AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Ratification of Grant Application Submittal Approv

Action Requested: Other Approval to Submit Grant Application

Parties to the Agreement: Center for Sharing Public Health Services

Term Begins: Sept. 22 2019 **Term Ends:** 5/22/2020 **Grant Contract #:**

Summary:

Gunnison County DHHS on behalf of the West Central Public Health Partnership would like to apply for a cross-jurisdictional sharing grant of $10,000 to support the Public Health Improvement Plan.

Fiscal Impact:

Submitted by: Margaret Wacker **Submitter's Email Address:** mwacker@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, if approved will add ad budget amendment request. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/9/2019

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 8/15/19

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 8/15/2019 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 8/15/2019

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 8/20/2019

Revised April 2015

BUDGET AND BUDGET NARRATIVE TEMPLATE

Legal Name of Organization: The West Central Public Health Partnership
Tax Identification Number:
Contact Person for Application: Margaret Wacker
Email Address: mwacker@gunnisoncounty.org
Phone: (970) 641 7913

1. **Which best describes your organization? (Select only one)**

☒ A state or local government public health agency or a military public health department;

☐ An American Indian/Alaska Native tribe or tribal entity recognized by the U.S. federal government or by a state; or

☐ A nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code.

2. **Which classification describes your proposal? (Refer to page 2 of the CFP for a detailed description of each). (Select only one)**

☒ Specific CJS arrangement;

☐ Use of CJS as a systems change tool; or

☐ Research project

3. **What priority area does your project address? (Select all that apply.)**

☒ Addressing social determinants of health through CJS
☐ CJS to implement foundational public health services, cultivate the role of chief health strategist, or address other aspects of Public Health 3.0
☐ CJS to improve collaboration among state or local health departments and:
a. Tribal public health agencies; or
b. Military public health agencies
☐ CJS to improve collaboration between or among state health departments
☒ Implementation of a community health improvement plan developed through a CJS arrangement
☐ Measuring the impact of a specific CJS arrangement

☐ Other (please specify): _____

(BEGIN FIVE PAGE NARRATIVE LIMIT)

4. Project Description
Please describe the following:

· **If applicable, a description of CJS work completed to date;**

The West Central Public Health Partnership (WCPHP) consists of the six local public health agencies in health statistic region (HSR) 10 including Delta County, Gunnison County, Silver Thread Health District, Montrose County, Ouray County and San Miguel County. These frontier and rural counties recognized the potential benefit of cross-jurisdictional sharing (CJS) to improve the overall health of the region. In 2006, the partnership formalized the arrangement through an Inter-governmental Agreement (IGA) (see attached IGA) that outlines the role of each agency, the governance structure, and the goals of the partnership. The core planning team, comprised of the six public health directors and four environmental health specialists, guides the partnership through consensus-based decision making (see attached operating agreement). One of the initial goals of the WCPHP was to conduct a regional health assessment (RHA) and create a regional public health improvement plan (PHIP). Ten years after the formation of the WCPHP, the group continues to successfully conduct the RHA and PHIP and execute regional grants to accomplish the work outlined in the PHIP. The West Central Public Health Partnership completed it's most recent PHIP (see attached PHIP) in 2018 and implementation began January 2019.

· **The goal of the CJS effort and the rationale for this work;**

The goal of the CJS effort is to address social determinants of health through the implementation of our PHIP to improve food security for our region. To do this, we will focus on addressing the built environment surrounding food access in our region by utilizing WIC and other local non-profits, such as Mountain Roots, Valley Food Partnership, farmers markets and community gardens. As frontier and rural counties, Region 10 has one of the highest food insecurity rates in Colorado. One of the primary charges of our current PHIP is to advance Healthy Eating Active Living (HEAL), including increasing food access. Through the initial phase of the implementation process, capacity and coordination of HEAL efforts were identified as areas ripe for improvement. This CJS effort will help us foster healthy relationships between our LPHAs as well as with community partners to build the landscape for creating lasting positive change.

· **How you anticipate the CJS work will improve public health practice in participating jurisdictions;**

As a long standing CJS arrangement, the WCPHP provides a unique learning opportunity about arrangements with frontier counties. One of the main challenges for the partnership has been how to operate across a large, sparsely-populated geographic region. Three of the six counties in

the WCPHP are designated as frontier counties. Residents in these counties often have trouble accessing nutrition resources due to distance, isolation, or lack of service in the area. **By creating a regional framework for implementing and evaluating HEAL initiatives, this project will facilitate each LPHA's ability to incorporate social determinants of health into their public health capacity. This will, in turn, improve the effectiveness and efficiency of the partnership's regional work to impact the health of residents in frontier communities.**

· **The project's goals, activities and timeline; and**

The goal of this project is to improve the effectiveness and efficiency of the WCPHP cross-jurisdictional sharing to implement our PHIP Healthy Eating Active Living strategies and objectives in order to address the social determinants of health. As part of the current PHIP, the partnership is working to improve food access and security through environmental strategies and evidenced-based programs, such as Cooking Matters. New to this process, is the use of WIC Health educators to aid in implementation, reduce duplicative efforts and streamline strategies across jurisdictions. Each county has varying levels of community resources and capacity to do this work. The WCPHP core planning team members recognize the need to improve the processes of coordinating HEAL efforts to successfully achieve desired outcomes across the region. Guided by our PHIP, the WCPHP will achieve this goal through two main activities:

• **Increase WIC clients use of farmer's markets, community gardens and Cooking Matters courses by coordinating regional HEAL efforts with WIC Health Educators by May 22nd, 2020.** This objective will include an examination of the intersection between current WCPHP efforts and WIC programs, including how they may be improved to better serve regional Healthy Eating Active Living initiatives. The WCPHP will focus on the areas of communication and change management to determine if current coordination is effective and identify the changes necessary to facilitate successful regional work and improve collaboration with food security non-profits.

The WCPHP staff will work in partnership with WIC health educators to identify challenges and barriers to increasing WIC client utilization of food security resources such as farmer's markets, community gardens and nutrition education programs. Based on assessment, we will also create and implement a work/action plan that will facilitate regional food security efforts. This work/action plan will be evaluated by the partnership at quarterly meetings.

• **Collect baseline data on the impact that community gardens, farmer's markets and Cooking Matters programs have on vulnerable populations to inform our PHIP evaluation plan by May 22, 2020.** As implementation of our PHIP progresses, this objective will help the partnership monitor whether there's an improvement in our effectiveness and efficiency to address social determinants of health.

Baseline data collection activities will include an assessment of available regional HEAL data and gaps. Working in partnership with our community stakeholders we will identify the challenges and barriers to collecting valuable food security data for our region. Another project activity is the creation of a HEAL logic model to use as a tool for effective planning, management and evaluation. The WCPHP will serve as convener to a regional meeting with community partners to share best practices on collecting valuable data. We will also create and implement two new health equity evaluation tools for regional data collection (see below).

· **Any expected products and any anticipated work beyond the project period.**

This project will help create the framework for two evaluation tools that will facilitate long-term CJS success for our region:

1) Community Garden Health Equity Evaluation Tool

2) Farmers Market Health Equity Evaluation Tool

Currently, our region has no standardized data collection tools for farmers markets or community gardens. The data collected varies based on each county's capacity to do the work. Through coordination with our WIC Health Educators and community partners, these tools will help us standardize data collection and assess the impact that community gardens and farmers markets have on vulnerable populations in our region. The baseline data collected from this project will aid in the creation of our PHIP Evaluation Plan.

5. Project Plan and Milestones

Please describe your proposed timeline of activities and any milestones within the project period. ALL PROJECTS MUST BE COMPLETED BY May 22, 2020.

(SEE TIMELINE BELOW ON PAGES 7-8)

6. Challenges

Describe any challenges you anticipate and how they will be addressed.

This project will allow the partnership to examine some of its recent PHIP implementation challenges while sustaining the groundwork of the long-term CJS. These potential challenges include the varying capacity of the local WIC programs to commit time to the project, as well as drive times of over two hours to regional meetings vital for collaboration and communication. Tailored communication techniques and conference calls will be used to address these issues.

Another potential challenge posed by this project is the differing cultures and mentalities of each county surrounding food security issues. The use of a local champion during the implementation process will help to build and maintain positive relationships in each community. The outcome of this project will improve the partnership's ability to solve these recurring challenges moving forward.

7. Measures of Success

Please provide measures you will use to determine that your project was successful: (a) during the project period; and (b) within 12 months after the project period has ended.

Successful completion of this project will result in the improved coordination and evaluation of the WCPHP's HEAL implementation efforts. Measures of success during the project period will include the creation of a HEAL logic model, expansion of nutrition education programs to Delta and Hinsdale counties, and an increase in coordination efforts between the WCPHP staff and WIC health educators. Project success will also be determined by the WCPHP's agreement to use the health equity evaluation tools in our region.

One year after the conclusion of our project period, success will be measured by the fulfillment of our work/action plan with WIC health educators. We will use this plan as a living document to be reviewed for effectiveness periodically. Project success will also be measured by the adoption and implementation of our health equity evaluation tools at community gardens and farmers markets. These tools will help standardize food security data collection for our region as well as help to identify challenges and barriers for increasing food security throughout Region 10. Successful completion of this project in the long-term will result in the increased consumption of fresh fruit and vegetables for WIC clients and other vulnerable populations.

8. Project Team and Subcontractors

Include information on partner organizations, project leadership, and any subcontractors (if relevant). List the project team members and their roles in the project.

Margaret Wacker, the Coordinator of the WCPHP will spend 3 hours per week and Tracee Hume, the Public Health Planner for the WCPHP will spend 3.5 hours per week implementing the objectives of this project.

Other members of the WCPHP and participants in assessment and planning process to meet project outcomes:

- Tara Hardy, Public Health Director, Silver Thread Health District

- Joni Reynolds, Director of Public Health, Gunnison County Health and Human Services
- Karen O'Brien, Public Health Director, Delta County
- Stephen Tullos, Public Health Director, Montrose County
- Rosalind Penny, Public Health Director, Ouray and San Miguel Counties

WIC Health Educators:

- Kim Bemis, Gunnison County and Hinsdale County, WIC Health Educator
- Amy Eriksen, Ouray County, WIC Health Educator

Community Partners:

- Mountain Roots, Gunnison County
- Valley Food Partnership, Montrose County

(END FIVE PAGE NARRATIVE LIMIT)

Project Timeline

Please describe your proposed timeline of activities and any milestones within the project period. ALL PROJECTS MUST BE COMPLETED BY May 22, 2020.

Increase WIC clients use of farmer's markets, community gardens and Cooking Matters courses by coordinating regional HEAL efforts with WIC Health Educators by May 22nd, 2020.

ACTIVITY	PLAN START	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Assess intersection between PHIP implementation efforts around food security and regional WIC programs										
In partnership with WIC health educators, identify challenges and barriers to increasing WIC utilization at farmer's markets, gardens and nutrition education programs										
<u>Milestone A</u>: Create a work/action plan with regional WIC health educators to facilitate food security efforts based on findings of above										
Implement work/action plan with the WCPHP WIC health educators and shared regional staff										
Evaluate implementation outcomes with the WCPHP at quarterly meetings										

Collect baseline data on the impact that community gardens, farmer's markets and Cooking Matters programs have on vulnerable populations to inform our PHIP evaluation plan by May 22, 2020.

ACTIVITY	PLAN START	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Assess Current regional HEAL data and gaps										
Identify challenges and barriers to collecting valuable food security data										
Milestone B: Create HEAL Logic Model										
Conduct phone or in-person interviews with community partners to discuss data collection tools										
Hold regional meeting with community stakeholders to share best practices on collecting valuable food security data										
In collaboration with community partners, create and implement health equity evaluation tools										

9. Letters of Support

Please include letters of support from each participating jurisdiction and partner organization to demonstrate a commitment to the success of the project. The use of form letters is discouraged. The letters of support are not included in your five-page limit.

Complete the budget table and narrative below. The Budget and Budget Narrative are not included in the five-page limit.

Budget

Budget Category	Amount Requested
Personnel	
a) Salary and Wages	$7795
b) Fringe Benefits (not to exceed 25%)	$
Other Direct Costs	
c) Travel	$524
d) Meeting Expenses	$450
e) Other (e.g., photocopies, long distance, supplies, etc.)	$321
Purchased Services	
f) Consultants	$
g) Contracts	$
h) Subtotal (Personnel + Other Direct Costs + Purchased Services)	$9090
Indirect Costs	

Specify rate, not to exceed 12%: ____%	
j) Indirect Costs = Rate (%) x Subtotal from line h	$909
TOTAL (line h + line j)	**$9999**

Budget Narrative

Category	Narrative
Personnel **Note:** You *must* include base annual salary and full-time equivalent (FTE) information for each person/role where funds are being requested in this category. Add rows as needed.	
Salary and Wages	Margaret Wacker (3.2 hrs/wk x 24 weeks = $4,951) Tracee Hume (3.6 hrs/wk x 24 weeks =$2,844) Total: $7,795
Fringe Benefits *(not to exceed 25%)*	
Other Direct Costs	
Travel	Mileage to travel to three additional regional meetings for WCPHP project staff and WIC coordinators: 904 miles x .$0.58 = $524.
Meeting Expenses	$450 - food costs for meetings, 3 meetings @ $150
Other *(e.g., photocopies, long distance, supplies, etc.)*	$321 towards IT costs, printing costs, and flip-board charts

Purchased Services	
Consultants	
Contracts *	
In-Kind Support	

** If contracts are a part of your proposed budget, you must complete one Contract Budget and Fact Chart for each contract. Copy and paste the chart below if there are multiple contracts. Enter "TBD" when information is not yet known. If there are no contracts, delete these instructions and the chart shown below.*

Contract Budget and Fact Chart

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	

Category Descriptions

Salary and Wages: For each requested position, please describe the scope of responsibility and assets for each position, relating it to the accomplishment of proposal objectives.

Fringe Benefits: Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. Fringe benefits may not exceed 25%.

Travel: Please provide clear travel information regarding who, when, where, why, and how, and how it relates to or supports specific project objectives.

Meeting Expenses: This category includes costs such as venues, working lunches and other items necessary for meetings. Provide justification for each item and relate it to specific proposal objectives.

Other: This category includes administrative costs such as telephone, printing, postage, copying, information technology (IT) services, and other costs associated with supporting your project. Individually list each item requested and provide appropriate justification related to the program objectives.

Consultants: This category is appropriate when hiring an individual to give professional advice or services (e.g., technical or skilled consultant, etc.) for a fee but not as an employee of the contracted organization. If applicable, please describe the method of selection for a consultant, name (if known), scope of work, and expected rate of compensation, including travel.

Contracts: A subcontractor is an entity that performs duties that are either the same as or directly related to the scope of work of the project. Their efforts contribute directly to the outcome of the project. Please provide the method of selection of a subcontractor, the name of the contractor, scope of work, method of accountability, and budget.

Indirect Costs: Indirect costs may not exceed 12%.

In-Kind Support: Please list any additional funding, project space, personnel, and other resources not included within this budget but provided for in-kind.