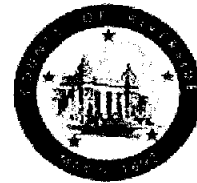


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



425

FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:

January 26, 2011

SUBJECT: Ratify the Agreement between the Riverside County Community Health Agency and the BP West Coast Products for the Childhood Asthma Program.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the Agreement between the Riverside County Community Health Agency and the BP West Coast Products for the Childhood Asthma Program in the amount of \$468,045 for the performance period of January 1, 2011 through December 31, 2011;
- 2) Approve and direct the Auditor Controller to adjust budget as specified in Schedule A attached; and
- 3) Authorize the Chairperson to sign four (4) originals of said Agreement on behalf of the County.

GH:nw

Susan D. Harrington, Director of Public Health

FINANCIAL DATA

Current F.Y. Total Cost:	\$ 234,022	In Current Year Budget:	NO
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	YES
Annual Net County Cost:	\$ 0	For Fiscal Year:	10/11

SOURCE OF FUNDS: 100% funded by BP West Coast Products

Positions To Be Deleted Per A-30	☐
Requires 4/5 Vote	☒

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

Debra Cournoyer

Dep't Recomm.: ☐ Policy ☒ Policy
Per Exec. Ofc.: ☐ Consent ☒ Consent

Prev. Agn. Ref.: 3.50 10/14/2009

District: ALL

Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.12

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY
SAMUEL WONG
Purchasing:
Mark Siller, Assistant Director

FOR APPROVED COUNTY COUNSEL
BY
NEAL R. KIPNIS
DATE 1/31/11
Departmental Concurrence

Form 11

Community Health Agency

Page 2 of 3

Subject: Approve the Agreement between the Riverside County Community Health Agency and the BP West Coast Products for the Childhood Asthma Program.

BACKGROUND: BP West Coast Products has awarded the Department of Public Health this funding to expand asthma services to senior adults (ages 55 years and older) residing in Riverside County. The intervention activities will include education on the impact of poor air quality on chronic diseases as well as instructions on how to minimize exposure to environmental hazards. The goal is to reduce the impact of air quality on chronic diseases in Riverside County through education, outreach and disease self-management.

FINANCIAL INFORMATION: Funding for this program will be split over FY10/11 (\$234,022), and FY11/12 (\$234,023). Since the annual funding for this program increased from \$349,836 to \$468,045, a Schedule A is included to reflect the \$59,104 in additional funds for the remaining 6 months of County FY10/11. The \$174,918 is already included in the budget FY10/11.

Form 11

Community Health Agency

Page 3 of 3

Subject: Approve the Agreement between the Riverside County Community Health Agency and the BP West Coast Products for the Childhood Asthma Program.

SCHEDULE A
Community Health Agency
Department of Public Health
Budget Adjustment
Fiscal Year 2010/2011

INCREASE IN APPROPRIATIONS:

10000-4200100000-510040	Regular Salaries	\$34,000
10000-4200100000-518100	Budgeted Benefits	15,354
10000-4200100000-520930	Insurance-Liability	200
10000-4200100000-523640	Computer Equip-Non-Fixed Asset	1,200
10000-4200100000-523700	Office Supplies	200
10000-4200100000-523800	Printing/Binding	3,000
10000-4200100000-527780	Special Program Expense	2,000
10000-4200100000-527840	Training-Education/Tuition	1,000
10000-4200100000-528920	Car Pool Expense	1,000
10000-4200100000-528960	Lodging	150
10000-4200100000-529540	Utilities	1,000

TOTAL INCREASE IN APPROPRIATION: \$59,104

INCREASE IN ESTIMATED REVENUE:

10000-4200100000-751680	CA – Grant Revenue	\$59,104
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**PUBLIC BENEFITS OVERSIGHT COMMITTEE
GRANT AWARD AGREEMENT**

Riverside County Department of Public Health

A. PURPOSE OF GRANTEE

Riverside County (GRANTEE or Riverside County) is a political subdivision of the State of California.

B. PURPOSE OF AWARD

BP West Coast Products, LLC ("BP" or "GRANTOR") hereby grants an award to GRANTEE, for the purposes set forth in Attachment I. The March 2005 Settlement Agreement between the South Coast Air Quality Management District ("AQMD") and BP specifies that BP will fund a public benefit program that addresses conditions caused or exacerbated by the health effects of air pollution, or results in air pollution prevention or reduction. The community benefit programs are to be selected by a Public Benefits Oversight Committee (the "Oversight Committee"), as established by the Settlement Agreement. Funds are paid by BP to the recipients selected by the Oversight Committee. GRANTEE was selected by the Oversight Committee to receive funding under the terms and conditions set forth in this Agreement.

C. AMOUNT OF AWARD/PERFORMANCE SCHEDULE

The amount of the award and the time for performance of activities shall be as set forth in Attachment I.

D. CONDITIONS OF AWARD

GRANTEE agrees to accept the award only under the following conditions:

1. Compliance with Activities. GRANTEE shall perform the activities set forth and described in Attachment I and Attachment III.
2. Written Budget and Status Reports. GRANTEE has provided a Budget for this grant program, incorporated herein as Attachment II. GRANTEE shall also provide the Oversight Committee written budget and status reports as specified in Attachment I.
3. Management of Award. GRANTEE shall manage the award funds as follows: (a) all award funds shall be segregated, (2) all disbursements shall be accounted for, and (3) a budget report shall be prepared and submitted as specified in this Agreement.

4. Identification of GRANTOR as Sponsor. GRANTEE shall ensure that GRANTOR and AQMD are clearly identified as sponsor or support organization on all outreach or promotional material, presentations, advertising, and training or education materials, funded by this grant.
5. Expenditure of Funds. GRANTEE shall expend the funds only for the purposes described in Attachment I. Any funds not expended as contracted for or committed during the term of the grant period, as described in Attachment I, must be returned to GRANTOR within thirty (30) days of the grant's termination date. If GRANTEE obtains the permission of the Oversight Committee, GRANTEE may modify the budget items as changes in circumstances dictate. GRANTEE shall not use the grant funds for participation or intervention in any political campaign (including the publishing or distribution of statements) on behalf of or in opposition to any candidate for public office or for carrying on propaganda, or otherwise attempting to influence legislation or for participation in any political initiative, referendum or voter registration drive.
6. Grantee's Status as a Qualified Charitable Contribution Recipient. This grant is specifically conditioned upon GRANTEE's status as a government entity, qualified to receive deductible charitable contributions under Internal Revenue Code Section 170(c)(1) and related IRS Regulation Section 1.170A-9(d). GRANTEE warrants and represents that GRANTEE is exempt from Federal income tax under section 115 of the Internal Revenue Code, therefore, no tax determination letter is required. GRANTEE shall immediately notify GRANTOR in writing of any change or potential change in GRANTEE's status as qualified to receive deductible charitable contributions.
7. Return of Funds. GRANTEE shall return to GRANTOR any unexpended funds granted to it by GRANTOR if (i) GRANTOR, upon recommendation by the Oversight Committee, determines that GRANTEE has not performed in accordance with the terms of this Agreement or the GRANTEE's grant program or budget approved by GRANTOR or (ii) the grant subject to this Agreement, or this Agreement itself, expires or terminates or is terminated or deemed or rendered void for any reason.
8. Records, Audit, Site Visits. GRANTEE shall be responsible for maintaining adequate financial records of this grant program. GRANTOR reserves the right, upon written notice, to review GRANTEE's books and records relating to the expenditure of any funds provided by GRANTOR.

9. No Further Obligations by GRANTOR. This grant is made with the understanding that GRANTOR has no obligation to provide other or additional support or grants to GRANTEE.
10. Travel, Conferences, and Food Expenses. GRANTEE will not use grant funds to pay for travel, conferences, or food expenses, unless specifically set forth in Attachment I.
11. Licensing and Credentials. GRANTEE hereby agrees to maintain or requires others to maintain, in full force and effect, all required governmental or professional licenses and credentials for itself, its facilities, and for its employees and all other persons engaged in work in conjunction with this award.
12. Management and Organizational Changes. GRANTEE hereby agrees to provide immediate written notice to GRANTOR if significant changes or events occur during the term of this award that could potentially affect the outcome of this award, including, without limitation, changes in GRANTEE's management personnel or losses of funding.

E. GENERAL PROVISIONS

1. Independent Contractors. The parties to this Agreement are independent contractors, and neither shall be deemed to be the employee or the agent of the other.
2. Applicable Law. This Agreement shall be governed by the applicable laws of the State of California.
3. No Assignment. This Agreement shall be void if assigned. Neither party shall subcontract its obligations under this Agreement, except upon prior written consent of the other party.
4. Amendments. This Agreement shall not be amended except by written agreement by the parties' duly authorized representatives.
5. Entire Agreement. This Agreement is the entire Agreement between the parties and supersedes any prior agreements, representations or warranties with respect to the subject matter hereof.
6. Notices. Any notices, written budgets or status reports required to be submitted by the GRANTEE shall be sent to the Oversight Committee, as follows:

BP/AQMD Public Benefits Oversight Committee
c/o Jean Ospital, Health Effects Officer
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178

Any notices or approvals required from the Oversight Committee or GRANTOR shall be sent to the GRANTEE as follows:

Riverside County Department of Public Health,
Health Education
c/o Consuela T. Edmond, CHA Program
Coordinator II – Childhood Asthma Program
4065 County Circle Drive
Riverside, CA 92503

Either GRANTOR or GRANTEE may change the address for notification by informing the other party in writing.

7. Indemnification. GRANTEE agrees to hold harmless and indemnify GRANTOR, its officers, employees, agents, representatives, and successors-in-interest against any and all loss, damage, cost, lawsuits, demands, judgments, legal fees or any other expenses which GRANTOR, its officers, employees, agents, representatives, and successors-in-interest may incur or be required to pay by reason of any injury or property damage arising from the negligent or intentional conduct or omission of GRANTEE, its employees, its subcontracts, or its agents in the performance of this Agreement.

GRANTOR:

BP West Coast Products, LLC

GRANTEE:

Riverside County Department of
Public Health

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis
NEAL R. KIPNIS

DATE

BP/AQMD Public Benefits Oversight Committee
c/o Jean Ospital, Health Effects Officer
South Coast Air Quality Management District
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GRANTOR:

BP West Coast Products, LLC

GRANTEE:

Riverside County Department of
Public Health

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS 1/26/11
DATE

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GRANTOR:

BP West Coast Products, LLC

GRANTEE:

Riverside County Department of
Public Health

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

FORM APPROVED COUNTY COUNSEL

BY:

NEAL R. KIPNIS

DATE

BP/AQMD Public Benefits Oversight Committee
c/o Jean Ospital, Health Effects Officer
South Coast Air Quality Management District
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GRANTOR:

GRANTEE:

BP West Coast Products, LLC

Riverside County Department of
Public Health

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS DATE 12/6/11

ATTACHMENT I

STATEMENT OF WORK

BP/AQMD PUBLIC BENEFITS OVERSIGHT COMMITTEE GRANT AWARD TERMS AND CONDITIONS

Riverside County Department of Public Health

1. ACTIVITIES TO BE FUNDED BY AWARD:

The monies from this award will be used by GRANTEE, the Riverside County Department of Public Health (DOPH) Health Promotion Program (Nutrition Services Branch) to expand asthma services to senior adults (ages 55 years and older) residing in Riverside County.

Project Goals

The program includes an air quality awareness and education campaign for senior adults. The intervention activities will include education on the impact of poor air quality on chronic diseases as well as instructions on how to minimize exposure to environmental hazards.

The goal is to reduce the impact of air quality on chronic diseases in Riverside County through education, outreach and disease self-management.

Specific project goals include:

1. One year from program implementation, program staff will create awareness and educate a minimum of 1,500 senior adults on the issues surrounding air quality and chronic diseases and what can be done to minimize exposure to environmental contaminants.
2. One year from program implementation, program staff will enroll 200 children (ages 0-18 years) and/or senior adults (ages 55 years and older) with the following characteristics: 1) has a persistent asthma diagnosis; and 2) resides within Riverside County.
3. One year from program implementation, provide telephone or clinic consultation for 100 parents of children or senior adults with a mild or intermittent asthma diagnosis.
4. One year from program implementation, eliminate or reduce asthma triggers in the homes of a minimum of 50% of enrolled clients with asthma

5. One year from program implementation, demonstrate a decrease of asthma-related emergency room visits and/or asthma hospitalizations and/or improvement of asthma symptoms in 50% of enrolled clients.
6. One year from program implementation, collaborate with a minimum of five community-based organizations and/or programs to reduce the impact of factors contributing to chronic disease, such as tobacco use, obesity, and access to health care.

Services To Be Provided

Specific services to be provided are described in the attached proposal from the Riverside County Department of Public Health, which are incorporated herein (Attachment III).

The Riverside County Department of Public Health will implement an awareness and education campaign for the senior adults of Riverside County regarding air quality issues and the effects on chronic diseases. The activities will be targeted to senior adults ages 55 years and older.

Targeted outreach to senior centers, senior care facilities and senior-focused programs will be conducted by program staff. Outreach activities will include:

- Presentations (45 to 60 minutes) to senior groups; topics to include:
 - Air Quality Index
 - What You Should Know About Ozone and Your Health
 - Who Is Sensitive to Ozone
 - What You Can do to Minimize Exposure to Environmental Hazards
 - Protecting Your Health
 - Keep the Air Cleaner
 - Air Quality Action Day for Ozone
- Participation in community events and collaborative meetings:
 - Riverside County Tobacco Coalition Meeting
 - Riverside County Asthma Coalition Meeting
 - Supplemental Program for Women Infants and Children Inservices
 - Senior Health Fairs
 - Riverside County Advisory Council on Aging
 - Riverside County Foundation on Aging
 - Aging and Disability Senior Resource Center
- Informational fact sheets will be distributed at presentations and community events:
 - *Air Quality Guide for Ozone* (U.S. Environmental Protection Agency)
 - *Diabetes and Environmental Hazards* (U.S. Environmental Protection Agency)

- *Healthy Hearths* (South Coast Air Quality Management District-AQMD)
- *Fire Safety Alert-Tips for Seniors* (AQMD)
- *Fire Safety Alert-Tips for Children* (AQMD)
- *Fire Safety Alert-Tips for Residents* (AQMD)
- *Dirty Air-Health Effects of Air Pollution* (AQMD)

➤ **Media Activities**

- Advertisements of Asthma Program services in senior publications
- Include AQMD and EPA links to the Asthma Program website
- "Protecting Your Health" articles in ethnic and community newspapers

2. AMOUNT OF AWARD AND SCHEDULE OF PAYMENTS:

The amount of award is \$468,045 payable within 30 days of execution of the agreement. The project budget is included as Attachment II.

3. TERM OF GRANT AWARD:

Grant funds are to be applied to expenses incurred and paid for the period of January 1, 2011-December 31, 2011. This term may be extended if the Oversight Committee, based on documentation provided by Grantee, determines that the project or program funded by this grant has successfully met its goals.

Any such extension may only be by way of a mutual written agreement of the parties that the parties execute and deliver separate and apart from this Agreement. Therefore, there is no guarantee or assurance of any kind that such an extension will in fact occur and any such extension is in any event subject beforehand to a recommendation from the Oversight Committee in accordance with the foregoing provisions of this paragraph 3.

4. IMPLEMENTATION ACTIVITIES

The implementation activities are listed on the following chart:

Objectives and Task Activities

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
1. One year from program implementation, program staff will increase awareness and educate a minimum of 1,500 senior adults on the issues surrounding air quality and chronic diseases and what can be done to minimize exposure to environmental contaminants.	1a. Staff will participate in 10-15 community events that target senior adults and distribute air quality and health effects information and fact sheets. 1b. Staff will conduct 30-35 presentations at senior centers and/or senior programs and distribute air quality and health effects information and fact sheets. 1c. Advertisements will be placed in 4 different media publications to alert the senior community of the health effects of poor air quality and where to call for information. 1d. Pre-test and Post-test will be administered after presentations to measure increased awareness of how to minimize exposure to environmental contaminants in the air.	1a. From implementation through term of the grant. 1b. From implementation through term of the grant. 1c. One each quarter or in the event of a major event, such as a wildfire. 1d. From implementation through term of the grants.	1a. Presentation/Collaboration Log. 1b. Presentation/Collaboration Log. 1c. Copy of advertisements. 1d. Pre-test/Post test
2. One year from project implementation, program staff will enroll 200 clients into the Childhood Asthma Program. Enrollees will meet the following criteria: 1) have a current persistent asthma diagnosis; 2) between the ages of 0 to 18 years or age 55 or older and 3) reside within Riverside County.	2a. Network with physicians, medical groups, school nurses and other organizations to solicit referrals for enrollment into CAP. 2b. Upon referral receipt, case worker will schedule home visit or educational sessions. 2c. Case worker will enroll client into the program, provide asthma education, medication use demonstration and provide asthma aids.	2a. From implementation through term of the grant. 2b. Within 3 days of receipt of referral. 2c. Through term of the grant.	2a. Presentation/Collaboration Log. 2b. Referral and Assignment Logs. 2c. CAP Enrollment Database. Progress Report.
3. One year from project implementation, program staff will provide telephone consultation or asthma classes for 100 senior adults (ages 55 years and older) and parents of children (ages 0-18) with a mild or intermittent asthma diagnosis.	3a. Referrals or calls from parents or children who do not have persistent asthma will receive Asthma 101 information via phone calls or through on site clinic consultation. 3b. Parents will receive Asthma 101 information at a group setting per requests by school nurses, daycare centers, clinic staff, etc.	3a. From implementation through term of the grant. 3b. From implementation through term of the grant.	3a. Telephone Consultation Log 3b. Presentation/Collaboration Log.

Major Objectives	Tasks/Activities	Time Line	Performance Measure and/or Deliverables
4. One year from project implementation, CAP will eliminate or reduce asthma triggers in the homes of at least 50% of enrolled children (ages 0-18) and or senior adults (ages 55 years and older).	4a. Program enrollees will receive in-home environmental assessments to identify potential triggers of asthma. 4b. Program staff will educate and assist in reducing and removing asthma triggers and devise a trigger reduction plan. Enrollees will receive information on outdoor environmental triggers. 4c. Case worker will call enrollees after home visit, and administer a short survey to determine trigger reduction efforts, and record results.	4a. From implementation through term of the grant. 4b. At time of enrollment; home visit. 4c. 2 weeks post home visit.	4a. Enrollment Database, case files. 4b. Enrollment Database, case files. 4c. Enrollment Database, case files. Progress Report.
5. One year from project implementation, at least 50% of enrollees will demonstrate a decrease of asthma hospitalizations and/or asthma-related emergency room visits and/or improvement of asthma symptoms.	5a. Program staff will inform enrollees of the importance of Asthma Action Plans, and will work with the child's physician and school to facilitate use of the plan. 5b. Parents will be encouraged to schedule regular medical visits for their child. For families without insurance, case worker will refer families to Catholic Charities, DOPH or other organizations providing application assistance for health coverage 5c. Provide program surveys to determine frequency of ER visits, hospitalizations and asthma symptoms.	5a. From implementation through term of the grant. 5b. At intake, 3 months and 6 months post enrollment. 5c. At intake, 3months and 6 months post enrollment.	5a. Case file notes, Enrollment Database. 5b. Referral log, case files. 5c. Results recorded in Enrollment Database. Progress Report.

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
6. Collaborate with a minimum of five community-based organizations/programs to reduce the impact of secondary factors on chronic diseases, such as tobacco use, obesity, poor nutrition, health disparities and access to care.	6a. For smokers in the home, referrals will be made to the County DOPH Tobacco Control Project for secondhand smoke education and smoking cessation referrals.	6a. From implementation through term of the grant.	6a. Presentation/Collaboration Log, Partner Referral Log
	6b. For asthma enrollees who may be overweight or obese, referrals will be made for dietetic counseling.	6b. From implementation through term of the grant.	6b. Presentation/Collaboration Log, Partner Referral Log
	6c. For enrollees who have no insurance, families will be referred to Healthy Kids, Medi-Cal, Healthy Families or other health coverage programs.	6c. From implementation through term of the grant.	6c. Presentation/Collaboration Log, Partner Referral Log
	6d. For enrollees who have structural or environmental triggers not remediated by trigger reduction education, families will be referred to the healthy homes programs.	6d. From implementation through term of the grant.	6d. Presentation/Collaboration Log, Partner Referral Log
	6e. Enrolled families without a medical home will be referred to the DOPH Family Care Centers for care.	6e. From implementation through term of the grant.	6e. Presentation/Collaboration Log, Partner Referral Log
	6f. Provide administrative support and oversight for the Riverside County Asthma Coalition.	6f. From implementation through term of the grant.	6f. Presentation/Collaboration Log, Partner Referral Log
			6f. Coalition Agenda/Minutes

5. BUDGET AND STATUS REPORTS

GRANTEE shall provide the Oversight Committee with periodic written status reports. Such reports shall include: (1) summaries of activities conducted during the grant period; (2) outcomes summarizing the operations and impact of the program in each participating community; and (3) a budget report and accounting for all disbursements. The due dates for such written reports are as follows:

Status & Budget Reports	Provided Quarterly (first Report due three months from the date that the agreement is executed)
Final Status & Budget Report	Due 12 months after the date that the agreement is executed

The summary report shall include an analysis of health improvements based on the following expected program outcomes:

Outcomes for Individuals:

The intended outcomes of reduced asthma episodes, reduced asthma-related emergency room visits, reduced asthma-related hospitalizations, and improvement of asthma symptoms will be measured by comparing results of a pre-program survey with those of a post-program survey. The parents of the children enrolled in the program will provide answers to questions designed to measure the above-mentioned indicators on pre-post surveys. The surveys will be analyzed by a Research Specialist with the Department of Public Health Epidemiology and Program Evaluation Branch to determine if an individual enrolled in the program experienced an improvement in any or all of the indicators.

To evaluate the effectiveness of the program overall, the arithmetic means of asthma episodes, emergency room visits, and hospitalizations from the pre-program surveys will be compared to the arithmetic means of the same indicators from the post-program survey. A lower mean will indicate improvement. A statistical test that measures the difference of means will be performed on each indicator to determine level of significance of the change.

Outcomes for the Impact on the Community:

Historical hospital discharge data provided by the Office of Statewide Health Planning and Development (OSHPD) will be analyzed by zip code and by year to determine a trend of asthma hospitalization rates for each zip code in Riverside County and an aggregate rate for the County as a whole. The OSHPD asthma hospitalization data that corresponds to the program year of this grant will be analyzed and compared to the historical trend for evidence of impact both at the zip code level and at the ERC level. A lower rate indicates success.

Evaluation:

The CHA Program Coordinator will continuously evaluate the program's effectiveness and methods through a review of monthly statistical reports on program activities and process evaluation measures. Additionally, quarterly reports on statistical data will be compiled from the program's database by staff from the Department's Epidemiology and Program Evaluation Branch. Compiled reports will be submitted promptly to the AQMD as required.

Process-level measurements will come from the following sources:

- Follow up phone calls to enrolled parents of at 2 weeks, 3 months and 6 months
 - Number of Asthma Action Plans given to parents
 - Parents' level of confidence in the management of child's asthma
 - Number of clients enrolled: initial intake, follow-up data, home visit summaries
- Environmental assessments: assessments tool information, triggers found, etc

6. EXPENDITURE OF FUNDS:

Under federal tax law, all of the grant funds must be expended for charitable, educational, scientific or religious purposes. This grant is made only for the purposes described in this Attachment. The grant funds may not be used for any other purpose without prior written approval from the Oversight Committee.

ATTACHMENT II

BP/AQMD PUBLIC BENEFITS OVERSIGHT COMMITTEE GRANT AWARD TERMS AND CONDITIONS

Project Budget Riverside County Department of Public Health

	Annual		
	Salary	Total	Budget
PERSONNEL:	Rate	FTE	
Public Health Program Coordinator II	\$69,662	0.5	\$34,831
Nursing Education Instructor	\$83,056	0.5	\$41,528
Licensed Vocational Nurse	\$39,504	1	\$39,504
Health Education Assistant II	\$45,963	2	\$91,926
Research Specialist	\$44,787	0.05	\$2,239
Office Assistant III	\$31,839	0.5	\$15,920
PERSONNEL SUB-TOTAL:		4.55	\$225,948
BENEFITS @45%			\$101,677
Bilingual Pay			\$1,040
TOTAL PERSONNEL AND BENEFITS			\$328,664
OTHER OPERATING EXPENSES			
Supplies - Office			\$750
Supplies - Medical			\$17,000
Printing			\$500
Postage/Mailing			\$200
Communications Services (Cell phones, etc)			\$4,817
Promotional Items			\$2,000
Training			\$1,000
Co. Veh./Priv.Mileage Reimb @ .55mile			\$5,248
Advertising/Media			\$500
Rents/Lease Buildings			\$24,000
Other Services Support:			
Equipment - Office Non Fixed			\$1,200
TOTAL OPERATING EXPENSE:			\$57,215
Indirect Costs @ 25%			\$82,166
GRAND TOTAL:			\$468,045

ATTACHMENT III

BP/AQMD PUBLIC BENEFITS OVERSIGHT COMMITTEE GRANT AWARD TERMS AND CONDITIONS

Technical Proposal Riverside County Department of Public Health

The Riverside County Department of Public Health (DOPH)-Health Promotion Program (Nutrition Services Branch) proposes the following activities to address the issue of poor air quality and chronic diseases:

AIR QUALITY AND CHRONIC DISEASE EDUCATION PROGRAM:

Senior Adults Awareness Activities:

The DOPH Health Promotion Program proposes to implement an awareness and education campaign for senior adults (ages 55 years and older) of Riverside County. Health promotion staff will conduct intervention activities with the goal of informing unsuspecting seniors of the impact of air quality on chronic diseases. Additionally, staff will educate the target population on strategies to minimize exposure to environmental hazards. Staff will target senior centers, senior programs, churches and community events to reach the desired population. Fact sheets from the South Coast Air Quality Management District (AQMD) and the U.S. Environmental Protection Agency (EPA) will be distributed to participants at various venues for their future reference.

Asthma Improvement Services:

The DOPH Childhood Asthma Program purposes to expand program services to be inclusive of senior adults (ages 55 years and older). Services will include:

- 1) **Telephone Consultation:** parents of children (ages 0-18 years) and senior adults with mild to intermittent asthma will be provided asthma education via phone consultations.
- 2) **Home Visitation Program:** parents of children (ages 0-18 years) and senior adults with persistent asthma will be provided asthma education via in-home visits.
- 3) **Asthma 101 Classes:** classes for parents, day care providers, and community groups will be provided as needed or requested.

Referral and Collaborative Education Activities:

The DOPH Health Promotion staff will collaborate with other community-based organizations and local programs to reduce the impact of additional factors that contribute to the increase of chronic diseases. Clients receiving services will be referred to programs such as:

- 1) **Riverside County DOPH Tobacco Control Program:** smoking cessation referrals.
- 2) **Riverside County DOPH Nutritional Services Programs:** counseling for overweight and obese clients and Supplemental Nutrition Program for Women Infants and Children.
- 3) **Riverside County DOPH Healthy Homes Program:** enrolled asthma clients whose homes are in need of structural changes to remediate asthma triggers
- 4) **Other referrals as appropriate:** Riverside County Office on Aging, Visiting Nurses Association, American Lung Association, and other senior caregiver organizations.

PROBLEM/NEED ASSESSMENT

Air pollution is a heterogeneous, complex mixture of gases, liquids and particulate matter. Over the last decade, epidemiologic and clinical evidence has led to increased concern about the serious health effects of ambient air pollution. Seniors, as well as children, are particularly susceptible to the effects of poor air quality. Adverse effects range from restrictions in physical activity to emergency room (ER) visits for asthma and hospitalizations for respiratory and cardiovascular diseases. In severe cases, air pollution can lead to premature mortality. Chronic diseases impacted by poor air quality include:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Lung Cancer
- Cardiovascular Disease
- Diabetes

Outdoor Air Pollutants in Riverside County

Many outdoor air pollutants can contribute to the causation of chronic illnesses or exacerbate pre-existing conditions. The sources of these pollutants include diesel exhaust, vehicle emissions, agricultural and forestry practices that result in dust, particulate and pesticide exposure, and emissions from burning fossil fuels. According to the California Air Resources Board (CARB) Aerometric Data Analysis and Measurement System (ADAM), based upon seven air monitor placements in Riverside County, the particulate matter and ozone levels exceeded state and national standards.

Particulate Matter			
	Annual Average 2007	Maximum 24-Hour Average 2007	Estimated Days Over the 24-Hour Standard - 2007
PM10	---	211 µg/m3	---
PM2.5	17.9 µg/m3	60 µg/m3	---

*Compared to the California 24-hour standard for PM10 of 50 µg/m3.

**Compared to the national 24-hour standard for PM2.5 of 65 µg/m3.

Ozone	
Maximum 8-Hour Average 2007	Number of Days Over the National 8-Hour Standard 2007
0.116 ppm	38

There is increasing awareness of the many effects of the outdoor environment on people with chronic illnesses. Disproportionate exposures and impacts occur in communities with higher proportions of low income and minority communities, a phenomenon which contributes to disparities in chronic disease prevalence and outcomes.

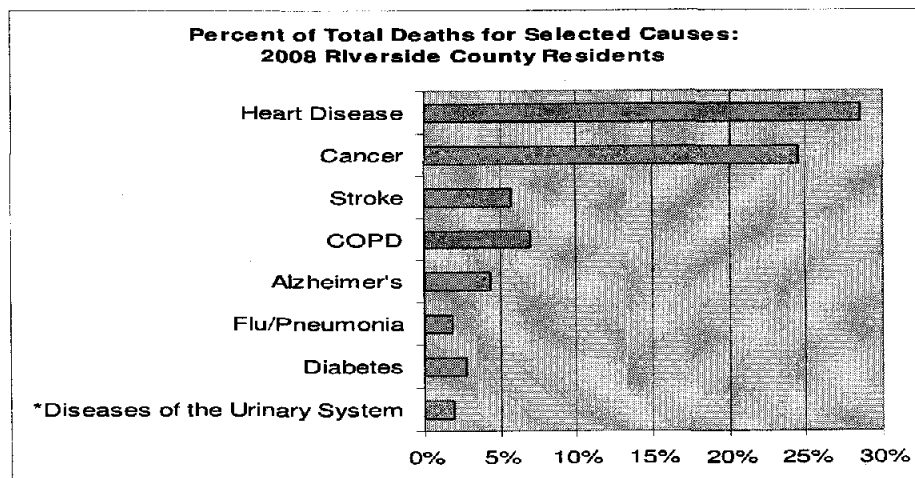
Chronic Disease Deaths in Riverside County

Percent of Total Deaths for Selected Causes of Deaths: 2008 Riverside County Residents

Cause of Death	Number	Percent of Total Deaths
*Diseases of the Urinary System	261	1.9%
Diabetes	379	2.8%
Flu/Pneumonia	257	1.9%
Alzheimer's	600	4.4%
COPD	958	7.0%
Stroke	786	5.8%
Cancer	3337	24.5%
Heart Disease	3884	28.5%

Total Deaths

14,014



*ICD 10 (N00-N39) - Includes Nephritis and Nephrosis

Data Source: 2008 Death Statistical Master File

Data Compiled: Rick Lopez

Table Created: Wayne Harris

April 22, 2010

Impact of Air Quality on Hospital Admissions and Emergency Room Visits in California

Research conducted by RAND Health (a division of the RAND Corporation) found that the most costly conditions were hospital admissions triggered by air pollution for acute bronchitis, pneumonia and chronic obstructive pulmonary disease. Those conditions accounted for nearly one-third of the \$193 million in health care spending documented over the study period.

Nearly three-quarters of the health events identified by researchers were triggered by high levels of fine particulate pollution—tiny pieces of soot that can lodge deep in lungs. The health events examined in the study were concentrated in the San Joaquin Valley and the four-county South Coast Air Basin.

The cost of treating health events caused by air pollution is equal to the expense of providing flu vaccines to 85 percent of California children under age 15, according to the report.

To conduct the study, researchers used epidemiological studies that link elevated pollution levels to respiratory and cardiovascular illnesses, and compared that information to pollution levels measured across the state from 2005 to 2007 by various public agencies. Researchers also reviewed detailed records hospitals report to the state about the patients they treat, the illnesses diagnosed and who pays for that care.

The study revealed at **Riverside Community Hospital** (Riverside, CA), 329 hospital admissions and ER visits would have been prevented had federal standards for PM2 and ozone been met during 2005-2007. Overall spending was \$2,015,880. Medicare spent about \$1,140,060, as these patients were likely to have costly hospital stays rather than ER visits.

Researchers say the most common hospital-based medical care triggered by elevated air pollution levels are emergency room visits for asthma among children aged 17 and under, with more than 12,000 visits over the three-year study period.

Asthma Hospitalizations in Riverside County

Statistics reveal that rates of hospitalization in Riverside County for asthma complications are above the Healthy People 2010 goal of 7.7 hospitalizations per 10,000 persons aged 5 to 64. According to the recent California Health Interview Survey (CHIS), Riverside County has an estimated 258,000 children and adults who have been diagnosed with asthma. Of this number, approximately 58,000 are children aged 0-17 years. The County's average rate of hospitalizations for this age group is 11.6, which is in excess of the Healthy People 2010 objective of 7.7 per 10,000 population. Listed below are the 2006 rates for hospitalizations and emergency department (ED) visits for Riverside County:

Number of Hospitalizations Due to Asthma (N) and Age-Adjusted Rate (per 10,000 residents)

Riverside County			California	
Age	N	Rate	N	Rate
Children 0-4	363	23.4	6,554	24.5
5-17	263	7.3	4,881	7.2
Total (0-17)	626	11.6	11,435	11.9
Adults 18-64	680	6.0	13,736	5.8
65+	303	11.9	8,082	19.6
Total (18+)	983	7.0	21,818	8.1

Data Source: OSHPD 2006

Number of ED Visits Due to Asthma (N) and Age-Adjusted Rate (per 10,000 residents)

Riverside County			California	
Age	N	Rate	N	Rate
Children 0-4	1,272	83.3	27,462	103.1
5-17	1,974	53.3	37,877	55.2
Total (0-17)	3,246	61.3	65,339	68.0
Adults 18-64	3,872	34.2	84,589	35.9
65+	577	22.7	14,406	35.1
Total (18+)	4,449	32.2	98,995	35.8

Data Source: OSHPD 2006

Asthma is one of the most common chronic diseases of childhood and is the most common cause of school absenteeism due to chronic conditions. Without proper treatment, asthma can severely affect children's ability to learn, speak, eat and play. Asthma can be a debilitating and life-threatening disease without appropriate diagnosis and treatment. Limited access to health care, lack of effective education about asthma management, and exposure to triggers such as smoking and other environmental irritants are key factors increasing the severity of this problem in Riverside County.

Seniors, as well as children, are particularly susceptible to the effects of ozone pollution. Those with asthma and rhinitis seem to be more sensitive to pollutants. Epidemiologic studies have shown increased emergency hospital admissions for acute asthma, as well as need for medications such as albuterol. In addition to allergen triggers, environmental exposures to air pollution contribute to increased morbidity. Even short-term exposure to ozone can increase bronchial allergen responsiveness in both seniors and children with mild allergic asthma. Ozone exposures have been associated with poorly controlled asthma in elderly adults.

Other Risk Factors

Obesity and tobacco smoke places adults and children at increased risk for asthma and symptoms. According to a recent California Health Interview Survey (2005), approximately 14% of adults currently smoke and 8% of adults and children are exposed to second-hand smoke in their homes. Additionally, nearly 26% of adults and adolescents are obese. The U.S. Census Bureau (2004) indicates that 11.9% of Riverside County residents have household incomes below the federal poverty level, which has been linked to more severe asthma.

PROGRAM SCHEDULE (SECTION B)

PROGRAM / PROJECT GOALS

Currently funded by AQMD for asthma services in Western Riverside County, the Riverside County Department of Public Health (DOPH), Health Promotion Program (Nutrition Services Branch) would like to expand asthma services to senior adults (ages 55 years and older) residing in Riverside County. Additionally, an air quality awareness and education campaign is proposed for senior adults. The intervention activities will include education on the impact of poor air quality on chronic diseases as well as instructions on how to minimize exposure to environmental hazards.

GOAL: Reduce the impact of air quality on chronic diseases in Riverside County through education, outreach and disease self-management.

OBJECTIVES

1. One year from program implementation, program staff will create awareness and educate a minimum of 1,500 senior adults on the issues surrounding air quality and chronic diseases and what can be done to minimize exposure to environmental contaminants.
2. One year from program implementation, program staff will enroll 200 children (ages 0-18 years) and/or senior adults (ages 55 years and older) with the following characteristics: 1) has a persistent asthma diagnosis; and 2) resides within Riverside County.
3. One year from program implementation, provide telephone or clinic consultation for 100 parents of children or senior adults with a mild or intermittent asthma diagnosis.
4. One year from program implementation, eliminate or reduce asthma triggers in the homes of a minimum of 50% of enrolled clients with asthma
5. One year from program implementation, demonstrate a decrease of asthma-related emergency room visits and/or asthma hospitalizations and/or improvement of asthma symptoms in 50% of enrolled clients.
6. One year from program implementation, collaborate with a minimum of five community-based organizations and or programs to reduce the impact of factors contributing to chronic disease, such as tobacco use, obesity, and access to health care.

Senior Adults Awareness Program:

The Riverside County Department of Public Health (DOPH) proposes to implement an awareness and education campaign for the senior adults of Riverside County regarding air quality issues and the effects on chronic diseases. The activities will be targeted to senior adults ages 55 years and older.

Targeted outreach to senior centers, senior care facilities and senior-focused programs will be conducted by program staff. Outreach activities will include:

- Presentations (45 to 60 minutes) to senior groups; topics to include:
 - Air Quality Index
 - What You Should Know About Ozone and Your Health
 - Who Is Sensitive to Ozone
 - What You Can do to Minimize Exposure to Environmental Hazards
 - Protecting Your Health
 - Keep the Air Cleaner
 - Air Quality Action Day for Ozone
- Participation in community events and collaborative meetings:
 - Riverside County Tobacco Coalition Meeting
 - Riverside County Asthma Coalition Meeting
 - Supplemental Program for Women Infants and Children Inservices
 - Senior Health Fairs
 - Riverside County Advisory Council on Aging
 - Riverside County Foundation on Aging
 - Aging and Disability Senior Resource Center
- Informational fact sheets will be at distributed at presentations and community events:
 - *Air Quality Guide for Ozone* (U.S. Environmental Protection Agency)
 - *Diabetes and Environmental Hazards* (U.S. Environmental Protection Agency)
 - *Healthy Hearths* (South Coast Air Quality Management District-AQMD)
 - *Fire Safety Alert-Tips for Seniors* (AQMD)
 - *Fire Safety Alert-Tips for Children* (AQMD)
 - *Fire Safety Alert-Tips for Residents* (AQMD)
 - *Dirty Air-Health Effects of Air Pollution* (AQMD)
- Media Activities
 - Advertisements of Asthma Program services in senior publications
 - Include AQMD and EPA links to the Asthma Program website
 - "Protecting Your Health" articles in ethnic and community newspapers

Asthma Education Services:

Research has demonstrated repeatedly that comprehensive asthma education, elimination of triggers, and proper medication adherence reduces asthma symptoms. These interventions also contribute to increases in confidence of the management of asthma in both the child and parent. Additionally, programs that provide asthma services effectively reduce the burden on counties and communities for hospitalization and emergency room costs.

The DOPH Asthma Program proposes to expand the home-visitation model to include senior adults (ages 55 and older) as well as children (ages 0-18) and their parents. The asthma in-home educational services will bring needed services to many clients for whom transportation is an issue. Additionally, asthma program staff will encourage parents and seniors adults to schedule regular medical visits for those affected by asthma, as opposed to episodic treatment. Parents will also be encouraged to have their children's pediatrician complete an Asthma Action Plan (AAP), which is a detailed plan for daily management of asthma symptoms. Once completed, parents will be encouraged to share the AAPs with schools, relatives, and other caretakers to properly manage asthma and avoid episodes.

For children and seniors with a mild to intermittent asthma diagnosis, asthma education will be provided either by telephone consultation or on site at the request of clinic staff. Asthma program staff will provide in-home asthma education to parents/children and seniors with a persistent asthma diagnosis. Program staff will conduct home visits (approximately one hour) to each client enrolled in the program, and instruct, demonstrate and observe the proper use of asthma medications, as prescribed by the family's physician. Each client will receive a minimum of one home visit by appropriately trained staff who are culturally and linguistically competent.

During the home visit, staff will conduct in-home environmental assessments to identify potential triggers of asthma. Parents of asthmatic children and senior adults will receive education on asthma triggers and be provided with a list of methods to eliminate or reduce asthma triggers. Should the initial environmental assessment determine a smoker in the home, the family will be referred to the Department of Public Health's (DOPH) Tobacco Control Project for smoking cessation class referrals. Additionally, clients will be alerted to other outdoor environmental triggers to include air pollutants, wildfire smoke, pollen, etc. The trained program staff will, when appropriate, inform families of the link between obesity and asthma and refer families to the DOPH's Nutrition Branch for counseling as needed.

After each home visit, program staff will provide 15 to 20 minute follow up phone calls and/or additional home visits as required to ensure that the client's asthma is under control. At 2 weeks, the case manager will call to check on the status of the client's symptoms, as well as determine the trigger reduction status. Additionally, short surveys will be administered at 3 months and 6 months to ascertain decrease in emergency department visits, client or parents' confidence level, reduction of symptoms, and medication usage and other pertinent information.

The intended outcomes of reduced asthma episodes, reduced asthma-related emergency room visits, reduced asthma-related hospitalizations, improvement of asthma symptoms and increased

confidence level will be measured by comparing results of a pre-program survey with those of a post-program survey. The parents of the children and seniors enrolled in the program will provide answers to questions designed to measure the above-mentioned indicators on pre-post surveys. The surveys will be analyzed by staff from the DOPH's Epidemiology and Program Evaluation Branch to determine if the individual enrolled in the program experienced an improvement in any or all of the indicators.

Referrals to the program will be generated from established partnerships in the target community, such as Riverside County Unified School District, Perris Unified School District, Inland Empire Health Plan, DOPH's Family Care Centers, Supplemental Nutrition Program for Women, Infants and Children (WIC), private physicians, and a vast network of coalition partners. To recruit seniors into the program, outreach will be conducted to senior centers and programs that service this population. Additionally, staff will promote the program through participation in community events, presentations, school activities, churches and targeted outreach.

Referral and Collaborative Education Activities:

The Health Promotion Program recognizes that many factors contribute to the increase of chronic diseases. Factors such as obesity, tobacco use, health disparities, low income, substandard housing, food insecurity, and lack of exercise.

To address these issues, the program staff will refer asthma clients and interested individuals to existing programs and services. These programs include but are not limited to:

- Supplemental Nutrition Program for Women, Infant and Children (DOPH)
- Healthy Homes Program (DOPH)
- Public Health Nursing (DOPH)
- Maternal Child and Adolescent Health Programs (DOPH)
- Immunization Program (DOPH)
- Riverside County Office of Aging Programs
- American Lung Association (Easy Breathers Program for COPD)
- Nutrition Services (DOPH)

Program staff will also participate in and or conduct presentations to various coalitions and advisory councils to promote program services and address air quality and chronic disease issues. These collaboratives include:

- The Riverside County Asthma Coalition (administrative oversight and coordination)
- The Riverside County Tobacco Coalition
- Riverside County Advisory Council on Aging
- Riverside Unified School District Early Childhood Education Advisory Council
- Moreno Valley Unified School District

SCOPE OF WORK

Goal: Reduce the impact of air quality on chronic diseases in Riverside County through education, outreach and disease self-management.

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
1. One year from program implementation, program staff will increase awareness and educate a minimum of 1,500 senior adults on the issues surrounding air quality and chronic diseases and what can be done to minimize exposure to environmental contaminants.	1a. Staff will participate in 10-15 community events that target senior adults and distribute air quality and health effects information and fact sheets. 1b. Staff will conduct 30-35 presentations at senior centers and/or senior programs and distribute air quality and health effects information and fact sheets. 1c. Advertisements will be placed in 4 different media publications to alert the senior community of the health effects of poor air quality and where to call for information. 1d. Pre-test and Post-test will be administered after presentations to measure increased awareness of how to minimize exposure to environmental contaminants in the air.	1a. From implementation through term of the grant. 1b. From implementation through term of the grant. 1c. One each quarter or in the event of a major event, such as a wildfire. 1d. From implementation through term of the grants.	1a. Presentation/Collaboration Log. 1b. Presentation/Collaboration Log. 1c. Copy of advertisements. 1d. Pre-test/Post test
2. One year from project implementation, program staff will enroll 200 clients into the Childhood Asthma Program. Enrollees will meet the following criteria: 1) have a current persistent asthma diagnosis; 2) between the ages of 0 to 18 years or age 55 or older and 3) reside within Riverside County.	2a. Network with physicians, medical groups, school nurses and other organizations to solicit referrals for enrollment into CAP. 2b. Upon referral receipt, case worker will schedule home visit or educational sessions. 2c. Case worker will enroll client into the program, provide asthma education, medication use demonstration and provide asthma aids.	2a. From implementation through term of the grant. 2b. Within 3 days of receipt of referral. 2c. Through term of the grant.	2a. Presentation/Collaboration Log. 2b. Referral and Assignment Logs. 2c. CAP Enrollment Database. Progress Report.
3. One year from project implementation, program staff will provide telephone consultation or asthma classes for 100 senior adults (ages 55 years and older) and parents of children (ages 0-18) with a mild or intermittent asthma diagnosis.	3a. Referrals or calls from parents or children who do not have persistent asthma will receive Asthma 101 information via phone calls or through on site clinic consultation. 3b. Parents will receive Asthma 101 information at a group setting per requests by school nurses, daycare centers, clinic staff, etc.	3a. From implementation through term of the grant. 3b. From implementation through term of the grant.	3a. Telephone Consultation Log 3b. Presentation/Collaboration Log.

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
4. One year from project implementation, CAP will eliminate or reduce asthma triggers in the homes of at least 50% of enrolled children (ages 0-18) and or senior adults (ages 55 years and older).	4a. Program enrollees will receive in-home environmental assessments to identify potential triggers of asthma. 4b. Program staff will educate and assist in reducing and removing asthma triggers and devise a trigger reduction plan. Enrollees will receive information on outdoor environmental triggers. 4c. Case worker will call enrollees after home visit, and administer a short survey to determine trigger reduction efforts, and record results.	4a. From implementation through term of the grant. 4b. At time of enrollment; home visit. 4c. 2 weeks post home visit.	4a. Enrollment Database, case files. 4b. Enrollment Database, case files. 4c. Enrollment Database, case files. Progress Report.
5. One year from project implementation, at least 50% of enrollees will demonstrate a decrease of asthma hospitalizations and/or asthma-related emergency room visits and/or improvement of asthma symptoms.	5a. Program staff will inform enrollees of the importance of Asthma Action Plans, and will work with the child's physician and school to facilitate use of the plan. 5b. Parents will be encouraged to schedule regular medical visits for their child. For families without insurance, case worker will refer families to Catholic Charities, DOPH or other organizations providing application assistance for health coverage 5c. Provide program surveys to determine frequency of ER visits, hospitalizations and asthma symptoms.	5a. From implementation through term of the grant. 5b. At intake, 3 months and 6 months post enrollment. 5c. At intake, 3months and 6 months post enrollment.	5a. Case file notes, Enrollment Database. 5b. Referral log, case files. 5c. Results recorded in Enrollment Database. Progress Report.

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
6. Collaborate with a minimum of 5 community-base organizations/programs to reduce the impact of secondary factors on chronic diseases, such as tobacco use, obesity, poor nutrition, health disparities and access to care.	6a. For smokers in the home, referrals will be made to the County DOPH Tobacco Control Project for secondhand smoke education and smoking cessation referrals.	6a. From implementation through term of the grant.	6a. Presentation/Collaboration Log, Partner Referral Log
	6b. For asthma enrollees who may be overweight or obese, referrals will be made for dietetic counseling.	6b. From implementation through term of the grant.	6b. Presentation/Collaboration Log, Partner Referral Log
	6c. For enrollees who have no insurance, families will be referred to Healthy Kids, Medi-Cal, Healthy Families or other health coverage programs.	6c. From implementation through term of the grant.	6c. Presentation/Collaboration Log, Partner Referral Log
	6d. For enrollees who have structural or environmental triggers not remediated by trigger reduction education, families will be referred to the healthy homes programs.	6d. From implementation through term of the grant.	6d. Presentation/Collaboration Log, Partner Referral Log
	6e. Enrolled families without a medical home will be referred to the DOPH Family Care Centers for care.	6e. From implementation through term of the grant.	6e. Presentation/Collaboration Log, Partner Referral Log
	6f. Provide administrative support and oversight for the Riverside County Asthma Coalition.	6f. From implementation through term of the grant.	6f. Coalition Agenda/Minutes

PROJECT ORGANIZATION (SECTION C)

PROJECT TEAM

The project team will report to the Project Coordinator. The project team will consist of two Health Education Assistants II, who will provide program promotion through participation in community events, program presentations, and through attendance at collaborative meetings. The Licensed Vocational Nurse (LVN) will provide direct services to clients to include case management and follow-up activities. The Office Assistant will provide clerical support and database management. The Nursing Education Instructor will provide medical oversight and training for the LVN, participate in home visits and network with medical professionals. Staff will complete monthly calendars (scheduled community events) and Weekly Referral Assignment Sheets (scheduled home visits) and submit to the coordinator for activity monitoring. All activities and client enrollments will be entered into the program's databases within one week of completion.

EVALUATION

The program evaluation plan consists of four components. Three of the four components provide outcome-level measurements and the fourth is designed to evaluate internal processes. The three outcome components are designed to measure improvement of individual enrollees, overall program effectiveness, and community impact. The fourth component is a set of process measurements which are designed to provide immediate programmatic feedback that will allow for monitoring activities and effective progress reporting.

Outcomes for Individuals:

The intended outcomes of reduced asthma episodes, reduced asthma-related emergency room visits, reduced asthma-related hospitalizations, and improvement of asthma symptoms will be measured by comparing results of a pre-program survey with those of a post-program survey. The parents of the children enrolled in the program will provide answers to questions designed to measure the above-mentioned indicators on pre-post surveys. The surveys will be analyzed by a Research Specialist with the Department of Public Health Epidemiology and Program Evaluation Branch to determine if an individual enrolled in the program experienced an improvement in any or all of the indicators.

Outcomes for Overall Program Effectiveness:

To evaluate the effectiveness of the program overall, the arithmetic means of asthma episodes, emergency room visits, and hospitalizations from the pre-program surveys will be compared to the arithmetic means of the same indicators from the post-program survey. A lower mean will indicate improvement. A statistical test that measures the difference of means will be performed on each indicator to determine level of significance of the change.

Outcomes for the Impact on the Community:

Historical hospital discharge data provided by the Office of Statewide Health Planning and Development (OSHPD) will be analyzed by zip code and by year to determine a trend of asthma hospitalization rates for each zip code in Riverside County and an aggregate rate for the County as a whole. The OSHPD asthma hospitalization data that corresponds to the program year of this grant will be analyzed and compared to the historical trend for evidence of impact both at the zip code level and at the ERC level. A lower rate indicates success.

Process Evaluation:

The CHA Program Coordinator will continuously evaluate the program's effectiveness and methods through a review of monthly statistical reports on program activities and process evaluation measures. Additionally, quarterly reports on statistical data will be compiled from the program's database by staff from the Department's Epidemiology and Program Evaluation Branch. Compiled reports will be submitted promptly to the AQMD as required. Process-level measurements will come from the following sources:

- Follow up phone calls to enrolled parents of at 2 weeks, 3 months and 6 months
- Number of Asthma Action Plans given to parents
- Parents' level of confidence in the management of child's asthma
- Number of clients enrolled: initial intake, follow-up data, home visit summaries
- Environmental assessments: assessments tool information, triggers found, etc.

SUSTAINABILITY

Participation in coalition and other collaborative meetings will initiate and foster partnerships between organizations, such as school districts, medical provider offices, community based organizations, and other health programs. These sustained relationships benefit children and seniors with chronic disease throughout Riverside County, as they work in partnership to reduce the impact of air pollution and other environmental hazards.

Additional funding will be sought through other sources for interventions that are resource intensive, such as home visitation and environmental assessments. It is anticipated that as the chronic diseases continues to impact Riverside County residents, new initiatives will be originated from California Department of Health Services, Centers for Disease Control, and other funding organizations.

Additionally, the program will explore the feasibility of incorporation of program services into existing programs with the Department of Public Health.

QUALIFICATIONS (SECTION D)

PROGRAM HISTORY

In 2001, the Riverside County Department of Public Health (DOPH) was awarded \$300,000 from the Regents of the University of California, San Francisco for the implementation of the California Asthma Among the School Aged (CAASA) project to reduce disparities among children with asthma in targeted areas of Western Riverside County. During the term of this project, from September 1, 2001 through August 31, 2004, interventions included asthma education and case management to families, enrollment into Healthy Families and Medi-Cal to improve access to quality health care, and Continuous Quality Improvement model implementation to increase adherence to the National Institutes of Health (NIH) treatment guidelines. From this project, the DOPH Childhood Asthma Program (CAP) was established and pursued funding to provide services to all children suffering from asthma in Riverside County. In conjunction with and subsequent to the CAASA Project, CAP has provided services County-wide through multiple grants. From January 1, 2007 through December 31, 2008, CAP provided services for 772 children aged 0-18 in Western Riverside County through funding from the South Coast Air Quality Management District (AQMD). The program was subsequently funded by AQMD to provide asthma services to the residents of Eastern Riverside County, from January 1, 2009-December 31, 2009. The CAP is currently funded to provide asthma services for Western Riverside County for children with asthma, ending December 31, 2010.

Outcomes for the AQMD project that recently ended reveal that 96% of parents self-reported zero emergency department visits and 99% reported zero hospitalizations within six months after enrollment into CAP. Follow-up statistics for CAP also reflects that 72% report a decrease in asthma symptoms and 83% indicated increased levels of confidence in management of their child's asthma.

References:

Organization	Contact Name/Title	Telephone #
1. Desert Healthcare District (Grantor) Project Name: Childhood Asthma Program (FY 04-06)	Rosalynn Smith Program Specialist	(760) 323-6700
2. Anderson Children's Foundation (Grantor) Project Name: Childhood Asthma Program (FY 05-06)	Sabra Besley Contract Monitor	(760) 345-7070 (760) 318-8146
3. Riverside Community Health Foundation (Grantor) Project Name: Childhood Asthma Program (FY 03-04)	Dan Anderson Vice President Programs and Services	(760) 788-3471
4. University of California San Francisco (FY 02-004) Project Name: California Asthma Among the School Aged (FY 02-03 & FY 03-04)	Jennifer Holloman Project Coordinator	(916) 552-9929
5. South Coast Air Quality Management District Project Name: Childhood Asthma Program (Jan 2007- Dec 2008) Childhood Asthma Program ERC (Jan 2009 - Dec 2009) Childhood Asthma Program WRC (Jan 2010 - Dec 2010)	Jean Ospital Health Effects Officer	(909) 396-2582

Assigned Personnel (SECTION E)

1. Key Personnel

Position	Agency Minimum Qualifications
CHA Program Coordinator II Consuela T. Edmond (Resume Attached)	Education: Graduation from a recognized college with a bachelor's degree with major coursework in Health Education, Nutrition, Health Care or Hospital Administration, Business or Public Administration, Health Science, Communication/Journalism, Zoology, Animal Welfare or a closely related field. (Additional qualifying experience may be substituted for up to two years of the required education on a year-for-year basis.) A Masters Degree in one of the following: Public Health, Nutrition, Public or Business Administration may be required for specific Public Health positions. Experience: Three years of administrative or supervisory experience in a medical facility, welfare agency, or public health department, animal services agency, and community based organization or public service, which included the coordination, management, or administration of medical care programs public health programs or animal care programs. Knowledge of: Administrative principles applicable to the organization and functions of public health and medical care programs or animal care programs; program planning, implementation, and evaluation; elements of supervision and principles of personnel management; budget preparation and control; grantsmanship; medical terminology; public relations and marketing. Ability to: Supervise and coordinate the work of program staff; analyze operations and services related to programs; interpret legislative and administrative mandates and regulations; develop and prepare grant applications; monitor expenditures and maintain fiscal control; establish and maintain effective working relationships with local, federal and state program agencies, and the general public; prepare comprehensive and clear oral and written reports and presentations
Health Education Assistant II Recruitment Upon Award	Education: Graduation from a recognized college with a Bachelor's Degree and a major in Community Health Education; A major is considered to include completion of at least 30 semester or 45 quarter units of upper division coursework in a community health education curriculum. Knowledge of: Health education principles, methods, and

techniques including the preparation of educational materials and the means of disseminating educational information to the public through mass media; community resources and their functions; techniques of collecting and compiling data pertinent to health education program planning and evaluation; common health problems of target groups in the community, their causes and prevention; group dynamics and human behavior.

Ability to: Prepare public educational materials such as pamphlets, posters, display, and exhibits; present ideas accurately, concisely and effectively, both orally and in writing; prepare and deliver effective oral presentations before public and professional groups; organize and conduct meetings, training forums, and seminars; establish and maintain effective working relationships with a wide variety of community agencies, organizations, and individuals.

Licensed Vocational Nurse

Recruitment Upon Award

Education: Possession of a valid California Vocational Nurse's License issued by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

Knowledge of: Current principles, techniques and procedures used in vocational nursing as covered in the Nurse Practice Act; medical terminology, acute care procedures and equipment; medication administration and any policies and procedures of the setting assigned.

Ability to: Skillfully perform the full range of vocational nursing duties and responsibilities per the Nurse Practice Act; learn and follow policies and procedures for the setting assigned; establish and maintain effective working relationships with physicians, mid level providers, registered nurses, patients and co-workers; complete and maintain reports and patient records; make observations of situations accurately and report them so effective action can be taken according to rules of documentation and policies and procedures.

Experience: Licensed vocational nurses in this class have 1 or more years experience working as an LVN.

Nursing Education Instructor

Recruitment Upon Award

Education: Graduation from a recognized college with a degree in nursing; Additionally qualifying experience may be substituted for the required education on a year-for-year basis.

Knowledge of: Considerable knowledge of the scope and method of modern nursing and nursing education; considerable knowledge of staff training and instruction methods; considerable knowledge of communicable and other diseases, medical terminology, hospital practices, and drug use abuse; good knowledge of legal aspects of nursing profession regulation..

Ability to: Effect in-service training programs; instruct, motivate, and develop professional capacities of nursing personnel; speak and write effectively...

Experience: Two years performing the duties of a registered nurse in an acute hospital setting; A California Standard Designated Subject Credential in Registered Nursing may be substituted for one year of the required experience.

2. Proposed Labor Hours

Position Title	Hourly Salary	Labor Hours FTE 12 Months	12 Month Salary	Benefits 45%	Total Cost
CHA Program Coordinator II	\$33.49	1040 (.5 FTE)	\$34,831	\$15,673	\$50,504
Health Education Assistant II	\$22.10	2080 (2 FTE)	\$91,926	\$41,367	\$133,293
Licensed Vocation Nurse	\$18.99	2080 (1 FTE)	\$39,504	\$17,775	\$57,280
Nursing Education Instructor	\$39.93	1040 (.5 FTE)	\$41,528	\$18,687	\$60,215
Office Assistant III	\$15.30	1040 (.5 FTE)	\$15,920	\$7,163	\$23,083
Research Specialist	\$21.53	104 (.05 FTE)	\$2,239	\$1,008	\$3,247
Bilingual Pay					\$1040
Total Salaries					\$328,664

3. Education and Training:

Training will be coordinated by the Nurse Education Instructor (NEI) and will include orientation to the project, general asthma education and curriculum training. Staff will observe the NEI performing a home visit. On their first home visit, the NEI will observe staff, and will be cleared to perform home visits once competency is demonstrated. Additionally, staff will be required to obtain a certificate of completion from the California Department of Health Services' online training program at www.betterasthmacare.org. This training requirement includes viewing a series of asthma educational videos such as: *Review of Asthma Management*; *Quality Improvement for Pediatric Practices*; *Talking With Families About Asthma*; *Asthma Medicine Delivery Devices*; and *Using Asthma Medicines Correctly*. At the end of each module, staff will be required to successfully pass a series of quizzes to receive a certificate of completion.

Program staff will attend additional trainings conferences and workshops related to air quality, asthma, tobacco use and other chronic diseases. Agencies and organizations hosting the trainings/workshop/conferences may include AQMD, California Department of Public Health, EPA, and

4. Agency Qualifications:

The Riverside County Community Health Agency Department of Public Health (DOPH) is a publicly funded agency designed to address the health needs of the residents of Riverside County. The DOPH takes a leadership role in providing quality medical care and preventive health services to the people of Riverside County. The vision of the department is to excel at building a healthy community, and its mission is to promote and protect the health of all county residents and visitors.

The DOPH has a proven track record of advocacy for the populations and community served, collaboration with community-based organizations, including schools, and the establishment of successful partnerships with diverse lay and professional coalitions.

The DOPH has the administrative and fiscal capacity to implement the funded projects. The administrative management team, including the Director of Public Health (Susan Harrington), the Chief Fiscal Officer (Carley Linn), and the Public Health Program Chief for Nutrition and Health Promotion (Gayle Hoxter, MPH, RD) has experience managing staff, subcontractors, and partnerships to ensure successful delivery of community health services. In the past year alone, DOPH administered over \$30 million in grant funds targeting key public health issues. Outcomes management and statistical reporting is managed by Wendy Betancourt, Program Chief, of the Epidemiology and Program Evaluation Branch.

SUBCONTRACTORS (SECTION F)

There are no subcontractors proposed for this project.

(SECTION G)

RFP # PBOC-4
2009

**THE BP/SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
PUBLIC BENEFITS OVERSIGHT COMMITTEE**

**Certification Regarding
Conflicts of Interest and Other Responsibility Matters**

The Proposer certifies to the best of its knowledge and belief that it and the principals:

(a) Have not been sources of income or gifts to any member of the Oversight Committee within the previous 12 months;*

(b) Have not made any campaign contributions to any member of the Oversight Committee in amounts totaling more than \$250 within the previous 12 months;*

(c) Have not hired or appointed any member of the Oversight Committee as a current employee or officer of the Proposer;*

(d) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

(e) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award.

Susan Harrington, M.S., R.D., Director, Riverside County Department of Public Health
Typed Name & Title of Authorized Representative

Signature of Authorized Representative

Date

☐ I am unable to certify to the one or more of the above statements. My explanation is attached.

* If the Proposer has been a source of income, gifts or campaign contributions to any member of the Oversight Committee, check the box above and provide the Member's name, date of payment, and amount as part of the explanation. Similarly, if a member of the Oversight Committee is an employee or officer of the Proposer, list the name of the member and the initial start date in the explanation.

BUDGET

Health Promotion Program- AQMD Detailed Budget for Period: 12 months

	Annual		
	Salary	Total	Budget
PERSONNEL:	Rate	FTE	
Public Health Program Coordinator II	\$69,662	0.5	\$34,831
Nursing Education Instructor	\$83,056	0.5	\$41,528
Licensed Vocational Nurse	\$39,504	1	\$39,504
Health Education Assistant II	\$45,963	2	\$91,926
Research Specialist	\$44,787	0.05	\$2,239
Office Assistant III	\$31,839	0.5	\$15,920
PERSONNEL SUB-TOTAL:		4.55	\$225,948
BENEFITS @ 45%			\$101,677
Bilingual Pay			\$1,040
TOTAL PERSONNEL AND BENEFITS			\$328,664
OTHER OPERATING EXPENSES			
Supplies - Office			\$750
Supplies - Medical			\$17,000
Printing			\$500
Postage/Mailing			\$200
Communications Services (Cell phones, etc)			\$4,817
Promotional Items			\$2,000
Training			\$1,000
Co. Veh./Priv.Mileage Reimb @ .55mile			\$5,248
Advertising/Media			\$500
Rents/Lease Buildings			\$24,000
Other Services Support:			
Equipment - Office Non Fixed			\$1,200
TOTAL OPERATING EXPENSE:			\$57,215
Indirect Costs @ 25%			\$82,166
GRAND TOTAL:			\$468,045

Position Title	Hourly Salary	Labor Hours FTE 12 Months	12 Month Salary	Benefits 45%	Total Cost
CHA Program Coordinator II	\$33.49	1040 (.5 FTE)	\$34,831	\$15,673	\$50,504
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Bilingual Pay					\$1040
Total Salaries					\$328,664

BUDGET NARRATIVE

Description	Justification
CHA Program Coordinator II	This position will serve as the administrative point of contact for the project. The coordinator will oversee the project and will be responsible for the project's progress, evaluation and supervision of staff.
Nursing Education Instructor	The Nurse Education Instructor (NEI) will oversee training of health workers, conduct home visits for high-risk asthma cases, provide phone consultation, education in the clinic setting and network with medical providers to generate referrals for the program.
Health Education Assistant II	This position will be responsible for program promotion for the purpose of generating referrals for the program. Activities will include community presentations, participation in health fairs and other community events, networking, and curriculum development.
Licensed Vocational Nurse	This position will provide direct services (home visits) and participate in outreach activities such as health fairs and other community events.
Fringe Benefits	Retirement, retirement health, health insurance, social security, PERS.
Printing	Printing for flyers, brochures, and educational materials.
Rent/Lease Buildings	Costs for space for the coordinator and project staff.
Office supplies	Materials for outreach activities and direct services: paper, notepads, paperclips, stapler, tape, writing items, computer disks, printer ink, office desk items, pens, pencils, markers, calendars and other items as necessary.
Promotional Items	Items such as pencils, balloons, pens, etc. for distribution at outreach events to generate public awareness of the program services and for enrolled clients.
Medical supplies	Purchase of aerochambers (\$20 each X 200 = \$4,000), allergen-proof mattress & pillow casing (\$50 each set X 200=\$10,000), peak flow meters (\$15 each @ 200 = \$3,000). Total medical supplies: \$17,000.
Postage/Mailing	Costs for correspondence to be mailed to providers, clients, coalition members, etc.

Description	Justification
Communications Services (Cell phones, etc)	Phone equipment and calls related to development and implementation of activities. Cost for cell phones for staff for communication services while in the field.
Equipment	Computers for project staff for data entry for program database and progress reports.
Mileage	Mileage @ \$.55/per mile for travel to home visits, collaboration meetings, staff training, outreach events and other related activities.
Indirect Costs (25%)	Administrative overhead to include support services such as Fiscal, Information Technology, Human Resources, Auditor Controller and Purchasing Department.