

AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as "Amendment I", is made and entered into this 20th day of June, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **PUBLIC HEALTH INSTITUTE**, a California Non-Profit Organization, whose address is 555 12th Street, Oakland, California, 94607, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS the parties entered into that certain Agreement, identified as COUNTY Agreement No. A-15-548, effective November 1, 2015, hereinafter referred to as "Agreement", whereby CONTRACTOR agreed to provide certain program oversight and provision services to COUNTY's Department of Public Health; and

WHEREAS the parties now desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is hereby acknowledged, the parties agree as follows:

1. That the existing COUNTY Agreement No. A-15-548, Page 2, Section 2, "TERM," beginning on Line 15 with the word "This" and ending on Line 20 with the word "term," be deleted and the following inserted in its place:

"This Agreement shall become effective on the 1st day of November, 2015 and shall terminate on the 31st day of July, 2017."

2. That the existing COUNTY Agreement No. A-15-548, Page 3, Section 4, "COMPENSATION," beginning on Line 18 with the word "In" and ending on Line 25 with the word "2018," be deleted and the following inserted in its place:

"In no event shall actual services performed under this Agreement be in excess of One Million, Three Hundred Twenty-Nine Thousand, Four Hundred Eighty-Nine and No/100 Dollars (\$1,329,489) during the period of November 1, 2015 through September 29, 2016, and Three Hundred Forty-One Thousand, One Hundred Ninety-Five and No/100 Dollars (\$341,195) during the period of September 30, 2016 through July 31, 2017."

3. That all references in existing COUNTY Agreement No. A-15-548 to "Exhibit A" shall

1 be changed to read “Revised Exhibit A”, attached hereto and incorporated herein by reference.

2 4. That all references in existing COUNTY Agreement No. A-15-548 to “Exhibit B” shall
3 be changed to read “Revised Exhibit B”, attached hereto and incorporated herein by reference.

4 5. Except as otherwise provided in this Amendment I, all other provisions of the
5 Agreement remain unchanged and in full force and effect. This Amendment I shall become effective
6 November 1, 2015.

7 6. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the
8 Agreement, and that upon execution of this Amendment I, the Agreement and Amendment I together
9 shall be considered the Agreement.

10 ///

11 ///

12 ///

13 ///

14 ///

15 ///

16 ///

17 ///

18 ///

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

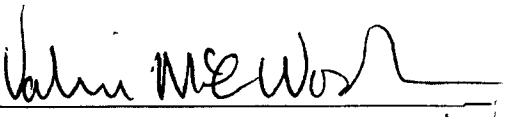
26 ///

27 ///

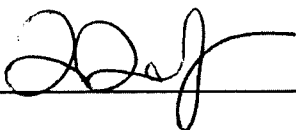
28 ///

1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to Agreement as
2 of the day and year first hereinabove written.

3
4 **CONTRACTOR:**
PUBLIC HEALTH INSTITUTE

5
6 By: 
7 Print Name: Valerie McCann Woodson
8 Title: Vice President of Human Resources
9 Chairman of the Board, or
10 President, or any Vice President

11 Date: 5-30-17

12
13 By: 

14 Print Name: Tamar Dorfman
15 Chief Financial Officer

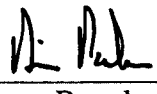
16 Title: _____
17 Secretary (of Corporation), or
18 any Assistant Secretary, or
19 Chief Financial Officer, or
20 any Assistant Treasurer

21 Date: 5.30.17

22 Mailing Address:
23 Public Health Institute
24 Cultiva La Salud
25 555 12th Avenue, 10th Floor
26 Oakland, CA 94607

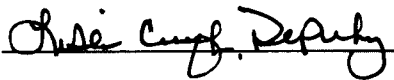
27 Phone #: (510) 285-5655
28 Contact: Tamar Dorfman, Chief Financial Officer

COUNTY OF FRESNO:

By: 
Chairman, Board of Supervisors

Date: 6/20/2017

BERNICE E. SEIDEL, Clerk
Board of Supervisors

By: 

Date: 6/20/2017

**PLEASE SEE ADDITIONAL
SIGNATURE PAGE ATTACHED**

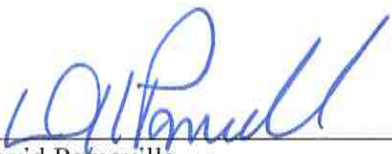
1 APPROVED AS TO LEGAL FORM:
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3
4 By 

6 APPROVED AS TO ACCOUNTING FORM:
7 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9
10 By 

12 REVIEWED AND RECOMMENDED FOR APPROVAL:

13
14 By 
15 David Pomaville
16 Director
17 Department of Public Health
18

19
20
21 Fund/Subclass: 0001/10000
22 Organization: 56201668
23 Account #: 7295
24

25
26 ET
27
28

Partnerships to Improve Community Health (PICH) Scope of Work

The Fresno County Department of Public Health is identified as “FCDPH.” Public Health Institute is the Lead Contractor and is identified as “PHI.” Subcontractors are Youth Leadership Institute, “YLI;” Food Commons Fresno, “FCF;” Fresno Metro Ministry, “FMM;” and Cultiva La Salud “Cultiva.” Consultants will include ChangeLab Solutions, “CLS;” and Berkeley Media Studies Group, “BMSG.”

Initiative 1: Storefront Advertising

Project Period Objective (PPO)

Increase the number of people with improved access to smoke-free and/or tobacco-free environments from 0 to 528,090 by July 2017.

The retail environment is the tobacco industry’s main point of entry into local communities, and where the bulk of its advertising and promotional budgets are spent. Tobacco retail stores are more densely distributed in low income and communities of color, and rural areas tend to have the lowest tobacco prices and the highest amount of tobacco promotions and ads. Tobacco advertising and promotions have an even greater effect on youth than peer pressure, and exposure increases the likelihood that youth will start to smoke. Exposure to tobacco marketing has also been shown to prevent current users from quitting. In Fresno County, tobacco retail store observation survey data that was collected in the summer of 2013 found that of the stores surveyed, 189 (48.0%) displayed tobacco advertisements, 200 (50.8%) displayed alcoholic beverage advertisements and 197 (50.0%) displayed sugary drink advertisements on storefront windows. Only 20 (5.1%) of the stores displayed healthy beverage advertisements (such as water or 100% juice) and 8 (2.0%) displayed fruit and vegetables advertisements on storefront windows. The survey also documented that the cities focused on for this intervention had excessive advertising. For example, in the City of Kingsburg 46.2% of stores had more than 33% of storefront windows and clear doors covered by signs; in the City of Parlier 42.1% of stores had more than 33% of storefront windows and clear doors covered by signs; in the City of Fresno 40% of stores had more than 33% of storefront windows and clear doors covered by signs; in the City of Firebaugh 35.7% of stores had storefront windows covered by signs.

FCDPH will reduce unhealthy storefront and outdoor advertising at Fresno County tobacco retailer locations to reduce the appeal of tobacco products. A reduction in the initiation of tobacco use in youth will decrease tobacco-related illnesses. FCDPH will educate and inform community members, retailers, and decision makers and provide technical assistance in the development and implementation of the proposed solution. An estimated 528, 090 people will be reached in a minimum of three communities including: the Cities of Kingsburg, Fresno, Parlier and Firebaugh. The City of Fresno is the largest city in the County and the majority of tobacco retailers approximately half of all tobacco retailers in the County of Fresno are located in the City of Fresno.

Annual Objective 1 (AO1) Year 1

Increase the number of communities with point of sale communication strategies that reduce storefront window and outdoor advertising of any sort, including tobacco to reduce appeal of tobacco products in retail environments from 0 to 1 by September 2016.

YLI in partnership with the FCDPH will work with partners to reduce the appeal of tobacco products in retail environments. Utilize the assessment of the Healthy Stores for a Healthy Community Workgroup to identify 2-4 local target communities in Fresno County. In year one, the goal is for at least one city (City of Kingsburg) in Fresno County, to adopt a practice that reduces storefront window and outdoor advertising of any sort, including tobacco, for alcohol/tobacco retailers. This will be accomplished through approved activities to educate and inform the community member, leaders, and retailers of the current advertising practices, the effects that unhealthy advertising has on youth health behaviors such as smoking initiation, and co-benefits of reducing advertising (safety, improved community aesthetics, etc.). Educate community members on industry marketing tactics to help people critically assess the advertising they see around them.

Activity	Activity Name	Description	Deadline	Responsible Party	Deliverables
1.1.1	Public Opinion Surveys	Utilize the previously existing tobacco and storefront advertising public opinion survey. Collect 162 public opinion surveys at community events, health fairs, swap meets, etc. in the City of	June 3, 2016	PHI: YLI	Written report of data analysis, pictures of events

		Kingsburg. The public opinion survey will assess such elements as: demographics (gender, age, ethnicity, smoking/ electronic cigarettes use status); concerns and knowledge related to youth exposure to unhealthy advertising and its impact on health behaviors such as tobacco use; perception of safety in shopping in stores with excessive signage vs. stores with minimal signage; and support for the proposed solution. At these events, education will be provided to community residents on the impact of storefront advertising on health behaviors and the Healthy Stores for a Healthy Community Campaign.			
1.1.2A	Education and Outreach	Conduct one on one educational presentations to four city council members in the City of Kingsburg to provide education on the impact of storefront advertising on health behaviors such as tobacco use and tobacco cessation, the Lee Law, and possible solutions.	May 31, 2016	PHI: YLI	Log of educational presentations, packet of information provided
1.1.2B	Education and Outreach Continued	Conduct at least three educational presentations to community and philanthropic groups such as, (chamber of commerce, Lions Club, Ministerial Association, Rotary Club)	June 30, 2016	PHI: YLI	Sign-in sheets, factsheets distributed
1.1.2C	Education and Outreach Continued	Attend at least three Kingsburg City Council meetings with FCDPH, and youth partners to conduct formal educational presentation to provide information on the impact of storefront advertising on health behaviors such as tobacco use and tobacco cessation, the Lee Law, and possible solutions.	August 31, 2016	PHI: YLI, FCDPH	City council meeting minutes, packet of information provided
1.1.3	Retailer Education	Provide education to at least 12 retailers in the City of Kingsburg before policy adoption. Educational presentations will include information on youth exposure to unhealthy advertising and its impact on health behaviors such as tobacco use, how storefront advertising impacts safety and community aesthetics. Upon implementation of the policy work with the City of Kingsburg to conduct one training with local retailers on the provisions and purpose of the new ordinance.	September 29, 2016	PHI: YLI	Sign-in sheets, meeting notes, packet of information provided
1.1.4	Provide Technical Assistance	Provide ten hours of technical assistance to target city in the development and implementation of the proposed solution such as, the development of a model ordinance, development of educational materials for retailers, press conference/news release, sample letter informing retailers of new policy, etc.	September 29, 2016	PHI: YLI	Technical assistance log, technical assistance materials developed, copy of signed ordinance

Annual Objective 1 (AO1) Year 2

Increase the number of communities with point of sale communication strategies that reduce storefront window and outdoor advertising of any sort, including tobacco to reduce appeal of tobacco products in retail environments from 1 to 2 by July 2017.

YLI in partnership with the FCDPH will work with partners to reduce the appeal of tobacco products in retail environments. In year two of the grant, the goal is for at

least two cities in Fresno County and/or the County of Fresno, to adopt a practice that reduces storefront window and outdoor advertising of any sort, including tobacco, for alcohol/tobacco retailers. This will be accomplished through approved activities to educate and inform the community and decision makers of the current advertising practices, the effects of advertising (particularly on youth), and co-benefits of reducing advertising (safety, improved community aesthetics, etc.). Educate community members on industry marketing tactics to help people critically assess the advertising they see around them.

Activity	Activity Name	Description	Deadline	Responsible Party	Deliverables
1.1.1	Education and Outreach	Conduct 10 educational presentations to community members and key leaders to provide education on the impact of storefront advertising on health behaviors such as tobacco use and tobacco cessation, the Lee Law, and the best-practice solution. This will include educational presentations to: community and philanthropic groups (such as chamber of commerce, parent groups, Lions Club, Rotary Club, Boys and Girls Club, Ministerial Associations, etc.), key community leaders, and city staff (such as city planner, police chief, code enforcement, etc.).	April 30, 2017	PHI: YLI	Agendas, PowerPoint presentation, packet of information provided, log of presentations, city council meeting minutes
1.1.3	Provide Technical Assistance	Work with the Cities of Clovis, Fresno, and Kingsburg to develop approved materials and strategies to inform retailers, residents, and key community stakeholders of the adopted policies and develop a method in each city for communicating violations to improve compliance.	April 30, 2017	PHI: YLI	Developed materials; strategic plan for Cities of Clovis, Fresno, Kingsburg; developed materials; signed ordinance; meeting notes
1.1.4	Post-Policy Retailer Education	Provide drop-by educational visits to at least 50 tobacco-alcohol retailers in Fresno and 30 in the Clovis post-policy adoption. Additionally, conduct at least one educational presentation at a meeting of the American Petroleum Convenience Store Association Fresno Chapter. Education provided at these visits and presentations includes: information on youth exposure to unhealthy advertising and its impact on health behaviors such as tobacco use, how storefront advertising impacts safety and community aesthetics, restrictions on storefront advertising in each respective city, penalties for non-compliance. Implement the approved strategies agreed upon by each city to inform local retailers about passed storefront advertising policies.	April 30, 2017	PHI: YLI FCDPH	Log of presentations, packet of information provided
1.1.6	Healthy Stores for a Healthy Community Workgroup	Collaborate with the Fresno County Tobacco Prevention Program to convene at least 2 <i>Fresno County Health Improvement Partnership Healthy Stores for a Healthy Stores for a Healthy Community Workgroup</i> meetings. Workgroup members will serve as an advisory board and provide feedback on development of meeting and presentation materials, coordination of events and trainings, and provide collaborative support.	April 30, 2017	FCDPH, PHI: YLI	Meeting agenda, meeting notes
1.1.8	Youth Partner Engagement	Train and maintain a local youth coalition (at least 10 youth) in each of the target cities (Fresno, Clovis). Conduct 2-3 leadership	April 30, 2017	PHI: YLI	List of recruited youth, participation log, training

		and skill development trainings for the youth partners.			agenda, training materials
1.1.9	Toolkit	Develop a toolkit that outlines the key steps of planning and implementing an effective storefront advertising initiative. This will include supporting materials used in each step of the model. This toolkit will help to facilitate ongoing technical assistance to Fresno County cities that are interested in passing/adopting a storefront advertising point of sale communication policy.	April 30, 2017	FCDPH	Developed toolkit

Initiative 2: Farm to Table

Project Period Objective (PPO)

Increase the number of people with improved access to environments with healthy food and beverage options from 0 to 45,480 by July 2017.

There is growing evidence that what individuals choose to consume is influenced by what is available locally. In Fresno County, there are more than five times as many fast-food restaurants and convenience stores as supermarkets. Research also documents that small food stores such as corner stores and convenience stores, predominantly sell highly processed foods that are high in fat and are low in nutrients and tend to sell little fresh produce, whole grains, and low-fat dairy products. Furthermore, convenience stores and other small stores that sell unhealthy snack foods are more likely to be located in low-income neighborhoods and often are near schools. Small food stores are also more likely to be located near schools with more Hispanic and African American students, even after accounting for students' poverty level. Access to grocery stores or markets can limit families' choices of food options. Many families are limited to what is available in corner stores or fast food outlets in the neighborhood. In order to find a wider variety of produce at more affordable prices, residents have to drive –if able – to larger communities with supermarkets or big box stores.

A survey conducted in 2013 at 394 local retail stores in Fresno County reveals that only 28.8% of stores sold non-fat or low-fat milk (1%), 28.3% sold whole wheat bread, 20.9% sold 4 or more types of fresh fruit and 21.2% sold 4 or more types of fresh vegetables. The quality of the fresh fruit and vegetables available at surveyed retail stores was mixed. A total of 42.7% of surveyed Fresno County stores offered all or mostly good quality fresh fruit, and 40.9% offered all or mostly good quality fresh vegetables.

In Fresno County over 350 crops are grown, many of them grown nowhere else in the nation, at least not commercially. However, food deserts and lack of access to transportation severely impact access to healthy foods and beverages for thousands of Fresno County residents. The United States Department of Agriculture Food Access Research Atlas identifies 93 census tracts (46.5%) in Fresno County identified as low-income census tracts with a significant number or share of residents living more than one-half mile (urban) or 10 miles (rural) from the nearest grocery store. FCDPH will increase access and consumption to fruits and vegetables in neighborhood locations including school sites by increasing the availability of fresh produce. Affordable and convenient access to healthy foods will encourage the consumption of fresh local produce that will result in improved health of the community due to improved dietary conditions.

Fresno County and the Farm to Table Workgroup will work with local farmers, and school districts to build and strengthen infrastructure in order to increase access to fresh produce. School sites can select one or both models: food recovery or community supported agriculture (CSA). Food recovery involves recovering perishable whole produce that would otherwise go to waste and redistributing it to the community at no cost. The CSA model involves purchasing produce at the district's lowered cost and selling it at a low cost to community members. The CSA model was proven effective in a school district in a neighboring county. All activities will target local school sites located in low-access areas. An estimated 45,480 residents will have increased access and consumption to fresh fruits and vegetables.

Annual Objective 1 (AO1) Year 1

Increase the number of neighborhood locations that offer fresh fruits and vegetables for purchase to local residents with low access to produce from 0 to 3 by September 2016.

FCF, FMM and FCDPH will increase access and consumption of fruits and vegetables for residents living in low-access areas through the implementation of a food distribution hub at local school sites. FCDPH and the Farm to Table Work group will work with local farmers and school districts to build and strengthen infrastructure to increase access and consumption to fruits and vegetables at low or no cost. In year one, the goal is for at least three school sites, located within low-access areas, in the Fresno Unified School District to implement a Farm to Table program. This will be accomplished through approved activities such as partner collaboration, identifying participating school sites, developing an online purchasing tool and hosting a vendor showcase. Additional activities include surveying market preference of produce for the targeted community and promoting the program through various media outlets.

Activity	Activity Name	Description	Deadline	Responsible Party	Deliverables
2.1.1	Partner Collaboration	Collaborate with community partners such as: nutrition center staff, food service directors, local distributors, farmers and school staff to implement Farm to Table program to increase access to and consumption of fruits and vegetables. Convene at least 5 Farm to Table workgroup meetings. Workgroup members will serve as an advisory board and provide feedback on development of meeting and presentation materials, coordination for events and trainings, and provide collaborative support.	September 29, 2016	FCDPH & PHI: FCF	Meeting agenda and notes
2.1.2	Vendor Showcase	Host at least two Farm to Table Vendor Showcases to connect Fresno County school districts to local distributors and farmers to facilitate farm to table process.	September 29, 2016	PHI: FCF	Sign-in sheet, pictures of vendor showcase, meeting notes
2.1.3	Identify School Sites	Identify and confirm additional school sites located within low-access areas and logistical processes such as method of distribution, ordering and payment.	September 29, 2016	FCDPH & PHI: FCF	Roster of school sites and logistical plan
2.1.4	Online Purchasing Tool	Refine online purchasing tool (mobile app or website) to address any deficiencies.	September 29, 2016	PHI: FCF	List of updates
2.1.5	Technical Assistance	Provide at least 5 hours of technical assistance to school sites, local distributors, farmers and other staff to implement distribution method.	September 29, 2016	PHI: FCF	Technical assistance log
2.1.6	Market preference	Survey the targeted community members near new additional selected school sites within food deserts to determine market preference of produce. Share results with distributors to guide purchase of produce for distribution.	September 29, 2016	PHI: FCF	Survey instrument and results
2.1.7	Program promotion	Promote program through the use of flyers, school site newsletters, recorded phone messages, social media platforms, and other media resources (such as radio, newspaper, movie theater) as appropriate. Messages will be composed in appropriate languages (English, Spanish, Hmong).	September 29, 2016	PHI: FCF	Copies of promotional materials

Annual Objective 2 (AO2) Year 1

Increase the number of community locations that offer fresh fruits and vegetables for distribution at no cost to local residents with low access to produce from 0 to 6 by September 2016.

FMM and FCDPH will increase access and consumption of fruits and vegetables for residents living in low-access areas through the implementation of a food

distribution hub at local school sites. FCDPH and the Farm to Table Work group will work with local farmers, distributors, and school districts to build and strengthen infrastructure to increase access and consumption to fruits and vegetables at low or no cost. In year two, the goal is for an additional three school sites, located within low-access areas, in rural Fresno County to implement a Farm to Table program. This will be accomplished through approved activities such as partner collaboration, identifying participating school sites, developing an online purchasing tool and hosting a vendor showcase. Additional activities include surveying market preference of produce for the targeted community and promoting the program through various media outlets.

Activity	Activity Name	Description	Deadline	Responsible Party	Deliverables
2.2.1	Program promotion	Attend at three community events in the targeted school areas to promote the Food to Share Farm to Table program. Distribute flyers, articles in school site newsletters, utilize social media platforms, educational presentations, and other media resources (such as radio, newspaper) as appropriate to promote the program. Messages will be composed in appropriate languages (English, Spanish, Hmong)	August 31, 2016	PHI: FMM	Pictures of event, copies of promotional materials, newsletter articles
2.2.2	Food Recovery Infrastructure	Strengthen Food to Share Infrastructure for Farm to Table; including securing partner food donors and recipients, research and identify potential sites for additional distribution in target school site census tracts.	August 26, 2016	PHI: FMM	Donor/Recipient Database
2.2.3	Technical Capacity for Food Recovery	Revise Food To Share online food donor/receiver tool as needed.	September 16, 2016	PHI: FMM	Food to Share website updates, technical assistance and training for donor, receivers and staff.
2.2.4	Cooking Demonstrations and Education	Partner with Farm to Table Workgroup members to host at least six healthy cooking demonstrations/nutrition education events in targeted school neighborhoods. The purpose is to teach community members how to prepare meals with foods that are featured in produce boxes and/or food recovery distribution sites.	September 19, 2016	PHI: FMM	Pictures of events, event agenda
2.2.5	Asset Mapping	Conduct mapping in project neighborhoods to map potential assets, resources, and partners.	September 30, 2015	PHI:FMM	Digital maps with assets plotted, list of potential assets, resources, and partners.

Annual Objective 2 (AO2) Year 2

Increase the number of neighborhood locations that offer fresh fruits and vegetables for purchase to local residents with low access to produce from 6 to 9 by July 2017.

FMM and FCDPH will increase access and consumption of fruits and vegetables for residents living in low-access areas through the implementation of a food distribution hub at local school sites. FCDPH and the Farm to Table Work group will work with local farmers, distributors, and school districts to build and strengthen infrastructure to increase access and consumption to fruits and vegetables at low or no cost. In year two, the goal is for an additional three school sites, located within low-access areas, in rural Fresno County to implement a Farm to Table program. This will be accomplished through approved activities such as partner collaboration, identifying participating school sites, developing an online purchasing tool and hosting a vendor showcase. Additional activities include surveying market preference of produce for the targeted community and promoting the program through various media outlets.

Activity	Activity Name	Description	Deadline	Responsible Party	Deliverables
2.2.1	Partner Collaboration	Collaborate with Fresno County to convene at least 4 <i>Fresno Community Health Improvement Partnership Farm to Table Workgroup</i> meetings. Workgroup members will serve as an advisory board and provide collaborative support for PICH and Fresno Community Health Improvement Partnership activities.	June 30, 2017	FCDPH & Farm to Table Co-Chairs, PHI: FMM	Meeting agenda and notes
2.2.2	Program Promotion	Attend at least nine school or community events in the targeted school areas to promote the Food to Share Farm to Table program. Distribute flyers, articles in school site newsletters, utilize social media platforms, educational presentations, and other media resources (such as radio, newspaper) as appropriate to promote the program. Messages will be composed in appropriate languages (English, Spanish, Hmong).	June 30, 2017	PHI: FMM	Pictures of food distributions, copies of promotional materials and newsletter articles, food distribution log
2.2.3	Food Recovery Infrastructure	Strengthen Food to Share Infrastructure for Farm to Table, including securing partner food donors, recipients, and volunteers. Provide at least 12 hours of technical assistance to existing six PICH Food Distribution sites to support them in being a sustainable food distribution site on their own. The PICH sites include: Homan, Wolters, Muir, Lowell, King and Addams.	June 30, 2017	PHI: FMM	Donor/Recipient Database; presentation materials, log of presentations, technical assistance log
2.2.4	Technical Capacity for Food Recovery	Revise Food To Share online food donor/receiver tool as needed, provide technical assistance training for donors and recipients including updating and populating user profiles.	June 30, 2017	PHI: FMM	Log of Food to Share website updates, log of technical assistance and training for donors and recipients.
2.2.5	Cooking Demonstrations and Education	Host at least nine healthy cooking/nutrition education demonstration events in targeted school neighborhoods. The purpose is to teach community members how to prepare recipes with foods that are provided at food recovery distribution sites.	June 30, 2017	PHI: FMM	Pictures of events, distributed recipe cards
2.2.6	Community Food System Design Workshops	Conduct at least one community food system design workshops "Wasted Food is Wasted Potential" with local stakeholders.	June 30, 2017	PHI: FMM	Agenda, copies of promotional materials, workshop results/ minutes, pictures of workshops

Initiative 3: Rx for Health

Project Period Objective (PPO)

Increase the number of people with improved opportunities for chronic disease prevention, risk reduction or management through improved clinical referral programs from 0 to 363,214 by September 2016.

Studies show that people who lead a physically active life, engage in chronic condition self-management programs, and are in good physical condition have a lower mortality rate and a longer life expectancy. Several types of interventions for the promotion of self-care and physical activity (PA) in Primary Care have been reported. Programs that combine written instructions, with several training sessions, an exercise program and strategies to change behavior increased

effectiveness. Various authors have stressed the importance of patient referral to professionals who specialize in the design of healthy exercise programs outside the healthcare environment, making use of the local resources available in each area as a strategy for effective integration of the promotion of exercise in Primary Care. Growing evidence exists that educational and supportive interventions directed at helping patients to change risky behaviors or become better self-managers, improve outcomes across a range of chronic illnesses.

FCDPH will increase the number of people with improved opportunities for chronic disease prevention, risk reduction or management through improved clinical referral programs. In Year 1 of the grant, the Department will work with one managed care plan (CalViva Health) to reduce financial barriers to patient participation in lifestyle interventions through increased insurance coverage offered by one local managed care plan. A second managed care plan will also be engaged in the process in Year 1 but the majority of the focus will be on CalViva Health.

In Year 2 of the grant, the Department will work with Anthem Blue Cross to reduce financial barriers to patient participation in lifestyle interventions through increased insurance coverage offered. Additionally, in Years 2 and 3, the Department will utilize local resources to integrate the promotion of lifestyle interventions in Federally Qualified Health Centers and rural health clinic sites. This program will be called "Prescription for Health" (RX for Health System) Referrals will result in increased utilization of Take Off Pounds Sensibly Clubs, tobacco cessation (the California Smokers' Helpline provides free tobacco cessation counseling to California residents), and Chronic Disease Self-Management Program workshops. The RX for Health System will include training and support for clinicians, changes to electronic medical record to track referrals, and relationships with communities to track referral outcomes. Provider outreach and orientation trainings will be followed by a pilot implementation that will test the system to track referrals. Chronic Disease Self-Management workshop leader trainings will increase the capacity of the health clinic site staff to provide chronic disease prevention self-management workshops. Workshops classes provided by health clinic site staff and not funded by the grant will provide for sustainability for the program. Referral, patient participation and physician feedback will contribute to prevention and successful management of chronic illness. An estimated 363,214 patients will be provided with coverage for participation in lifestyle interventions benefits. The number of patients reached through referrals through the "Prescription for Health Program" will be identified in Year 2 of the grant.

Annual Objective 1 (AO1) Year 1

Increase the number of managed care plans that provide reimbursement for lifestyle intervention programs (such as Take Off Pounds Sensibly Clubs and Chronic Disease Self-Management Program workshops) from 0 to 1 by September 2016.

Cultiva La Salud in partnership with FCDPH will increase the number of Lifestyle Intervention Programs that are covered by managed care plans. An assessment of managed care plans reimbursement strategies for Lifestyle Intervention Programs will establish a baseline for this intervention. Educational presentations and planning meetings with managed care plan staff will provide a pathway for systematic change. An estimated 242,542 patients will be impacted among the one-targeted managed care plan.

Activity	Activity Name	Description	Deadline	Responsible Party	Deliverables
3.1.1A	Educational Materials	Identify strategic supportive materials that will facilitate negotiation with managed care plan and clinics, specifically data reports that build the case for coverage in patient outcomes, referral success, and cost savings.	September 15, 2016	PHI: Clinica Sierra Vista	List of materials to be developed
3.1.1B	Educational Materials Continued	Develop supportive materials needed to facilitate negotiation with managed care plan and clinics, specifically data reports that build the case for coverage in patient outcomes, referral success, and cost savings.	September 15, 2016	PHI: Clinica Sierra Vista	Educational materials developed
3.1.2	Managed Care Plan Outreach	Conduct at least three meetings with managed care plan Chief Executive Officers, Regional Directors, and other staff about how the increase in coverage for lifestyle intervention programs can	September 15, 2016	FCDPH & PHI: Clinica Sierra Vista	Talking points, agendas, meeting notes

		prevent and manage chronic illness.			
3.1.3	Secure Coverage	Document the support of the managed care plan to provide coverage of lifestyle intervention programs (such as National Diabetes Prevention Program and Chronic Disease Self-Management Program workshops).	September 29, 2016	PHI: Clinica Sierra Vista	Documentation of Coverage
3.1.4	Technical Assistance	Provide five hours of technical assistance to the targeted managed care plan to help facilitate the adoption and implementation of a new policy.	September 29, 2016	PHI: Clinica Sierra Vista	Technical Assistance Log

Administrative

Activity	Activity Name	Description	Responsible Party	Deliverables
4.1.1	Establish Subcontracts	Establish subcontracts within three months of execution of lead contract with FCDPH.	PHI	Copy of executed contracts
4.1.2	Monitor Subcontracts	Monitor subcontracts to insure compliance with the agreements. Process invoices.	PHI	Copies of monthly invoices from contractors and documentation of payment.
4.1.3	Administrative Meetings	Meet monthly with FCDPH. Include subcontractors quarterly.	PHI & All Subcontractors	Meeting agendas, sign-in sheets
4.1.4	Training	Attend training sessions, conferences, conference calls, and webinars on specific content areas to augment the internal team's skills and program effectiveness.	PHI	Copies of training agendas. Document will be provided with semi-annual progress report.
4.1.5	Evaluation	Work collaboratively with the contracted Evaluator in the implementation of the Evaluation Plan including convening meetings with subcontractors and community partners for planning and training, data collection, and facilitation of data collection activities by staff and volunteers with subcontractors and community partners.	PHI	Meeting agendas, sign-in sheets
4.1.6	Communication	Work collaboratively with the Communication Coordinator (county staff) in the implementation of the Communication Plan including convening meetings with subcontractors and community partners for planning and training as appropriate.	PHI & BMSG	Meeting agendas, sign-in sheets
4.1.7	Success Stories	Submit a minimum of one success to FCDPH monthly that can be used for public communication/media purposes.	PHI & BMSG	Copy of communication submitted to FCDPH
4.1.8	Progress Reports	Submit progress bi-annual reports following guidelines from FCDPH and the Centers Disease Control and Prevention. Submit electronic documentation of deliverables.	PHI	Semi-annual progress report with supporting documents.
4.1.9	Invoicing	Submit monthly Invoices to FCDPH by the fifth of each month. Backup documentation includes timesheets, expenditure detail and copies of respective receipts.	PHI	Monthly invoices, backup documentation

YEAR 1 · 11/1/2015 - 9/29/2016			
SALARIES			
Position Title and Name	Annual Salary	% FTE	Program Salary
Program Director, Genoveva Islas	\$ 102,743	15.62%	\$ 16,050
Program Manager, Monica Guerra/Austin Hall	\$ 73,500	74.97%	\$ 55,103
Fiscal Coordinator, Art Tanner	\$ 59,929	74.05%	\$ 44,380
Communications Manager, Brandie Banks-Bey	\$ 70,754	57.71%	\$ 40,833
Administrative Assistant, Lucia Navarro	\$ 45,449	69.04%	\$ 31,376
Total Salaries		2.91	\$ 187,742

BENEFITS	
30.61% of Total Salaries	\$ 57,461
Total Benefits	\$ 57,461

CONSULTANTS	
Consultants	\$ 10,980
Total Consultants	\$ 10,980

SUPPLIES	
General Office Supplies	\$ 4,524
Computer	\$ 2,935
Total Supplies	\$ 7,459

TRAVEL	
In-state travel	\$ 921
Total Travel	\$ 921

OPERATIONAL	
Facilities	\$ 14,169
Communications	\$ 2,450
Equipment Maintenance	\$ 397
Postage	\$ 56
Reproduction & Printing	\$ 4,720
Conference Meeting	\$ 2,867
Total Operational	\$ 24,659

SUBCONTRACTS	
Healthy Retail (Youth Leadership Institute)	\$ 238,147
Farm to Table (FCF +FMM)	\$ 581,869
Rx for Health (Clinica Sierra Vista)	\$ 173,108
Total Contractual	\$ 993,124

Total Direct Costs	\$ 1,282,346
Administrative (Indirect) Costs (16.3%)	\$ 47,143

TOTAL BUDGET	\$ 1,329,489
---------------------	---------------------

YEAR 2 · 9/30/2016 - 7/31/2017			
SALARIES			
Position Title and Name	Annual Salary	% FTE	Program Salary
Project Director, Genoveva Islas	\$ 102,720	4.17%	\$ 4,280
Fiscal Coordinator, Arthur Tanner	\$ 67,700	1.00%	\$ 677
Program Manager, Brandie Banks-Bey	\$ 70,795	66.67%	\$ 47,197
Administrative Assistant, Lucia Navarro	\$ 45,449	29.17%	\$ 13,256
Total Salaries		1.01	\$ 65,410

BENEFITS	
38.95% of Total Salaries	\$ 25,475
Total Benefits	\$ 25,475

SUPPLIES	
General Office Supplies	\$ 577
Total Supplies	\$ 577

OPERATIONAL	
Facilities	\$ 5,065
Communications	\$ 2,091
Equipment Maintenance	\$ 74
Postage	\$ 60
Printing	\$ 476
Total Operational	\$ 7,766

SUBCONTRACTS	
Healthy Retail (Youth Leadership Institute)	\$ 85,393
Farm to Table (Fresno Metro Ministry)	\$ 140,400
Total Subcontracts	\$ 225,793

Total Direct Costs	\$ 325,021
Administrative (Indirect) Costs (16.3%)	\$ 16,174

TOTAL BUDGET	\$ 341,195
---------------------	------------