

Division of Public Health

Agreement Addendum

FY 21-22

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Guilford County Department of Health and Human Services – Division of Public Health

Local Health Department Legal Name

466 Advancing Equity

Activity Number and Description

09/01/2021 – 05/31/2022

Service Period

10/01/2021 – 06/30/2022

Payment Period

Original Agreement Addendum
 Agreement Addendum Revision # _____

Chronic Disease and Injury Section

DPH Section / Branch Name

Karen Stanley, 919-604-3616,
karen.klein.stanley@dhhs.nc.gov

DPH Program Contact

(name, phone number, and email)

DPH Program Signature

Date

(only required for a negotiable agreement addendum)

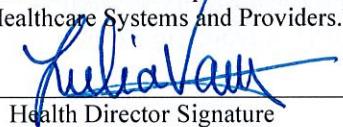
I. **Background:**

Historically Marginalized Populations (HMPs) are “individuals, groups and communities that have been denied access to services, resources and power relationships across economic, political, and cultural dimensions as a result of systemic, durable and persistent racism, discrimination, and other forms of oppression.”¹ HMPs are “often identified based on their race, ethnicity, social-economic status, geography, religion, language, sexual identity and disability status.”¹ COVID-19 (a disease caused by the SARS-CoV-2 virus) has disproportionately affected HMPs placing them at higher risk of exposure, infection, hospitalization, and mortality. Additionally, HMPs have disproportionately higher rates of chronic diseases that increase the risk of serious complications from COVID-19 infection.

An estimated 64.7% of people in North Carolina have one of the underlying health conditions included in the CDC’s guidance on people at high risk for a severe illness from COVID-19. These underlying health conditions include chronic lung disease, cardiovascular disease, obesity, diabetes, kidney disease, liver disease, and immunosuppressive conditions and disorders, including cancer treatment, smoking, and other immune disorders.

An estimated 70.4% of adults in North Carolina are at higher risk for severe illness from COVID-19 based on being 65 or older, having at least one of the underlying health conditions, or both. These data are from the NC State Center for Health Statistics Behavioral Risk Factors Surveillance System (BRFSS) for 2019, which is the most recently available year of data.

¹ North Carolina Department of Health and Human Services. “Historically Marginalized Populations Engagement Toolkit for Healthcare Systems and Providers.” <https://www.ncminorityhealth.org/documents/Provider-HMP-EngagementToolkit-Web.pdf>.


Health Director Signature

08/31/2021

(use blue ink)

Date

Local Health Department to complete:
(If follow-up information is needed by DPH)

LHD program contact name:

Phone number with area code:

Email address:

Anita Ramachandran
336-641-3136

Aramach@guilfordcounty.nc.gov

The North Carolina Division of Public Health (DPH) received funding from the Centers for Disease Control and Prevention (CDC) titled “National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and ethnic Minority Populations and Rural Communities” hereafter known as the Advancing Equity grant. This new funding initiative will address COVID-19 related health disparities and advance health equity by improving state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

II. Purpose:

With funding from the CDC’s Advancing Equity grant, this Agreement Addendum provides funds for the Local Health Department to address COVID-19-related health disparities and advance health equity by expanding local health department capacity and services to prevent and control COVID-19 infection (or transmission) among HMPs, or other priority populations.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

1. Designate a staff member to carry out all duties outlined in this Agreement Addendum. If there is any change in staff designated, including vacancy, provide updates within 30 days of the staff change. In the event of a staff change, train the newly hired or appointed designated staff person to implement the strategy or strategies proposed in this Agreement Addendum within the first month of hiring or appointing to the role.
2. Participate in Advancing Equity state program conference calls, meetings, and training sessions for program updates, peer-to-peer sharing opportunities, and capacity building on equity.
3. Conduct a minimum of one meeting each quarter with the Healthier Together regional leader to exchange information and identify opportunities for coordination.
4. Establish a process to ensure equity is integrated into the LHD’s services and resources. Review and amend, as necessary, the LHD’s mission statement, strategic plans, and policies and procedures to promote equity. (Available resources to guide your equity process can be found at <https://www.cdc.gov/nccdpHP/dch/pdf/healthequityguide.pdf>.) The following internal activities are required by this Agreement Addendum:
 - a. Provide annual training for staff on health equity, racial equity and/or determinants of health;
 - b. Establish a permanent workgroup to assess and improve the internal equity practices of the LHD including tracking equity efforts; This workgroup must include an executive team member in addition to programmatic and support staff, and should include, when possible, a representative from Human Resources, Finance, Health Education and Clinical/Direct Services. Staff leading this workgroup, or a workgroup designee, must ensure liaison between the Local Health Department and the Regional Public Health Workforce Leadership Team from their region, as appropriate;
 - c. Assess the LHD’s mission, organizational culture, recruiting and hiring policies and practices, partnerships, and programs using the [REJI Organizational Race Equity Toolkit](#) (2nd edition)² or other validated assessment tool approved by the DPH Advancing Equity Coordinator; and
 - d. Develop an organizational equity plan.

² <https://justleadwa.org/wp-content/uploads/2020/11/REJI-Toolkit-v2-Final-2020-3.pdf>

5. Establish or have membership in an Equity Advisory Council consisting of members from historically marginalized populations (HMPs) that exist in the LHD's county or counties to seek guidance from the Council on internal and external operations in support of equity. Membership on the Council should include representation from African Americans, Latinos/Hispanics, American Indians from state-recognized tribes, Asian Americans, LGBTQ+ persons, and those with disabilities, when applicable. (Available resources to guide engagement such as the HMP Engagement Toolkit can be found at <https://www.ncminorityhealth.org/documents/Provider-HMP-EngagementToolkit-Web.pdf>.)
6. Implement a communications and messaging campaign addressing COVID-19 prevention and vaccination for populations at higher risk, underserved, and disproportionately affected. The campaign outline and materials are to be submitted by email to the DPH Advancing Equity Coordinator prior to deployment of campaign as the campaign must be preapproved by the DPH Advancing Equity Coordinator to ensure adherence to cultural competency principles.

IV. Performance Measures/Reporting Requirements:

1. Performance Measures

- a. At least one part-time or full-time employee hired or appointed that is dedicated to incorporating equity processes, improvements, and implementing the strategies described within this Agreement Addendum.
- b. Staff participation in Advancing Equity state program calls/meetings, and training sessions.
- c. Designated staff having conducted at least one meeting each quarter with the Healthier Together regional leader.
- d. The LHD having provided or facilitated at least one racial and/or health equity training session for staff from the state-approved training options.
- e. The establishment of a permanent workgroup at the Local Health Department which includes a representative from the executive team and programmatic and support staff, to improve its internal and external practices to support equity which includes tracking equity efforts.
- f. Health and/or racial equity assessment conducted as prescribed by DPH's Advancing Equity Coordinator.
- g. An organizational equity plan developed as prescribed by DPH's Advancing Equity Coordinator.
- h. Establishment of or membership in an Equity Advisory Council with membership composed of at least three individuals from historically marginalized populations and/or community organizations that represent or are led by historically marginalized populations.
- i. Implementation of an approved communications/messaging campaign addressing COVID-19 prevention/vaccination on populations at higher risk, underserved, and/or disproportionately affected.

2. Reporting Requirements

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which for this Activity, can be accessed at

<https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>.

The LHD shall:

- a. Upload the designated staff contact information to Smartsheet by September 30, 2021; updates about changes in designated staff shall be uploaded to Smartsheet within 30 days of the staff change.
- b. Complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the due dates posted on the Smartsheet dashboard. The first financial report is to report for September 2021 and is due by October 22, 2021.
- c. Complete **Periodic Progress Reports** via the Smartsheet dashboard. These periodic progress reports will report about the prior period's progress on implementing the Agreement Addendum's required activities. The due dates are posted on the Smartsheet dashboard. The first progress report is to report for September 2021 activities and is due by October 22, 2021. This first progress report must include an estimated timeline for completion of 21/22 program deliverables. The periods for these progress reports are defined as:
 - September 2021
 - October 2021 – December 2022
 - January – March 2022
 - April – May 2022
- d. Upload the LHD's organizational equity plan in Smartsheet as part the final Periodic Progress Report on June 22, 2022.
- e. The LHD shall complete a **COVID-19 Response Plan** via the Smartsheet dashboard. This response plan is to provide information related to the LHD's broader goals and partnerships for COVID-19 preparedness and response. The Smartsheet dashboard will present a series of questions to be answered in a short-answer format, with topics including aspects of testing, contact tracing, vaccination, equity, and preparedness in general.

The LHD will be providing responses for a single COVID-19 Response Plan and this plan will meet the reporting requirements described under the FY22 Agreement Addenda for this Activity 466 as well as for other Activities. (The specific Activities to be included for this COVID-19 Response Plan continue to evolve; the complete list of Activities can be found on the Smartsheet dashboard.)

The COVID-19 Response Plan will receive DPH oversight from the DPH Branch staff members representing each relevant aspect. Any questions the LHD has should be directed to the DPH Division Director's Office at lhdhealthserviceta@dhhs.nc.gov.

V. **Performance Monitoring and Quality Assurance:**
 The Advancing Equity grant is monitored by the DPH Advancing Equity Coordinator through review of the progress reports, and during conference calls with the Local Health Department to review progress towards completion of the work plan activities. DPH shall maintain contact via site visits, email, telephone or videoconference to monitor programmatic and fiscal performance.

If deficiencies in performance are identified, DPH shall notify the Local Health Department immediately via email or telephone and if needed, it will be communicated that a corrective action plan is required. Failure to comply with the requirements in the resulting corrective action may result in a decrease in funding or removal from consideration for future funding.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with *2 CFR §200.331 – Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. Funds cannot be used for lobbying, research, clinical care, or reimbursement of pre-award costs. Recipients may not use Advancing Equity program funding for the purchase of office furniture or computer equipment without prior written approval from the DPH Advancing Equity Coordinator.
3. All expenditures over \$500.00 (with exception of staff salary) must have prior approval from the DPH Advancing Equity Coordinator.

Supplement reason: In AA+BE or AA+BE Rev -OR- -

CFDA #:	Federal awd date:	Is award R&D?	FAIN:	Total amount of fed awd:			
93.391	5/28/21	no	NH75OT000028	\$ 39,638,025			
CFDA name: Activities to Support State, Tribal and Territorial (STLT) Health Department Response to Public Health or Healthcare Crisis		Fed award project description:	NC Re: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities				
		Fed awarding agency:	DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a %			
Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	39,900	39,900	Jackson	019728518	39,900	39,900
Albemarle	130537822	319,200	319,200	Johnston	097599104	39,900	39,900
Alexander	030495105	39,900	39,900	Jones	095116935	39,900	39,900
Anson	847163029	39,900	39,900	Lee	067439703	39,900	39,900
Appalachian	780131541	119,700	119,700	Lenoir	042789748	39,900	39,900
Beaufort	091567776	39,900	39,900	Lincoln	086869336	39,900	39,900
Bladen	084171628	39,900	39,900	Macon	070626825	39,900	39,900
Brunswick	091571349	39,900	39,900	Madison	831052873	39,900	39,900
Buncombe	879203560	39,900	39,900	MTW	087204173	119,700	119,700
Burke	883321205	39,900	39,900	Mecklenburg	074498353	=	=
Cabarrus	143408289	39,900	39,900	Montgomery	025384603	39,900	39,900
Caldwell	948113402	39,900	39,900	Moore	050988146	39,900	39,900
Carteret	058735804	39,900	39,900	Nash	050425677	39,900	39,900
Caswell	077846053	39,900	39,900	New Hanover	040029563	39,900	39,900
Catawba	083677138	39,900	39,900	Northampton	097594477	39,900	39,900
Chatham	131356607	39,900	39,900	Onslow	172663270	39,900	39,900
Cherokee	130705072	39,900	39,900	Orange	139209659	39,900	39,900
Clay	145058231	39,900	39,900	Pamlico	097600456	39,900	39,900
Cleveland	879924850	39,900	39,900	Pender	100955413	39,900	39,900
Columbus	040040016	39,900	39,900	Person	091563718	39,900	39,900
Craven	091564294	39,900	39,900	Pitt	080889694	39,900	39,900
Cumberland	123914376	39,900	39,900	Polk	079067930	39,900	39,900
Dare	082358631	39,900	39,900	Randolph	027873132	39,900	39,900
Davidson	077839744	39,900	39,900	Richmond	070621339	39,900	39,900
Davie	076526651	39,900	39,900	Robeson	082367871	39,900	39,900
Duplin	095124798	39,900	39,900	Rockingham	077847143	39,900	39,900
Durham	088564075	39,900	39,900	Rowan	074494014	39,900	39,900
Edgecombe	093125375	39,900	39,900	Sampson	825573975	39,900	39,900
Foothills	782359004	79,800	79,800	Scotland	091564146	39,900	39,900
Forsyth	105316439	39,900	39,900	Stanly	131060829	39,900	39,900
Franklin	084168632	39,900	39,900	Stokes	085442705	39,900	39,900
Gaston	071062186	39,900	39,900	Surry	077821858	39,900	39,900
Graham	020952383	39,900	39,900	Swain	146437553	39,900	39,900
Granville-Vance	063347626	79,800	79,800	Toe River	113345201	119,700	119,700
Greene	091564591	39,900	39,900	Transylvania	030494215	39,900	39,900
Guilford	071563613	39,900	39,900	Union	079051637	39,900	39,900
Halifax	014305957	39,900	39,900	Wake	019625961	=	=
Harnett	091565986	39,900	39,900	Warren	030239953	39,900	39,900
Haywood	070620232	39,900	39,900	Wayne	040036170	39,900	39,900
Henderson	085021470	39,900	39,900	Wilkes	067439950	39,900	39,900
Hoke	091563643	39,900	39,900	Wilson	075585695	39,900	39,900
Hyde	832526243	39,900	39,900	Yadkin	089910624	39,900	39,900
Iredell	074504507	39,900	39,900				

DPH-Aid-To-Counties

For Fiscal Year: 21/22

Budgetary Estimate Number : 0

Activity 466	AA	1161 7955 LZ	Proposed Total	New Total
Service Period		09/01-05/31		
Payment Period		10/01-06/30		
01 Alamance	* 0	39,900	39,900	39,900
D1 Albemarle	* 0	319,200	319,200	319,200
02 Alexander	* 0	39,900	39,900	39,900
04 Anson	* 0	39,900	39,900	39,900
D2 Appalachian	* 0	119,700	119,700	119,700
07 Beaufort	* 0	39,900	39,900	39,900
09 Bladen	* 0	39,900	39,900	39,900
10 Brunswick	* 0	39,900	39,900	39,900
11 Buncombe	* 0	39,900	39,900	39,900
12 Burke	* 0	39,900	39,900	39,900
13 Cabarrus	* 0	39,900	39,900	39,900
14 Caldwell	* 0	39,900	39,900	39,900
16 Carteret	* 0	39,900	39,900	39,900
17 Caswell	* 0	39,900	39,900	39,900
18 Catawba	* 0	39,900	39,900	39,900
19 Chatham	* 0	39,900	39,900	39,900
20 Cherokee	* 0	39,900	39,900	39,900
22 Clay	* 0	39,900	39,900	39,900
23 Cleveland	* 0	39,900	39,900	39,900
24 Columbus	* 0	39,900	39,900	39,900
25 Craven	* 0	39,900	39,900	39,900
26 Cumberland	* 0	39,900	39,900	39,900
28 Dare	* 0	39,900	39,900	39,900
29 Davidson	* 0	39,900	39,900	39,900
30 Davie	* 0	39,900	39,900	39,900
31 Duplin	* 0	39,900	39,900	39,900
32 Durham	* 0	39,900	39,900	39,900
33 Edgecombe	* 0	39,900	39,900	39,900
D7 Foothills	* 0	79,800	79,800	79,800
34 Forsyth	* 0	39,900	39,900	39,900
35 Franklin	* 0	39,900	39,900	39,900
36 Gaston	* 0	39,900	39,900	39,900
38 Graham	* 0	39,900	39,900	39,900
D3 Gran-Vance	* 0	79,800	79,800	79,800
40 Greene	* 0	39,900	39,900	39,900
41 Guilford	* 0	39,900	39,900	39,900
42 Halifax	* 0	39,900	39,900	39,900
43 Harnett	* 0	39,900	39,900	39,900
44 Haywood	* 0	39,900	39,900	39,900
45 Henderson	* 0	39,900	39,900	39,900
47 Hoke	* 0	39,900	39,900	39,900
48 Hyde	* 0	39,900	39,900	39,900
49 Iredell	* 0	39,900	39,900	39,900
50 Jackson	* 0	39,900	39,900	39,900
51 Johnston	* 0	39,900	39,900	39,900

52 Jones	*	0	39,900	39,900	39,900
53 Lee	*	0	39,900	39,900	39,900
54 Lenoir	*	0	39,900	39,900	39,900
55 Lincoln	*	0	39,900	39,900	39,900
56 Macon	*	0	39,900	39,900	39,900
57 Madison	*	0	39,900	39,900	39,900
D4 M-T-W	*	0	119,700	119,700	119,700
60 Mecklenburg			0	0	0
62 Montgomery	*	0	39,900	39,900	39,900
63 Moore	*	0	39,900	39,900	39,900
64 Nash	*	0	39,900	39,900	39,900
65 New Hanover	*	0	39,900	39,900	39,900
66 Northampton	*	0	39,900	39,900	39,900
67 Onslow	*	0	39,900	39,900	39,900
68 Orange	*	0	39,900	39,900	39,900
69 Pamlico	*	0	39,900	39,900	39,900
71 Pender	*	0	39,900	39,900	39,900
73 Person	*	0	39,900	39,900	39,900
74 Pitt	*	0	39,900	39,900	39,900
75 Polk	*	0	39,900	39,900	39,900
76 Randolph	*	0	39,900	39,900	39,900
77 Richmond	*	0	39,900	39,900	39,900
78 Robeson	*	0	39,900	39,900	39,900
79 Rockingham	*	0	39,900	39,900	39,900
80 Rowan	*	0	39,900	39,900	39,900
82 Sampson	*	0	39,900	39,900	39,900
83 Scotland	*	0	39,900	39,900	39,900
84 Stanly	*	0	39,900	39,900	39,900
85 Stokes	*	0	39,900	39,900	39,900
86 Surry	*	0	39,900	39,900	39,900
87 Swain	*	0	39,900	39,900	39,900
D6 Toe River	*	0	119,700	119,700	119,700
88 Transylvania	*	0	39,900	39,900	39,900
90 Union	*	0	39,900	39,900	39,900
92 Wake			0	0	0
93 Warren	*	0	39,900	39,900	39,900
96 Wayne	*	0	39,900	39,900	39,900
97 Wilkes	*	0	39,900	39,900	39,900
98 Wilson	*	0	39,900	39,900	39,900
99 Yadkin	*	0	39,900	39,900	39,900
Totals			3,910,200	3,910,200	3,910,200

Sign and Date - DPH Program Administrator	Sign and Date - DPH Section Chief
<i>Karen Stanley</i> 8/19/2021	<i>Joyce Wood</i> 8/19/2021
Sign and Date - DPH Contracts Office	Sign and Date - DPH Budget Officer
<i>Gretna Stuart</i> 8/24/2021	<i>S. Marshall</i> 8/25/21