

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



161

FROM: Department of Public Health

SUBMITTAL DATE:

September 12, 2012

SUBJECT: Ratify the Agreement between the County of Riverside Department of Public Health and the BP West Coast Products for the Childhood Asthma Program.
Contract #09-006.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the Agreement between the County of Riverside, Department of Public Health and the BP West Coast Products for the Childhood Asthma Program in the amount of \$350,000 for the performance period of July 1, 2012 through June 30, 2013; and
- 2) Approve and Direct the Auditor Controller to adjust the budget as specified in Schedule A; and
- 3) Approve and Direct the Purchasing Agent to sign subsequent amendments not to exceed authorized amount, including extension amendments until June 30, 2015; and
- 4) Approve and Direct the Director of Public Health to sign forms, Certifications Regarding Conflicts of Interest and Other Responsibility Matters; and
- 5) Authorize the Chairperson to sign five (5) originals of said Agreement on behalf of the County.

BACKGROUND: (on page 2)

Susan D. Harrington

GH:be/ys

Susan Harrington, Director
Department of Public Health

FINANCIAL DATA

Current F.Y. Total Cost:	\$ 350,000	In Current Year Budget:	NO
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	YES
Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

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

Positions To Be Deleted Per A-30	<input type="checkbox"/>
Requires 4/5 Vote	<input checked="" type="checkbox"/>

APPROVE

C.E.O. RECOMMENDATION:

BY: *Debra Courmoyer*
Debra Courmoyer

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipnis* DATE: 9/12/12
Departmental Concurrence

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: *Samuel Wong* 9/12/12
SAMUEL WONG
Purchasing Agent
Mark Seller, Assistant Director

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD
Dep't Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

SUBJECT: Ratify the Agreement between the County of Riverside Department of Public Health and the BP West Coast Products for the Childhood Asthma Program. Contract #09-006.

BACKGROUND: BP West Coast Products has awarded the County of Riverside, Department of Public Health funding in the amount of \$350,000 to continuing asthma services to senior adults (ages 55 years and older) and children (ages 0-18) residing in the County of Riverside. 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 the County through education, outreach and disease self-management.

SCHEDULE A
Department of Public Health
Budget Adjustment
Fiscal Year 2012/2013

INCREASE IN APPROPRIATIONS:

10000-4200100000-510040	Regular Salaries	175,262
10000-4200100000-518100	Budgeted Benefits	73,173
10000-4200100000-520230	Cellular Phone	4,817
10000-4200100000-522860	Medical, Dental Supplies	15,000
10000-4200100000-523680	Office Equip-Non-Fixed Asset	2,400
10000-4200100000-523700	Office Supplies	750
10000-4200100000-523760	Postage Mailing	200
10000-4200100000-523800	Printing/Binding	3,000
10000-4200100000-524500	Adm. Support Direct	2,000
10000-4200100000-526420	Advertising	49,687
10000-4200100000-526700	Rent-Lease Buildings	10,000
10000-4200100000-527780	Special Program Expense	3,511
10000-4200100000-527840	Training-Education/Tuition	1,000
10000-4200100000-529040	Private Mileage Reimbursement	9,200

TOTAL INCREASE IN APPROPRIATIONS: \$350,000

INCREASE IN ESTIMATED REVENUE:

10000-4200100000-751680	CA – Grant Revenue	\$350,000
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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 subcontractors, or its agents in the performance of this Agreement.

FORM APPROVED COUNTY COUNSEL
BY: Neal R. Kipnis DATE: 1/2/12

GRANTOR:

BP West Coast Products LLC

GRANTEE:

County of Riverside

By: _____ By: John Tavaglione

Title: _____ Title: Chairman, Board of Supervisors

Date: _____ Date: _____

ATTEST:

Kecia Harper-Ihem
Clerk of the Board

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 continue asthma services to senior adults (ages 55 years and older) and children (ages 0-18) in Riverside County and to continue the air quality awareness and education campaign for senior adults.

Project Goals

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 176 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 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).

Grantee proposes to continue the awareness and education campaign for the senior adults of Riverside County regarding air quality issues and its effects on chronic diseases. The activities will be targeted to senior adults aged 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:
 - Coalition for Tobacco Free Communities of Riverside County
 - Inland Empire Asthma Coalition
 - Supplemental Program for Women Infants and Children
 - Senior Health Fairs
 - Riverside County Advisory Council on Aging
 - Riverside County Foundation on Aging
 - Aging and Disability Senior Resource Center
 - Riverside Community Health Foundations Diabetes Collaborative
- 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 \$350,000 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 July 1, 2012-June 30, 2013. 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
<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>1a. Presentation/Collaboration Log. 1b. Presentation/Collaboration Log. 1c. Copy of advertisements. 1d. Pre-test/Post test</p>
<p>2. One year from project implementation, program staff will enroll 176 clients into the Asthma Program. Enrollees will meet the following criteria: 1) have a current persistent asthma diagnosis; 2) be between the ages of 0 to 18 years or ages 55 or older and 3) reside within Riverside County.</p>	<p>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 visits or educational sessions. 2c. Case worker will enroll client into the program, provide asthma education, activities for children, medication use demonstration and provide asthma aids.</p>	<p>2a. From implementation through term of the grant. 2b. Within 3 days of receipt of referral. 2c. Through term of the grant.</p>	<p>2a. Presentation/Collaboration Log. 2b. Referral and Assignment Logs. 2c. Asthma Enrollment Database. Progress Report.</p>
<p>3. One year from project implementation, 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.</p>	<p>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.</p>	<p>3a. From implementation through term of the grant. 3b. From implementation through term of the grant.</p>	<p>3a. Telephone Consultation Log 3b. Presentation/Collaboration Log.</p>

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
<p>4. One year from project implementation, the Asthma Program 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).</p>	<p>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.</p>	<p>4a. From implementation through term of the grant. 4b. At time of enrollment; home visit. 4c. 2 weeks post home visit.</p>	<p>4a. Enrollment Database, case files. 4b. Enrollment Database, case files. 4c. Enrollment Database, case files. Progress Report.</p>
<p>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.</p>	<p>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, staff will refer families to Catholic Charities, DOPH or other organizations providing application assistance for health coverage. 5c. Conduct program surveys to determine frequency of ER visits, hospitalizations and asthma symptoms.</p>	<p>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.</p>	<p>5a. Case file notes, Enrollment Database. 5b. Referral log, case files. 5c. Results recorded in Enrollment Database. Progress Report.</p>

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
<p>6. Collaborate with a minimum of 5 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.</p>	<p>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.</p> <p>6b. For asthma enrollees who may be overweight or obese, referrals will be made for dietetic counseling.</p> <p>6c. For enrollees who have no insurance, families will be referred to Healthy Kids, Medi-Cal, Healthy Families or other health coverage programs.</p> <p>6d. For enrollees who have structural or environmental triggers not remediated by trigger reduction education, families will be referred to the other resources as appropriate.</p> <p>6e. Enrolled families without a medical home will be referred to the DOPH Family Care Centers for care.</p> <p>6f. Provide administrative support and regular participation in the Inland Empire Asthma Coalition.</p>	<p>6a. From implementation through term of the grant.</p> <p>6b. From implementation through term of the grant.</p> <p>6c. From implementation through term of the grant.</p> <p>6d. From implementation through term of the grant.</p> <p>6e. From implementation through term of the grant.</p> <p>6f. From implementation through term of the grant.</p>	<p>6a. Presentation/Collaboration Log, Partner Referral Log</p> <p>6b. Presentation/Collaboration Log, Partner Referral Log</p> <p>6c. Presentation/Collaboration Log, Partner Referral Log</p> <p>6d. Presentation/Collaboration Log, Partner Referral Log</p> <p>6e. Presentation/Collaboration Log, Partner Referral Log</p> <p>6f. Coalition Agenda/Minutes</p>

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.

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.

Evaluation:

The 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**

Term: 12 Months

	Annual		
PERSONNEL:	Salary Rate	Total FTE	Budget FY12/13
Public Health Program Coordinator II	\$69,662	0.45	31,348
Licensed Vocational Nurse II	\$39,504	1	39,504
Health Education Assistant II	\$45,963	1.75	80,435
Research Analyst	\$44,787	0.05	2,239
Office Assistant III	\$31,839	0.65	20,695
PERSONNEL SUB-TOTAL:		3.9	174,222
BENEFITS @42%			73,173
Bilingual			1,040
TOTAL PERSONNEL AND BENEFITS			\$248,435
OTHER OPERATING EXPENSES			
Supplies - Office			750
Supplies - Medical			15,000
Printing			3,000
Postage/Mailing			200
Communications Services (Cell phones, etc)			4,817
Promotional Items			3,511
Training			1,000
Co. Veh./Priv.Mileage Reimb @ .55mile			9,200
Advertising			2,000
Rents/Lease Buildings			10,000
Other Services Support:			
Equipment - Office Non Fixed			2,400
TOTAL OPERATING EXPENSE:			\$51,878
Indirect Costs @ 20%			\$49,687
GRAND TOTAL:			\$350,000

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) Asthma Program (Nutrition Services and Health Promotion Branch) proposes continuation of 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 Asthma Program proposes to continue an awareness and education campaign for Riverside County senior adults (ages 55 years and older). Asthma 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 Management Services:

The DOPH Asthma Program proposes to continue program services as outlined below.

- 1) **Telephone Consultation:** parents of children (ages 0-18 years) and senior adults (ages 55 years and older) 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 (ages 55 years and older) with persistent asthma will receive asthma education via home visits.
- 3) **Asthma 101 Classes:** asthma education 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 Project:** secondhand smoke information.
- 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 Family Care Clinics:** referrals for enrolled asthma clients who are in need of a medical home or are without health insurance coverage.
- 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, lung cancer, cardiovascular disease, diabetes and chronic obstructive pulmonary disease (COPD).

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 air monitor placements in Riverside County, the particulate matter and ozone levels exceeded state and national standards.

**Highest 4 Daily 24-Hour PM2.5 Averages
Riverside County**

Year:	2008	2009	2010
High Est. Days > Nat'l 24-Hr Std:	15.0	19.0	8.0

Data Source California Air Resources Board, 2011

**Highest 4 Daily 24-Hour PM10 Averages
Riverside County Sites**

Riverside-Rubidoux Site	2008	2009	2010
Days Above State Standard	46	****	****
Days Above National Standard	0	0	0
Indio-Jackson Street	2008	2009	2010
Days Above State Standard	23	4	4
Days Above National Standard	0	0	0
Mira Loma Van Buren	2008	2009	2010
Days Above State Standard	34	33	23
Days Above National Standard	0	0	0

Data Source California Air Resources Board, 2011

**Highest 4 Daily Maximum Hourly Ozone Measurements
Riverside County**

Year:	2008		2009		2010	
	Date	Measurement	Date	Measurement	Date	Measurement
First High:	Jun 19	0.149	Jul 18	0.133	Sep 25	0.128
Second High:	Jul 3	0.149	Aug 29	0.132	Jul 10	0.124
Third High:	Jun 20	0.147	Jul 16	0.124	Aug 24	0.123
Fourth High:	Aug 14	0.146	Aug 12	0.123	Jun 5	0.122
Highest # Days > State Std:						
	83		86		63	

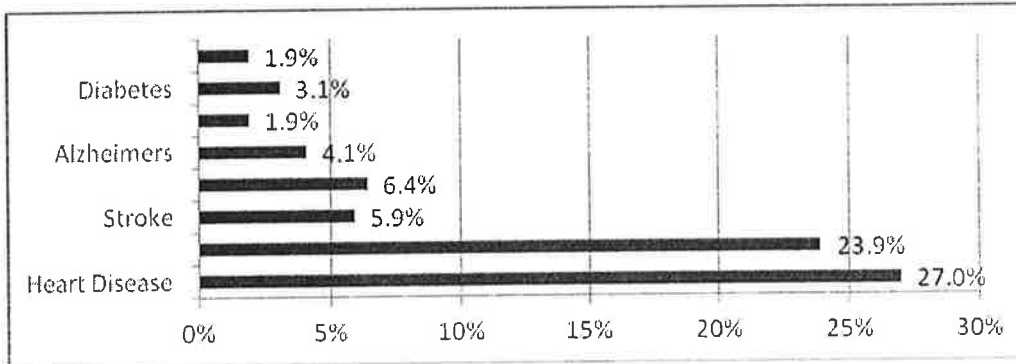
Data Source California Air Resources Board, 2011

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 Death 2009 Riverside County Residents

Cause of Death	Count	% of Total
Heart Disease	3,721	27.0%
Cancer	3,290	23.9%
Stroke	809	5.9%
COPD	879	6.4%
Alzheimer's	559	4.1%
Flu/Pneumonia	256	1.9%
Diabetes	425	3.1%
*Diseases of the Urinary System	257	1.9%
Total Deaths (including non-listed)	13,768	



*ICD 10 (N00-N39) - Includes Nephritis and Nephrosis
Data Compiled: Rich Lopez, 11/17/11

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 the 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

Asthma Hospitalizations in Riverside County

According to the 2009 California Health Interview Survey (CHIS), Riverside County has an estimated 366,000 children and adults who have been diagnosed with asthma. Statistics reveal that the County's asthma rates of hospitalization for children under age 5 (19 hospitalizations per 10,000) are above the Healthy People 2020 goal of 18.1 hospitalizations per 10,000 children under the age of 5. Data also reflect that the number of Emergency Department (ED) visits for adults age 65 and older (26.9 per 10,000) are twice the level of the Healthy People 2020 target goal of 13.2 ED visits per 10,000 for the same age group. Additionally, visits for children ages 5-17 reflect 54.5 ED visits per 10,000 which also exceeds the 2020 target goal of 49.1 ED visits for ages 5 to 64 years. The California Death Statistical Master Files (2006-2008) indicate that 6 children and 52 adults (18 years and older) died due to asthma in Riverside County during this three year period. The total deaths for this period (58), with a rate of 9.8 per million is above the Healthy People 2020 target goal of 6 deaths per million for adults (ages 34-65). The 2008 rates for hospitalizations and ED visits for Riverside County are tabled below.

Asthma Hospitalizations 2008					
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	322	19.0	5,995	22.0
	5-17	269	6.7	4,243	6.0
Adults	18-64	768	6.1	14,701	5.9
	65+	350	15.6	9,207	21.9
Totals:	0-17	591	10.0	10,238	10.3
	18+	1,118	7.7	23,908	8.7
	All Ages	1,709	8.3	34,146	9.1

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2008

Asthma Emergency Department Visits 2008					
Number of ED Visits Due to Asthma (N) and Age-Adjusted Rate ¹¹ (per 10,000 residents)					
		Riverside County		California	
	Age	N	Rate	N	Rate
Children	0-4	1,304	78.0	27,914	102.5
	5-17	2,247	54.5	37,019	51.7
Adults	18-64	4,365	33.7	86,707	36.1
	65+	598	26.9	15,837	37.7
Totals:	0-17	3,551	60.8	64,933	65.3
	18+	4,963	32.5	102,544	36.4
	All Ages	8,514	39.8	167,477	43.8

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2008

Other Risk Factors

Obesity and tobacco smoke place adults and children at increased risk for asthma and symptoms. According to a recent California Health Interview Survey (2009), approximately 17% of Riverside County adults currently smoke and 6% of adults and children are exposed to second-hand smoke in their homes. Additionally, nearly 28% of adults and adolescents are obese. The U.S. Census Bureau (2009) indicates that 12.8% of Riverside County residents have

household incomes below the Federal Poverty Level, which has been linked to more severe asthma due to substandard environmental living conditions.

PROGRAM SCHEDULE (SECTION B)

PROGRAM / PROJECT GOALS

Currently funded by AQMD for an air quality awareness and asthma program, the Riverside County Department of Public Health (DOPH), Asthma Program (Nutrition Services and Health Promotion Branch) is requesting funds to continue asthma services to senior adults (ages 55 years and older) and children (ages 0-18) in Riverside County. Additionally, we are proposing to continue the 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.

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 176 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 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 continue the awareness and education campaign for the senior adults of Riverside County regarding air quality issues and its effects on chronic diseases. The activities will be targeted to senior adults aged 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:
 - Coalition for Tobacco Free Communities of Riverside County
 - Inland Empire Asthma Coalition
 - Supplemental Program for Women Infants and Children
 - Senior Health Fairs
 - Riverside County Advisory Council on Aging
 - Riverside County Foundation on Aging
 - Aging and Disability Senior Resource Center
 - Riverside Community Health Foundations Diabetes Collaborative

- 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

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 continue the home-visitation model with provision of services to 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 senior 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 assess 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 at senior centers and programs that serve 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 Asthma 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)
- Riverside County Family Care Clinics (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 Inland Empire Asthma Coalition
- Coalition for Tobacco Free Communities of Riverside County
- Riverside County Advisory Council on Aging
- Riverside Unified School District Early Childhood Education Advisory Council
- Riverside Community Health Foundation Diabetes Collaborative

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
<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>1a. Presentation/Collaboration Log. 1b. Presentation/Collaboration Log. 1c. Copy of advertisements. 1d. Pre-test/Post test</p>
<p>2. One year from project implementation, program staff will enroll 176 clients into the Asthma Program. Enrollees will meet the following criteria: 1) have a current persistent asthma diagnosis; 2) be between the ages of 0 to 18 years or ages 55 or older and 3) reside within Riverside County.</p>	<p>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 visits or educational sessions. 2c. Case worker will enroll client into the program, provide asthma education, activities for children, medication use demonstration and provide asthma aids.</p>	<p>2a. From implementation through term of the grant. 2b. Within 3 days of receipt of referral. 2c. Through term of the grant.</p>	<p>2a. Presentation/Collaboration Log. 2b. Referral and Assignment Logs. 2c. Asthma Enrollment Database. Progress Report.</p>

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
<p>3. One year from project implementation, 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.</p>	<p>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.</p>	<p>3a. From implementation through term of the grant. 3b. From implementation through term of the grant.</p>	<p>3a. Telephone Consultation Log 3b. Presentation/Collaboration Log.</p>
<p>4. One year from project implementation, the Asthma Program 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).</p>	<p>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.</p>	<p>4a. From implementation through term of the grant. 4b. At time of enrollment; home visit. 4c. 2 weeks post home visit.</p>	<p>4a. Enrollment Database, case files. 4b. Enrollment Database, case files. 4c. Enrollment Database, case files. Progress Report.</p>
<p>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.</p>	<p>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, staff will refer families to Catholic Charities, DOPH or other organizations providing application assistance for health coverage. 5c. Conduct program surveys to determine frequency of ER visits, hospitalizations and asthma symptoms.</p>	<p>5a. From implementation through term of the grant. 5b. At intake, 3 months and 6 months post enrollment. 5c. At intake, 3 months and 6 months post enrollment.</p>	<p>5a. Case file notes, Enrollment Database. 5b. Referral log, case files. 5c. Results recorded in Enrollment Database. Progress Report.</p>

Major Objectives	Tasks-Activities	Time Line	Performance Measure and/or Deliverables
<p>6. Collaborate with a minimum of 5 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.</p>	<p>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.</p> <p>6b. For asthma enrollees who may be overweight or obese, referrals will be made for dietetic counseling.</p> <p>6c. For enrollees who have no insurance, families will be referred to Healthy Kids, Medi-Cal, Healthy Families or other health coverage programs.</p> <p>6d. For enrollees who have structural or environmental triggers not remediated by trigger reduction education, families will be referred to the other resources as appropriate.</p> <p>6e. Enrolled families without a medical home will be referred to the DOPH Family Care Centers for care.</p> <p>6f. Provide administrative support and regular participation in the Inland Empire Asthma Coalition.</p>	<p>6a. From implementation through term of the grant.</p> <p>6b. From implementation through term of the grant.</p> <p>6c. From implementation through term of the grant.</p> <p>6d. From implementation through term of the grant.</p> <p>6e. From implementation through term of the grant.</p> <p>6f. From implementation through term of the grant.</p>	<p>6a. Presentation/Collaboration Log, Partner Referral Log</p> <p>6b. Presentation/Collaboration Log, Partner Referral Log</p> <p>6c. Presentation/Collaboration Log, Partner Referral Log</p> <p>6d. Presentation/Collaboration Log, Partner Referral Log</p> <p>6e. Presentation/Collaboration Log, Partner Referral Log</p> <p>6f. Coalition Agenda/Minutes</p>

PROJECT ORGANIZATION (SECTION C)

PROJECT TEAM

The project team will report to the Project Coordinator, who will oversee the project, monitor staff, ensure deliverables are met, manage evaluation activities and prepare progress reports. The project team will consist of Health Education Assistants, who will provide program promotion and asthma education through participation in community events, program presentations, and through attendance at collaborative meetings. The Licensed Vocational Nurses (LVNs) will provide direct services to clients to include case management and follow-up activities. The Office Assistant will provide clerical support and database management. 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 County level. A lower rate indicates success.

Process Evaluation:

The 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 continue 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 Asthma Program 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, the program has provided services County-wide through multiple grants (refer to table below). From January 1, 2007 through December 31, 2010, the Asthma Program has provided services for children aged 0-18 in Riverside County through funding from the South Coast Air Quality Management District (AQMD). In 2011, the program was expanded to incorporate an air quality awareness/chronic disease component to seniors (ages 55 and over). During 2011, more than 2,700 seniors received information on the impact of poor air quality on chronic disease, either through home visits or community events or presentations.

Past outcomes for the AQMD funded project reveal that 96% of parents self-reported zero emergency department visits and 99% reported zero hospitalizations within six months after enrollment into the program. Follow-up statistics for enrolled clients also reflect that 72% report a decrease in asthma symptoms and 83% of respondents indicated increased levels of confidence in management of their child’s asthma.

ASTHMA PROGRAM FUNDING HISTORY

Past Funders	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	(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 (Jan 2009 - Dec 2009) Childhood Asthma Program (Jan 2010 - Dec 2010) Asthma Program (Jan 2011-Dec 2011)	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)	<p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>
Health Education Assistant II Mildred Flores Silvia Villasenor Nma Ohiaeri (Resumes attached)	<p>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.</p> <p>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</p>

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

Jobana Perez
2nd position pending
(Resume attached)

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 or location assigned for vocational nursing duties.

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.

2. Proposed Labor Hours

Position Title	Hourly Salary	Labor Hours/ FTE 12 Months	12 Month Salary	Benefits 42%	Total Cost
CHA Program Coordinator II	\$33.49	936 / .45 FTE	\$31,347	\$13,166	\$44,513
Health Education Assistant II	\$22.09	3640 / 1.75 FTE	\$80,435	\$33,783	\$114,218
Licensed Vocation Nurse	\$18.99	2080/1 FTE	\$39,504	\$16,592	\$56,096
Office Assistant III	\$15.31	1352/.65 FTE	\$20,695	\$8,693	\$29,389
Research Specialist	\$21.53	104 / .05 FTE	\$2,239	\$940	\$3,179
Bilingual Pay					\$1040
Total Salaries and Benefits					\$248,435

3. Education and Training:

Training will be coordinated by the Program Coordinator and will include orientation to the project, general asthma education and curriculum training. Staff will be required to obtain a certificate of completion from the following training programs:

- *Asthma Management and Education*, Cross Country University (7 contact hrs)
- *Essentials for Healthy Housing Practitioners Course*, The National Healthy Homes Training Center (12.5 contact hrs)
- *Reducing Environmental Triggers of Asthma in the Home*, Minnesota Department of Health (4 contact hrs)
- *Indoor Air Quality Mold Course*: U.S. Environmental Protection Agency (4 contact hrs)
- *Better Asthma Care for California Kids*; California Department of Public Health (2 contact hrs)

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 the American Lung Association.

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)

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, Director, Department of Public Health, County of Riverside
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

**Riverside County Department Of Public Health
ASTHMA PROGRAM**

	Annual		
PERSONNEL:	Salary Rate	Total FTE	Budget FY12/13
Public Health Program Coordinator II	\$69,662	0.45	31,348
Licensed Vocational Nurse II	\$39,504	1	39,504
Health Education Assistant II	\$45,963	1.75	80,435
Research Analyst	\$44,787	0.05	2,239
Office Assistant III	\$31,839	0.65	20,695
PERSONNEL SUB-TOTAL:		3.9	174,222
BENEFITS @42%			73,173
Bilingual			1,040
TOTAL PERSONNEL AND BENEFITS			\$248,435
OTHER OPERATING EXPENSES			
Supplies - Office			750
Supplies - Medical			15,000
Printing			3,000
Postage/Mailing			200
Communications Services (Cell phones, etc)			4,817
Promotional Items			3,511
Training			1,000
Co. Veh./Priv.Mileage Reimb @ 55mile			9,200
Advertising			2,000
Rents/Lease Buildings			10,000
Other Services Support:			
Equipment - Office Non Fixed			2,400
TOTAL OPERATING EXPENSE:			\$51,878
Indirect Costs @ 20%			\$49,687
GRAND TOTAL:			\$350,000

Position Title	Hourly Salary	Labor Hours/ FTE 12 Months	12 Month Salary	Benefits 42%	Total Cost
CHA Program Coordinator II	\$33.49	936 /.45 FTE	\$31,347	\$13,166	\$44,513
Health Education Assistant II	\$22.09	3640 /1.75 FTE	\$80,435	\$33,783	\$114,218
Licensed Vocation Nurse	\$18.99	2080/1 FTE	\$39,504	\$16,592	\$56,096
Office Assistant III	\$15.31	1352/.65 FTE	\$20,695	\$8,693	\$29,389
Research Specialist	\$21.53	104 /.05 FTE	\$2,239	\$940	\$3,179
Bilingual Pay					\$1,040
Total Salaries and Benefits					\$248,435

BUDGET NARRATIVE

Description	Justification
CHA Program Coordinator II	This position will serve as the administrative point of contact for the project and will be responsible for the project's progress, evaluation and supervision of staff.
Office Assistant III	This position will be responsible for receipt, documentation and assignment of client referrals to staff. Tasks also include meeting minutes, receptionist tasks and assistance with progress reports...
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, phone consultations and program presentations to community groups and day care staff. Additional duties include liaison to medical staff upon request of enrolled clients.
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 program activities: 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 176 = \$3,520), allergen-proof mattress & pillow casing (\$50 each set X 176 = \$8,800), peak flow meters (\$15 each @ 176 = \$2,640). Total medical supplies: \$15,000.

Postage/Mailing	Costs for correspondence to be mailed to providers, clients, coalition members, etc.
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 (20%)	Administrative overhead to include support services such as Fiscal, Information Technology, Human Resources, Auditor Controller and Purchasing Department.