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

**FROM:** Community Health Agency / Department of Public Health

**SUBMITTAL DATE:**  
December 18, 2006

**SUBJECT:** Ratify the acceptance of Educational Grant and Community Grant totaling \$3,200 to support the Health Literacy Forum, Partners For Action.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the acceptance of Community Grants: Community Grant from Molina Healthcare of California for \$200 and Educational Grant from Riverside Community Health Foundation for \$3,000 to support the Health Literacy Forum, Partners For Action held on October 31, 2006.

**BACKGROUND:** A Health Literacy Forum was held October 31, 2006 at the Moreno Valley Conference Center. The theme was "Partners for Action." The Healthy People 2010 objective, "Improve the health literacy of persons with inadequate or marginal literacy skills", was the focus of the Forum. The need to begin to address the problem in Riverside County through a multidisciplinary unified approach was based on over 200 studies throughout the nation. The Institute of Medicine reported in 2003 that approximately one-half of the adult population may lack the needed literacy skills to use the U.S. healthcare system.

**Attachments**

BC:stb

*Susan D. Harrington*  
Susan D. Harrington, Director of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 3,200	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0.00	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0.00	For Fiscal Year:	06/07

<b>SOURCE OF FUNDS:</b> 100% Community Grants	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**  
**APPROVE**

**County Executive Office Signature** *Debra Courmayer*

FORM APPROVED COUNTY COUNSEL  
JAN 04 2007  
Departmental Concurrence BY *[Signature]*

Dept's Recomm.:  Consent  Policy  
Per Exec. Ofc.:  Consent  Policy

5001 7th St. 92503  
RECEIVED RIVERSIDE COUNTY

**Prev. Agn. Ref.:** item | **District:** ALL | **Agenda Number:**  
ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3 . 11

Form 11

Page 2 of 2

From: Community Health Agency/Department of Public Health

Subject: Ratify the acceptance of Educational Grant and Community Grant totaling \$3,200 to support the Health Literacy Forum, Partners For Action

**BACKGROUND:** (Continued)

The forum was attended by 81 professionals representing Public Health, hospitals, the two local managed care plans, adult education, library literacy programs, First 5 of Riverside, Office on Aging and clinical practices.

**Form 11 Attachment**  
**Contract/Lease/Purchase Summary Data**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Contract</b> | <input type="checkbox"/> <b>Lease</b>     | <input type="checkbox"/> <b>Purchase</b>    |
| Approval/Renewal                                    | <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Sole Source        |
| <input type="checkbox"/> Sole Source                | <input type="checkbox"/> Mult-Year Lease  | <input type="checkbox"/> Other Than Low Bid |
| <input type="checkbox"/> Personal Services          | <input type="checkbox"/> Equipment        | <input type="checkbox"/> Change Order       |
| <input type="checkbox"/> Independent Contractor     | <input type="checkbox"/> Real Property    |   |
| <input type="checkbox"/> Other than low Bid         | <input type="checkbox"/> Change Order     |   |
| <input type="checkbox"/> Change Order               |   |   |

<b>User Department:</b>	Community Health Agency
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<b>Vendor/Lessor Name:</b>	Riverside Community Health Foundation
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<b>Vendor/Lessor Location:</b>	CA
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Selection Committee Member Names (RFP=s Only)
Minority
Status: 9 M 9 W 9 DV 9 None

**Applicable Board Policy #**

**Comments:**

**RFQ/RFP Process:**

Date Mailed:  
 Response Date:  
 # of Responses:  
 # of Qualified Responses:

**Bidding Process:**

Bid Range:	\$	To: \$
Local Bid Range:	\$	To: \$
Responsive and Responsible Bid Range:	\$	To: \$
Local Performance Award Cost (5% maximum preference)	\$	To: \$
Local Preference FYTD: Cost	\$	To: \$

**Contract/Lease Renewals Only**  
**Proposed Differences**

**Existing Agreement Items**

**Proposed Agreement Items**

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability