will determine the best method to collect data for each activity, which may include pre/post surveys, key informant interviews, database queries, etc. Data collected will be used to determine effectiveness of new trainings and resources, as well as how CHWs are perceived in the community. With the adoption of a new common database infrastructure, FCDPH should be able to measure how many CHW referrals are

being made and if the CHW is following up on those referrals, including those to a primary care physician to address chronic conditions and for COVID-19 testing and vaccination.

Program Partners’ Roles in Evaluation and Performing Measurement Planning:

Throughout the planning of evaluation and performance management activities, and for the subsequent tracking and reporting of evaluation implementation and preliminary findings, FCDPH and the Evaluation contractor will work in close partnership. At least bi-weekly planned meetings between FCDPH and the Evaluation Contractor will support and ensure the continuity of this partnership. The approaches described here will be further articulated and reviewed at program steering committee/stakeholder meetings, which will include CBOs as sub-contractors. Throughout the two-year project period, there will be regular reporting to community partners and stakeholders on evaluation implementation and process/outcome evaluation findings. Their guidance will be sought on potential improvements or supplements to evaluation activities based on this ongoing consultation.

Data Sources and Data Collection (data management plan): FCDPH and evaluators will track the completion of program activities and achievement of milestones through activity logs, event summaries, and document reviews. These data and qualitative interviews will be collected along with tracking data to address barriers and facilitators of milestone achievement. Data on the number of patients receiving care from a CHW model and referral partners will be collected from the data infrastructure system and from CBO partners using queries to ensure integration of the data system. All data will be de-identified. FCDPH staff will work with the Evaluation contractor to determine standards to be used for the collected or generated data and to establish a means to store, access, and archive the data.

FCDPH will also be able to use systems such as CalCONNECT, CalREDIE, and REDCap to track COVID-19 positivity rates throughout the County. Program staff can track trends in areas where CHWs will be deployed to provide interventions to determine if there is any change.

Proposed performance measures include:

- Contracting with community partners to recruit, train, and deploy CHWs in the community to address COVID-19 related health disparities.
- Identification and adoption of a common social-needs assessment tool, which will be used by CHWs for intake purposes to determine challenges that targeted population is experiencing.
- Identification and adoption of a common data system for all CBOs, CHWs, and partner agencies to use to track referrals and provide follow up.
- Common training and resources for all CHWs in the community so that services are more aligned and thorough. Trainings will address COVID-19 response activities as well as other resources that address specific chronic illnesses and the social determinants of health.
- Increased referrals to partner agencies by CHWs for wrap-around services.

- Integration of CHWs in the community through CBOs.
- Integration of CHWs in the clinical setting.
- Policy work to provide stable, ongoing funding for the CHW positions, including billing for services.
- Recruitment of a Health Equity Officer who will align activities with the State and region to address health equity issues in the targeted populations.
- Health Equity Officer will also work to serve and align other County departments such as the Department of Behavioral Health and the Department of Social Services.

Using Evaluation Findings for Continuous Program and Quality Improvement: Based on relationships established through prior collaborations, the Evaluation contractor will be in frequent and regular contact with the FCDPH about implementation and early findings from the evaluation. On a quarterly basis, the Evaluation contractor will review activity completion and milestone achievement documentation to observe opportunities for adjustments to program activities and quality improvement. Preliminary findings on performance measurement and other indicators will be shared and reviewed for possible program improvements as they become available.

D. Organizational Capacity

Fresno County is a “large county” with a mix of big city challenges and a small town atmosphere. The Department specifically prioritizes health equity, system change, and policy-level work to address a broad spectrum of local health challenges, including chronic disease prevention, maternal, child and adolescent health, and communicable disease prevention. Capacity building activities will take place in urban and rural areas across Fresno County, will concentrate in areas with identified COVID-19 related health disparities, and will engage subpopulations including low-income Hispanic, Southeast Asian and African American families, farmers and farmworkers, and the medically underserved. The Department serves the entire jurisdiction of Fresno County.

FCDPH has a long history of engaging community, local, regional and statewide agencies to identify and develop environmental, policy and systems change strategies to address obesity, tobacco use, and related chronic conditions. Through new, unique and existing partnerships, FCDPH continues to build capacity to address chronic diseases “upstream” and reduce the burden of obesity, diabetes, CVD, and other related chronic diseases utilizing Health in all Policies and the socio ecological models.

FCDPH has been actively working to address social determinants of health, health equity, planning and built environment, health in all policies, and similar environmental and system change work for at least the past two decades. FCDPH’s Office of Health Policy and Wellness is dedicated to chronic disease prevention program planning and development of strategies for reducing health disparities in Fresno County through evidence and practice-based population-based policy/systems change. Through the Fresno Fresh Program, the SNAP-Ed Nutrition Education and Obesity Prevention Program (NEOP), Tobacco Prevention Program, the Lifetime of Wellness program, and the Partners to Improve Community Health

(PICH) program, staff have successfully implemented policy level/systems changes including increasing access to healthy foods, reducing exposure to unhealthy options, increasing physical activity opportunities, increasing access to smoke-free and tobacco-free environments, increasing access and coverage of diabetes and hypertension prevention programs, and improving clinical community linkages. Our role has included leadership and facilitation of county stakeholders in strategic planning, resource allocation, implementation of key strategies, evaluation, and reporting outcomes, and communicating formally and informally about the work being done. While many strides have been made, there are still many significant challenges to overcome to fully address Fresno’s health equity disparities and to “make the healthy choice, the easy choice” for all Fresno County residents.

FCDPH is uniquely positioned and ready to lead and coordinate the proposed implementation. Using CARES funding, FCDPH has already built a foundation of CBOs who use the CHW model for COVID-19 outreach and education. This model will be upscaled to address social determinants of health and chronic underlying health conditions as related to COVID-19. Additionally, the Health Equity Officer will align activities with the State, region, and within the County to ensure that the targeted populations are being served in an equitable manner.

Through other funding sources, the Fresno Community Health Improvement Partnership (FCHIP) plans to create a Pathways Community Hub (PCH) in Fresno County to provide resources, training, and technical assistance to CBOs using the model. Several agencies and organizations in the County are currently engaged in very creative work to improve the health status of the community. This collaborative group will continue to support, inform, and assist with coordinating resources and performing outreach to the community. Chronic Disease Community of Practice.

FCDPH provides core public health, environmental health, and emergency response programs. With more than 50 years of successful administration of agreements, contracts, and budgets, FCDPH currently administers more than 250 local, state and federal revenue agreements and contracts for services. FCDPH places a high priority on contracting for services through local vendors. FCDPH routinely works with local policy makers, agency representatives, community-based organizations, and resident groups as well as state and nationally recognized public health leaders.

This project will be housed in the Office of Health Policy and Wellness. This office administers chronic disease prevention programs, which focus on policy, systems and environmental change. Staff assigned to work on this project will include:

Principal Investigator: Melanie Ruvalcaba, MPH (25%) – Ms. Ruvalcaba will be the PI. As the Manager of the Office of Health Policy and Wellness, she has ultimate oversight for all program activities.

Project Manager: Ana Cruz, MPH (60%) – Ms. Cruz will be responsible for all aspects of completing the work plan, including tracking timelines, maintaining documentation, compiling reports and supervising staff.

Health Education Specialists: Vacant (100%) – This position will require a Bachelor’s degree in community health or a related field. The HES will work with the project lead and project coordinator to ensure completion of all work plan activities.

Two additional administrative support staff positions include a Staff Analyst, to assist in contracts, tracking invoices, and other administrative approval processes, and an Office Assistant, to assist in all projects related clerical processes.

The Office of Budget and Finance handles all aspects of budget development and monitoring, accounts payable, and accounts receivable for FCDPH’s over \$83 million budget. Fresno County’s financial management system is PeopleSoft, an integrated financial software package that provides a wide variety of business applications and reports. Each application, Financials, Customer Relationship Management, and Human Resources, interacts to offer an effective and efficient means of processing and reporting. Data derived from PeopleSoft queries will be utilized to fulfill grant requirements. FCDPH has in place a mechanism to track leveraged funds from additional sources.

Budget Narrative – Fresno County Department of Public Health

A. Salaries and Wages

Name	Position	Salary	FTE	Months	Amount Requested
Melanie Ruvalcaba	Principal Investigator	\$101,000	10%	24	\$20,200
TBD	Health Equity Officer	\$65,000	100%	24	\$130,000
TBD	Health Educator	\$65,000	70%	24	\$91,000
TBD	Staff Analyst I	\$55,000	100%	24	\$110,000
TBD	Health Education Specialist	\$45,000	100%	24	\$90,000
TBD	Office Assistant I	\$37,000	50%	24	\$37,000
TBD	IT Support Specialist	\$55,000	100%	24	\$110,000
					\$588,200

Salaries and Wages Justification

Job Description: Principal Investigator - Melanie Ruvalcaba, MPH

This position acts as the project’s Principal Investigator and works closely with the program staff to direct the overall operation and evaluation of the project. 10% of her time will be allotted to responsibilities for overseeing the implementation of project activities, supervision of project lead staff, coordination with other agencies and subcontractors; development of materials, development of communication and media activities, provisions of in-service training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for assessment activities as well as overall program evaluation and for staff performance evaluation and subcontractor compliance; and is the responsible authority for ensuring necessary reports/documentation are submitted to CDC.

Job Description: Health Equity Officer – TBD

The Health Equity Officer will be recruited under the Health Educator classification. This new full time position serves as the manager of all department health equity activities. The Health Equity Officer will coordinate activities with the State, region, and other County departments. Responsibilities include program oversight, development and monitoring of program activities, leading implementation of activities, communicating with community partners and other County departments, and researching best practices in the area of health equity as it relates to addressing social determinants of health and COVID-19 related health disparities.

Job Description: Health Educator – TBD

This position serves as the Project Manager, coordinates the overall operation of the program. 70% of time will be allotted to program oversight, development and monitoring of program budget, leading implementation of activities, supervision and evaluation of program staff, coordination with other agencies and subcontractors, coordination of assessment efforts, including provider outreach, training and technical assistance, development of materials, assisting coordination and implementation of health communication and media activities, subcontractor compliance, and is responsible for ensuring necessary reports/ documentation are submitted to CDC.

Job Description: Staff Analyst I – TBD

The Staff Analyst position will allot 100% of their time to assist program staff and County management by performing a wide variety of research, analysis, planning, evaluation, and administrative duties. This position is supervised by Principal Investigator. Administrative job duties and responsibilities include: preparing program related agreements, sub-contracts, leases, and MOUs and monitoring for contract compliance (maintaining records and files, and preparing reports and monitoring contract deliverables); assist with monitoring of budget and expenditures, preparing requests for proposals, requests for quotations, etc. to procure outside services and supplies for the department and program; preparing agenda items and presentations to go before the Board of Supervisors; representing the County at various meetings and before boards, commissions, and committees, as appropriate; conducting administrative studies in collaboration with Principal Investigator, Project Manager and program staff to determine needs, preparing reports, and recommending implementation procedures for a variety of special studies and projects; and assisting in the preparation of funding applications for local, state and federal funding opportunities.

Job Description: Office Assistant I – TBD

The Office Assistant position will allot 50% of their time to provide office and administrative support to all program staff. This position will complete all required paper work 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 also provide audit file, data entry, and materials support for all related activities, answer phones and act as the front office staff, greeting and directing visitors.

Job Description: Health Education Specialist – TBD

The full time Health Education Specialist will report to the Health Educator and will be responsible for assisting with implementation of program activities. The HES will work closely with community partners and CHWs to identify training needs and resources to build capacity. HES will assist with setting up trainings and developing materials, and will work with the Evaluation Consultant to collect information and report challenges and successes.

Job Description: IT Support Specialist – TBD

This position will serve to provide IT support and technical assistance to all organizations who implement the new data infrastructure. IT Support Specialist will assist with installing, training, trouble-shooting the new software. IT Support Specialist will provide ongoing

technical assistance to all participating partners to ensure that the system is working smoothly in order to collect necessary data for evaluation of program activities.

B. Fringe Benefits

Benefits are calculated at 69% of Salaries:
 Total Salaries: \$588,200 x 69% = \$405,858
Total Personnel: \$739,037

C. Consultant Costs

Software Consultant: TBD - \$35,000

Software consultant will assist with identification, evaluation, and selection of appropriate data infrastructure system that will be used by various organizations in order to make referrals to services easier and more streamlined. Consultant will work closely with program staff, other subcontractors, and community partners to determine program needs and capacity.

D. Equipment

FCDPH will purchase necessary computers, monitors, and related equipment for new staff - **\$10,000**

E. Operating Expenses

Item	Type	Amount Requested
General Office Supplies	Office Supplies: pens, pencils, paper, toner, file folders, meeting folders, binders, paper clips, staples, and similar office supplies	\$1,185
Facilities	Facilities, security, utilities, maintenance	\$30,000
Network	Phones and computer network	\$6,000
		\$37,185

Justification: General supplies will be purchased under this category and will be used in completion of project activities, including supplies for meetings, outreach for primary and secondary data collection and daily office operations. Communication costs include phones, computers, and networking for program staff. Facilities costs include janitorial services, building maintenance, security and utilities.

F. Travel

In State Travel: Program staff are estimated to travel approximately 893 miles per year to attend multiple local collaborative meetings within Fresno County, to local outreach sites to monitor program implementation, and regional meetings throughout the central valley, as appropriate, to engage with partners conducting similar work.

893 miles x \$0.56/mile = \$500 x 2 years = \$1,000

Conferences/Training: FCDPH will budget \$2,000 to send approximately program staff members to out of town trainings/conferences.

Local Travel - \$1,000

Conferences/Trainings - \$2,000

Total Travel Requested - \$3,000

G. Other Costs

Data Software System - \$1,400,000

FCDPH will recruit a consultant to help evaluate and identify a data system that can be used throughout the County, with various organizations, to track bi-directional referrals to resources. The system will primarily be used by community health workers (CHWs) to refer clients to resources and address social determinants of health. Rights to use the system will be purchased by FCDPH. However, other organizations will be given access as well, so that all participating organizations will be able to use the same system, which should streamline services and make tracking easier.

Capacity Building – Training and Education - \$1,000,000

Program staff will work with community partners to identify necessary training and education opportunities for CHWs. Trainings in specific outreach techniques, learning about new resources or educational curriculums, how to communicate effectively, etc. will be provided for CHWs to increase their capacity to address social determinants of health for their targeted population.

H. Contractual Costs

Evaluation Sub-Contractor - \$140,000

Evaluation contractor will work closely with program staff, other subcontractors, and community partners to conduct all evaluation components of the program. The successful contractor will be required to work closely with program staff, key stakeholders, and CBO subcontractors to complete scope of work activities including creating all evaluation tools, designing the program logic model to align with CDC's logic model, and to evaluate overall program outcomes to determine effectiveness.

Community Based Organization (CBO)/Clinical Provider Sub-Contractors – \$3,795,268

CBO/Clinical Provider sub-contractors will be responsible for implementing related program activities at their clinic sites. Specifically, CBOs and/or clinical providers will integrate CHWs into their organizations to serve clients with COVID-19 related health disparities. CHWs will complete training through the FCHIP Hub and will assess clients, refer to resources, and track all activity using a common data system designated by FCDPH.

Community Health Needs Assessment Contractor - \$125,000

FCDPH will work with the local hospital council to combine the hospital needs assessment to include social determinants of health issues to build a comprehensive community health needs assessment. A similar assessment was completed in 2019. Completing another one in the 2nd year

of funding will help to assess where COVID-19 created or exacerbated already existing health disparities and how to address them.

Total Contractual Costs: \$4,095,267

Total Direct Costs: \$6,545,452

I. Indirect Costs: \$358,424

The indirect rate is the 10% de minimis of the modified total direct costs: \$3,584,243

Budget Summary

<u>Personnel</u>	Year 1	Year 2
Salary	\$294,100	\$294,100
Fringe	\$202,929	\$202,929
	\$497,029	\$497,029
<u>Consultant/Contractual Costs</u>		
Evaluator	\$70,000	70,000
Software Consultant	\$35,000	\$0
CBO Contracts	\$1,500,000	\$2,295,268
Community Health Needs Assessment		\$125,000
	\$1,605,000	\$2,490,267
<u>Operating Expenses</u>		
Supplies	\$592	\$593
Communications	\$3,000	3,000
Security, Utilities, and Facilities	\$15,000	15,000
	\$18,592	\$18,593
<u>Travel</u>		
Local Travel	\$500	\$500
Conferences/Trainings	\$1,000	\$1,000
	\$1,500	\$1,500
<u>Other</u>		
Data software system	\$700,000	\$700,000
Capacity Building – Training and Education	\$500,000	\$500,000
	\$1,200,000	\$1,200,000
Direct Costs	\$3,332,121	\$4,2007,390
Indirect	\$179,212	\$179,212

Total Budget \$3,511,333 \$4,386,602 \$7,897,935