



DOCUMENT APPROVAL FORM

THIS FORM MUST BE ATTACHED TO ALL DOCUMENTS SUBMITTED FOR THE MAYOR'S SIGNATURE, ROUTE AS LISTED BELOW.

THIS DOCUMENT RECOMMENDED FOR MAYOR'S SIGNATURE

ORIGINATOR OF DOCUMENT

Jennifer Martinez

SIGNATURE APPROVALS

AGENCY/DEPARTMENT DIRECTOR

Connie Mendel

DocuSigned by:

Connie Mendel

8/30/2023

CHIEF FINANCIAL OFFICER

Angela Dunn

DocuSigned by:

Angela Dunn

8/30/2023

COUNTY ATTORNEY

Paul Rutherford

DocuSigned by:

Paul Rutherford

8/30/2023

DEPUTY MAYOR / SPECIAL COUNSEL

Barbara Sexton Smith

DocuSigned by:

Barbara Sexton Smith

8/31/2023

DOCUMENT NAME

FY24 826 OHE Health Education

SUMMARY OF DOCUMENT

Through this grant, it will fund and provide comprehensive access to health and social services to our communities, especially our marginalized communities across specific zip codes that we have identified through community health needs assessments and public meetings/forums.

CONTACT PERSON

TELEPHONE

DATE NEEDED

Please call for Pick up

To Be Mailed

DATE APPROVED BY MAYOR

INSTRUCTIONS FROM THE MAYOR

DS
EW

Erica White

DS
ET

Ebony Taylor

DS
AJ

Aaron Jackson

Grants Budgetary Information

Agency: Public Health and Wellness

Document Type*:

☐ Application

☒ Award

☐ Amendment

☐ Other

*Note: Legislation is not typically composed for applications. If legislation is requested for an application, please contact the Fiscal Administrator.

Grant Name: FY24 826 OHE Health Education

Grant Period: 07/01/2023-05/31/2024

Award Amount: \$165,197.00

Cost Center: TBD

Match Required?

☐ Yes

☒ No

Match Amount:

Please fill out ONLY ONE of the boxes below. "New Grant" means this grant has not been budgeted within the current fiscal year and is a completely new revenue for the current fiscal year. "Existing Grant" means there is currently a cost center with budget established for this grant.

New Grant Information

Note: New grants will require a resolution or ordinance be taken before Council. This process takes approximately 6-8 weeks.

Amount to be budgeted in current fiscal year: \$165,197.00

Will need resolution

Existing Grant Information

Note: If the award amount is greater than the amount budgeted in LeAP, an A/R memo will need to be signed by the Mayor. This process takes approximately 2 weeks.

Current amount budgeted in LeAP: \$0.00

Additional amount to be budgeted in LeAP for current fiscal year: \$0.00

DocuSigned by: Routing Information

DocuSigned by: Jennifer Martinez

DocuSigned by: Trish Jackson

DocuSigned by: Erica White

DocuSigned by: Robert Walker

Date: 8/11/2023

Date: 8/15/2023

Date: 8/23/2023

Date: 8/30/2023

HD#	HDNAME	COST	ORG	CODE	GRANT#	SRCE	RACCT	ALLOCATION	DATE	FILENAME	DESCRIPTION	JUSTIFICATION	PROGRAM POC
156	JEFF LOU METRO	826	SA00	SAEC	0158RCC RR21	12CV	436	\$165,197.00	7/5/2023	GPHP2415B	OHE Health Education (Jul-May)	Louisville Metro will be partnering with The Office of Health Equity for vaccine clinics and health education.	Mary Nichols (502) 564-3970 Ext-4076
156	JEFF LOU METRO	895	D728	SAFF	0	13GP	427	\$568,861.18	6/29/2023	GPHP2329D	DPH Block Grant	Funds will be used to support and further the efforts of local health departments in implementing and funding the operational costs of public health transformation programming to include infrastructure and administrative costs not funded or under-funded	Mike Tuggle (502) 564-6663 Ext-
156	JEFF LOU METRO	895	SA00	SAPS	0	138H	463	\$18,000.00	6/27/2023	GPHP2420B	Preventive Medicaid	Realignment for Preventive Medicaid services.	Mike Tuggle (502) 564-6663 Ext-4135
156	JEFF LOU METRO	853	SJ51	SJTC	01300021	1200	438	(\$200,000.00)	7/14/2023	GMCH2430C	HANDS-Federal Home Visiting Services Formula Grant (Jul-Jun)	0	Holly LaFavers (502) 564-3085 Ext-
156	JEFF LOU METRO	853	SJ51	SJTC	01300020	1200	438	(\$73,000.00)	7/14/2023	GMCH2429B	HANDS - Federal Home Visiting Services Formula Grant (Jul-Sep)	0	Holly LaFavers (502) 564-3085 Ext-



**PUBLIC HEALTH AND WELLNESS
LOUISVILLE, KENTUCKY**

CRAIG GREENBERG
MAYOR

JEFFREY HOWARD, MD, MBA, MPH
INTERIM DIRECTOR

Louisville Metro Department of Public Health & Wellness
400 E. Gray Street | Louisville, KY 40202
Office: 502.574.6520
Website: <https://louisvilleky.gov/government/health-wellness>
Contact Person: Kyle Coffey, Grant Management Supervisor

The Louisville Metro Department of Public Health and Wellness (LMPHW) is an independent, academic health department under the leadership of Jeff Howard, MD, MPH. Our department is organized under four divisions: Administration; Environmental; Health Services and the Center for Health Equity.

Louisville Metro Department of Public Health and Wellness vision is a healthy Louisville where everyone and every community thrives. Our mission is to achieve health equity and improve the health and well-being of all Louisville residents and visitors. In order to achieve both the vision and mission of the organization, we put emphasis on our values which are: collaboration, innovation, grit, integrity and quality.

Through this grant, it will allow us to properly serve our 628,000 community residents and visitors in Jefferson County. We will be able to fund and provide comprehensive access to health and social services to our communities, especially our marginalized communities across specific zip codes that we have identified through community health needs assessments and public meetings/forums.

Thank you for your consideration of our request. If you all will need to follow up, so we can answer any questions you might have as well as if we might need meet with you to discuss the merits of our proposal, please do not hesitate to ask. Please feel free to contact Kyle Coffey, our Grant Management Supervisor at (502) 574-4613 or Kyle.Coffey@louisvilleky.gov



WWW.LOUISVILLEKY.GOV

400 E. GRAY STREET LOUISVILLE, KENTUCKY 40202-1704 502.574.6530 FAX: 502.574.6588

REQUEST FOR APPLICATION

“Promoting Health Equity in Underserved Populations Across the Commonwealth of Kentucky”

DEADLINE: March 31, 2023 (or when funds are exhausted)	ISSUED BY: Kentucky Cabinet for Health and Family Services Office of Health Equity
ADDRESS QUESTIONS TO: DPHGrantsCoordination@ky.gov Department for Public Health Office of Health Equity	SUBMIT APPLICATIONS TO: DPHGrantsCoordination@ky.gov Only Electronic Applications Accepted No Paper Copies

SPECIAL INSTRUCTIONS:

- ☐ Eligible entities are 501c3 non-profit organizations, quasi-governmental organizations, and government entities.
- ☐ The following are interchangeable: Commonwealth, Commonwealth of Kentucky, Cabinet for Health and Family Services, Office of Health Equity
- ☐ The following are interchangeable: Application, Proposal, Response, Application Proposal
- ☐ The Commonwealth reserves the right to waive minor informalities and/or request clarifications from applicants

REQUEST FOR APPLICATION

“Promoting Health Equity in Underserved Populations Across the Commonwealth of Kentucky”

Announcement

The Cabinet for Health and Family Services (CHFS), Kentucky Department for Public Health (KDPH), Office of Health Equity (OHE) is pleased to announce a funding opportunity designed to ensure that all marginalized and vulnerable populations receive equitable access to healthcare services to optimize Kentuckian’s health outcomes and reduce healthcare system barriers. Barriers to optimal care may be mitigated by understanding co-morbidity exacerbation, and other social determinants of health that impact health outcomes through education, outreach, and community engagement using best practices and evidenced based tools and interventions, with the intent of improving overall health outcomes across the Commonwealth.

Awards are based on each applicant’s ability to promote the OHE goals (see Purpose and Goals) and are limited in amount only in direct correlation to the proposed detailed budget of the application. Award amounts range from \$100,000 to \$300,000 which may include the cost of an individual, or multi-staff, required to implement a highly sophisticated effort to meet as many goals as possible in the timeframe of the award (or to implement data-driven, effective activities to effectively address OHE goals). An award amount will be based on the associated costs required to implement the project, from date of execution until May 31, 2023.

Background

OHE’s mission is to promote the understanding of the root causes of health disparities and promote health equity among racial, ethnic, rural, and low-income populations in Kentucky. Health equity is achieved when all individuals across the Commonwealth can attain their full health potential, have access to health information, receive quality healthcare that values inclusivity and cultural and social norms. OHE supports activities and evidence-based strategies that address health disparities and health inequities to achieve and sustain optimal community health. Health Equity supports activities that address health disparities through partnerships with health departments, universities, nonprofit organizations, faith-based organizations, and private health systems with 501 (c) 3 capacity. OHE is committed to support efforts that ensure all marginalized and vulnerable populations receive equitable access to healthcare and vaccines through education, outreach, and community engagement using best practices and evidenced based tools and interventions.

To advance equity, the Commonwealth of Kentucky will accept proposals for funding consideration which detail stakeholder engagement and are working to operationalize equity, reduce infections, disease severity, hospitalization, morbidity, and mortality.

OHE was awarded a Centers for Disease Control and Prevention (CDC) grant, *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*. The grant end date is May 31, 2023. The intended outcome of the grant is to reduce pandemic related health disparities, improve equitable access to testing, and increase vaccine uptake in coordination with 501(c)3 non-profits, non-traditional partners, community-based and faith-based organizations, quasi-governmental organizations, and government entities. This RFA focuses on the creation of formal collaborations between critical partners actively working in communities. Direct funding will be available to existing and new community partners who serve high-risk and underserved populations. Funds may be awarded to support the expansion of existing operations, or the creation of new operations that support the proposed project goals. DPH will disburse grant funding to entities whose projects build, leverage, and expand capacity to support and promote the reduction of pandemic related events by the prevention and dissemination of information to underserved and high-risk populations. The grants will be awarded based on a Department of Public Health rubric currently utilized for other programs.

1. Purpose and Goals

The purpose of this RFA is for OHE to receive proposals to be considered for funding which address the OHE goals. OHE seeks to garner proposals from entities that are implementing evidence based or best practices in the delivery of activities and services which address the inequities that are widening the health disparities in underserved communities. OHE will consider funding diverse partners that will stand up various health equity initiatives in conjunction with immunization, chronic disease, behavioral health, and other social determinants of health (SDOH). [Addressing Health Equity in Public Health Practice: Frameworks, Promising Strategies, and Measurement Considerations - PubMed \(nih.gov\)](#) can provide a framework for proposals on integrating equity into public health strategies.

Additionally, the purpose of this RFA is to solicit proposals for consideration that develop, cultivate, and/or strengthen community-based partnerships in efforts to reach racial and ethnic minority groups, and people living in rural communities. This funding is to be used to ensure greater equity and access to vaccines and improve overall access to health resources.

Activity and Approach

OHE will create a formal contractual agreement to provide direct funding to existing or new organizations that serve high-risk and underserved populations and address health inequities.

Potential community partner organizations (but not limited to these) are:

- Organizations, and/or academic institutions that have focused on health equity promotion and education.
- Organizations enabling resilient individuals and communities in the Commonwealth to make informed decisions about the health and wellness of themselves and their community.

- Organizations that increase vaccine confidence and uptake in high-risk minority and marginalized and vulnerable communities.
- Organizations that address the intersectionality of health shaped by multi-dimensional overlapping of factors such as race, class, income, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity, and geography.
- Organizations that address social injustices that historically impact the health of communities of color such as access, transportation, discrimination, policies, mistrust, etc.

Supported Activities and Services (but are not limited to):

- COVID-19 vaccine administration, information, and support
- COVID-19 Testing
- Increasing vaccine confidence through community engagement and dissemination of factual information
- Implementation of evidence-based policies, systems, and environmental strategies to address COVID-19 and variants
- Addressing social determinants of health (SDOH) where they live, work, learn, play, and worship, and their impact of health and health outcomes

Populations of Focus:

- Underrepresented ethnic and racial minority groups
- People living in rural areas
- People with Substance Use Disorders (SUD)
- People identifying as LGBTQ+
- People Age 65+
- People living in congregate settings
- People experiencing homelessness
- People who are incarcerated or are in transitional housing as a result of prior incarceration
- People who have been displaced or are in transitional housing due to other mitigating circumstances
- People with disabilities
- Non-U.S. born persons
- People of a religious minority
- Communities that have experienced disproportionately high rates of COVID-19 infection and severe COVID-19 disease or death
- Communities that have high rates of underlying health conditions that place them at greater risk for severe COVID-19 disease (e.g., heart disease, lung disease, obesity. See CDC website for a detailed list [Health Equity - Office of Minority Health and Health Equity - CDC](#))

- Communities likely to experience barriers to accessing COVID-19 vaccination services (e.g., geographical, access to health systems, transportation)
- Communities likely to have low acceptance of, or confidence in, COVID-19 vaccines
- Communities with historically low adult vaccination rates
- Communities with a history of mistrust in health authorities or the medical establishment
- Communities that are not well-known to health authorities or have not traditionally been the focus of immunization or other health related programs

Racial and Ethnic Populations of Focus:

- Alaska Native
- American Indian
- Asian
- Black or African American
- Hispanic, Latino or Latinx
- Native Hawaiian and Pacific Islanders

Geographic Area:

- Applicants may find that their efforts encompass both urban and rural areas of the Commonwealth and are encouraged to apply.

Data Resources, Demographic Data Sources & Collaborative Information:

- <https://kyibis.mc.uky.edu/ehl/dataportal/Introduction.html>
- [County Health Rankings and Roadmaps](#)
- [Foundation for a Healthy Kentucky](#)
- [Kentucky Behavioral Risk Factor Surveillance Survey](#)
- [Kentucky Cancer Registry](#)
- [KIPRC](#)
- [Robert Wood Johnson Foundation](#)
- [Environmental Public Health Tracking Network](#)
- [Social Vulnerability Index](#)

Funding Allocation

Eligible entities are 501(c)3 non-profit, non-traditional partners, community-based and faith-based organizations, quasi-governmental organizations, and government entities. Funding amounts will vary depending on the scope of the proposed activities and quality of the applications received. Eligible organizations may request funding from \$100,000 up to \$300,000 to support health equity efforts. Exceptional proposals may be considered for additional funding on a case-by-case basis. Proposals will be reviewed, and the funding amount will be based on the proposed activities and how they will impact marginalized, vulnerable and

minority populations. Funds will be allocated on a first-come, first-serve basis and will continue to be awarded until all funds are expended.

Allowable Activities and Expenses

Funds may be used to:

- Provide or supplement salaries
- In-state travel related to the scope of the contract, in accordance with the Commonwealth rate for reimbursement
- Purchase supplies related to trainings and/or meetings, such as paper, pens/pencils, etc.
- Conduct marketing and recruitment activities and creative methods to reach disparate and/or remote groups

Unallowable Activities and Expenses

Funds may not be used for any of the following:

- Capital construction projects
- Laptops, iPads, televisions, etc.
- Food or refreshments
- Furniture
- Out of state travel
- Research

Award

Selected proposal awardees will be notified via email regarding the Commonwealth's intent to contract for the distribution of funds.

DPH will establish a memorandum of agreement, with the selected awardee, which will outline the contractual expectations and establish the schedule for reimbursement for activities conducted.

Application Proposal Submission Instructions

Formatting

- Proposal should be double-spaced using Arial, Calibri, or similar 12-point font.
- Proposal should not exceed 10 pages, excluding the cover letter and budget template.
- Each component should be clearly labeled and numbered accordingly.
- Failure to include any of the components below may deem your application non-responsive.

Items to Prepare for Submission [\[A, B, C below\]](#)

A. [Cover Letter](#)

Cover Letter on organization letterhead, to include:

- Name of the organization
- Physical Address
- Telephone number
- Email address
- Contact person
- Signed by organizational representative who is authorized to enter into a contract with the Commonwealth

B. Responses to the following:

1. Provide a brief history of the organization. Include if your organization is 501c3 non-profit or quasi-governmental. Proof of 501c3 status is required.
2. Identify workforce that will be working in communities or with the populations you are serving.
3. Please identify how you determined the geographic area(s) in which your organization plans to deliver the proposed activities outlined in the proposal. If the applicant proposes to provide expanded services in multiple distinct geographic areas, provide this information for each area.
4. Please provide a method or process to capture client engagement and feedback to evaluate and address the unmet needs of your population.
5. Measurable outcomes are critical to help ensure that we are carrying out the most effective programming possible. Please explain how you will capture performance data, analyze, and disseminate for reporting.
6. Explain how health promotion/education will be provided, if/how existing services will be expanded, how capacity building and infrastructure will be increased, and how the following Social Determinants of Health will be addressed: transportation, housing, access to care, economic development, and other.
7. What is your program plan and what do you hope to achieve? Please remember to utilize SMART (specific, measurable, accessible, realistic, and timely) goals. Make sure to quantify data (i.e. How many, how often etc.)
8. Provide evidence of readiness to implement and provide feasible sustainability plan.

C. Budget Template (must use the attached Excel template) [this item not scored but may be negotiated if considered for award]

D. Workplan (must use the attached Word template)



DPH Vendor
Budget for Contract

[The remainder of this page intentionally left blank.]

Submitting the Application Proposal

Submission of application proposal and required attachments must be received in the CHFS email inbox. This application process will support funding until May 31, 2023, or when funds are exhausted. Please note that upon receipt of a proposal, the review process can take up to eight weeks for approval, prior to a contract being executed.

1. Complete and sign Cover Letter (A. above) as
HE 23/24 Cover Letter [your organization name]
 - Example: *HE 23/24 Cover Letter Acme Association*
2. Save the Responses (B. above) in Word document or PDF format as
HE 23/24 Responses [your organization name]
 - Example: *HE 23/24 HE Responses Acme Association*
3. Save the Budget Template (C. above) in spreadsheet form as
HE 23/24 Budget [your organization name]
 - Example: *HE 23/24 Budget Acme Association*
4. Save the Workplan template (D. above) in Word document or PDF format as
HE 23/24 Responses [your organization name]
 - Example: *HE 23/24 Workplan Acme Association*
5. Email all three items in a *single email* message to the CHFS Buyer, DPHGrantsCoordination@ky.gov
 - *If your submission has a combined file size of greater than 3MB, please send in separate emails.
Questions must be sent to the CHFS Buyer at DPHGrantsCoordination@ky.gov
 - as well as confirmation of receipt of application proposal.

Evaluation of Application

Qualified DPH personnel will evaluate applications using the criteria outlined in the RFA.

HEALTH EQUITY GRANT

EVALUATION CRITERIA	POINTS AVAILABLE
PART 1: ORGANIZATION QUALIFICATIONS	10
Applicant provides a description of the organization's experience and qualifications generally, and specifically to the provision of Health Equity and the Social Determinants of Health SDOH.	
PART 2: POPULATION OF FOCUS AND STATEMENT OF NEED	15
Applicant identifies the geographic area(s), supported by data, in which the organization plans to deliver the services addressing the SDOH identified. This should include locations or sites have been identified as recipients of services or deliverables that will be provided. <u>If the applicant proposes to provide expanded services in multiple distinct geographic areas, the applicant provides this information for each area.</u>	
PART 3: DESCRIPTION OF PROGRAM SERVICES	35
Applicant provides detailed information regarding the proposed Health Equity project detailing services that will be delivered in the identified geographic service area(s) to identified population in Part 2. To whom, by whom etc. Please include a timeline for the project.	
PART 4: IMPLEMENTATION AND SUSTAINABILITY	10
Applicant provides evidence of readiness to implement a workplan (staff, resources, capacity, partnerships, etc.) and provide feasible sustainability plan.	
PART 5: PERFORMANCE DATA COLLECTION AND REPORTING	15
To ensure accountability at all levels of service provision, the articulation and achievement of measurable outcomes is critical to help ensure that we are carrying out the most effective programming possible. Describe how and what data (both process and outcome) will be captured and reported on the project.	
PART 6: HEALTH EQUITY FOCUS	15
Applicants demonstrate how they are using a healthy framework or a Health Equity lens to reach marginalized, vulnerable and minority populations.	
PART 7: BUDGET [Reviewed but not scored]	0
<ul style="list-style-type: none"> • Demonstrates clear connection between activities to develop plan and expenses. • Reasonably reflects the costs associated with implementing program services. • Includes a detailed budget that itemizes specific uses of funds. 	

Office of Health Equity Workplan

Activity Description	Population of Focus	Contributing Partners	Key Deliverables/ Outputs Expected outcomes	Start Date	End Date
<i>Describe the activity you will implement in support of the strategy. Please include a description of the problem the activity will address (e.g., structural barriers), what you will do to address the problem (e.g., policy change), and the process for implementing the activity.</i>	<i>Identify population and cite data supporting this population</i>	<i>Identify the names or agency names that are collaborating on the project</i>	<i>State key milestones to be achieved during the project period.</i>	<i>Beginning date</i>	<i>Ending date</i>
Host four, one-hour community forums, one each quarter, at the local church to inform and educate on various communicable diseases and health equity issues to at least 10 pastors.	African American males and females, ranging in ages	Church names: 1 2 3 4....	Pastors will be able to clearly articulate ____ Pastors will commit to hosting a half hour health education session for 15 individuals from their congregation to participate in.	July 1, 2022	May 31, 2023
Facilitate a forum in LatinX community with 20 community members of the need for health screenings and prevention during Hispanic Heritage Month. All participants will complete a survey to assess knowledge and understanding gained.	LatinX males and females in ____, ranging in ages		Community members will recognize and describe the benefits and limitations of health screenings and prevention.	Sept 15	Oct 15

Create a community resource directory to include wrap around services to be routinely quarterly. The electronic version posted on agency's website and will be electronically disseminated to county CBOs, FBOs, and	African American males and females, ranging in ages	CHWs from Local Health Departments; Social workers at local hospitals; representative from police department; representative from FQHCs	Program director will reach out to local CBOs, FBOs and other community entities to collect and compile into a resource directory to be disseminated countywide. Organizations will maintain an electronic and paper version to provide community members.	July 15	June 30
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End of Promoting Office of Health Equity RFA

A. Responses to the following:

HE 23/24 Responses Louisville Metro Public Health and Wellness Department

- 1. Provide a brief history of the organization. Include if your organization is 501c3 non-profit or quasi-governmental. Proof of 501c3 status is required.**

The Louisville Metro Public Health and Wellness Department (LMPHW) is an independent 501c3 quasi-government, academic health department under the leadership of Jeff Howard, MD, MPH. LMPHW has worked with various community partners and contractors to serve Jefferson County in any time of need, like during the early stages of covid-19 when Jefferson County was impacted the hardest. Our department is separated into four divisions. These divisions work together to create health equity and health promotion in the Jefferson County area will assist in the capacity as determined by Communicable Diseases Department (project team) which are the following: *Health Services, Environmental, Center for Health Equity and Administration* *it is important to know that majority of this work will be operated through the Communicable Diseases Department under the Health Services division. Please refer to the last paragraph in this section.

Health Services

This division provides public access to our TB Clinic, Specialty Clinic, Harm Reduction Outreach Services, MORE Program, WIC Clinic and Communicable Disease's Department.

Environmental

This division provides public health preparedness, laboratory, and environmental services. The environmental services include but are not limited to rabies control, childhood lead poisoning prevention, lifeguard certifications, and food safety.

Center for Health Equity

Established in June 2006, this division offers everyone an opportunity to access all health information that will increase their well-being. By doing so, this division provides a [health equity report](#) available to the public for review. This division works with all three to ensure that all policies, practices, and outcomes meet the needs of all people in every community within the designated county. This division has six specialized teams called, **“Root Cause Teams”** to hold the expectations of policies for the department. These teams represent the major public health barriers in Jefferson County. By utilizing the six Root Cause Teams, we will be able to identify the gaps that are in the marginalized communities which will help us create equitable solutions to address public health issues in Jefferson County. The **Root Cause Teams** will focus in these six areas as it pertains to project grant deliverables, expanding on already existing programs:

- Early Childhood Development: Nurturing the Nurturer Training Summit 2024 identifies childcare providers that experience burnout that has been expressed previously during the COVID-19 pandemic.
- Criminal Justice: During the COVID-19 pandemic, isolation and criminal activity increased in the targeted areas and zip codes. Therefore, there needs to be concentrated interventions to significantly decrease crime and related activities.
- Housing and Economic Development: During the COVID-19 pandemic, we collaborated with Hotel Louisville to house individuals that were evicted from their homes or needed another location to isolate to ensure that their housing needs were met.

- **Social and Cultural Capital:** The liaison between the health department and the community to ensure information was shared and updated recommended community guidance from the CDC and KDPH; created COVID-19 policies to protect the health and well-being of residents and visitors.
- **Environmental Quality:** Conducted onsite visits to facilities to ensure they were up to date to decrease COVID-19 transmission rates.
- **Food and the Built Environment:** During the COVID-19 pandemic, we collaborated with Hotel Louisville to house individuals that were evicted from their homes or needed another location to isolate to ensure that their essential needs were met such as food, dietary, medical supplies, and toiletries.

Administration

This division provides services such as Human Resources, Information Technology, Budgeting and Logistics.

Health Services division (Communicable Disease) specifically, within LMPHW we have created teams to divide and conquer Jefferson County. These teams serve long term care facilities, faith-based communities, daycare facilities, public and private schools, summer camp programs, factories, and others to provide health equity and promotion. Serving these entities, we held up our end by moving with purpose and keeping our values in mind. Our values at LMPHW are collaboration, quality, innovation, integrity, and grit. Doing so, LMPHW created rapport through a system produced by CRM Services called Contact Tracing and Tracking (CTT). This system was offered to all counties to keep track of covid-19 cases in each county.

Regarding the history of our covid-19 process, we made it vital to make connections and follow up with almost everyone that it has impacted in our Jefferson County communities. Efforts, in doing so, we created mobile mission teams for home bound individuals that were not able to travel during the pandemic to receive their covid-19 vaccinations. We connected with internal resources to create the essential needs team to supply our community with items that were essential when they were in isolation periods and in quarantine from the public. Items such as groceries, cleaning supplies, KN95 masks, additional home testing kits, informational pamphlets about covid-19 and of course an encouraged letter stating that we are here for continuous support.

2. Identify workforce that will be working in communities or with the populations you are serving.

LMPHW will continue to work with community partners that we developed relationships with to care for our community since the beginning of the covid-19 pandemic. Our community partners are Child Care Aware, 4C for Kids (Community Coordinated Child Care), Our Daily Bread, Play Cousins Collective, YMCA, Humana, Kroger, Salvation Army, Metro United Way , Norton's, CVS, Walgreen's, U of L School of Public Health, Louisville Metro Government (internal departments).

3. Please identify how you determined the geographic area(s) in which your organization plans to deliver the proposed activities outlined in the proposal. If the applicant proposes to provide expanded services in multiple distinct geographic areas, provide this information for each area.

After reviewing our latest [health equity report](#) for Jefferson County, we decided to focus on the underserved population of minority children and adults that are underinsured or uninsured

in Jefferson County. This is because most uninsured and underinsured individuals lack the opportunity to receive health education and proper vaccinations for protection against viruses such as the flu, covid-19, and other vaccines due to social determinants. We want to focus on the marginalized zip codes (40210, 40211, 40212) in the west end area of Jefferson County which is mainly where individuals lack health equity. We realize from data research that the social determinants like access to health care, transportation, economic status, bias and language barriers are the main barriers holding them back from health information for preventable vaccine coverage.

Localizing that area will give us a chance to provide health education as well as update participants on missing vaccinations. As we are improving our efforts to decrease the under or uninsured rate that is currently 7% in our county, according to the [county health ranking webpage](#) we are confident that our programs will be efficient. With this, there are 105 designated medically underserved areas and populations that will be taken into consideration when pinpointing our proposed vaccine clinics in the west end area.

Health behaviors also contribute to our efforts as the life expectancy decreased to the age of 75.2 following the pandemic. Since the life expectancy decreased, 13% of adults have reported 14 or more days of poor physical health per month alone and 16% of the Jefferson County targeted population reported frequent mental distress occurs within the same time frame. Providing health education and vaccine clinical services will decrease a major health factor that our county also struggles with which is insufficient sleep. Individuals in Jefferson County report 40% of residents receive fewer than 7 hours of sleep on average a day.

Our proposed programs revolve around health education which is the first major component of any type of clinical care distributed to anyone. Since our target population is under or uninsured children and adults the programs planned can be used continuously leading up to the National Immunization Month in August that leads us into the flu season as well. Knowing that 8% of Jefferson County residents represent uninsured adults aged 18-64 and 4% are uninsured children under age 19 is alarming. These statistics oddly enough have not changed for the past 6 years.

Transportation, housing, access to care, economic development and any other social determinants will be addressed when tailoring our proposed programs. Proposing to create vaccine clinics will give us a chance to come to the underserved population with little or no effort by them. With this grant we will also be able to purchase TARC (public transportation) passes (passes are 24 Hour - \$3.50; 7 Day Pass - \$15.00; 30 Day Pass - \$50) for individuals who need transportation to any of our planned events.

4. Please provide a method or process to capture client engagement and feedback to evaluate and address the unmet needs of your population.

Evaluations are a powerful tool to document and communicate the impact of LMPHW's work after every implementation of any type of outreach or program. Like any good strategy, understanding our goals in undertaking an evaluation will help ensure we select the appropriate evaluation methods for all programs. For our planned programs, we will use goal-based evaluations which produce data and outcomes of the programs from a health equity standpoint in the community. Our goal-based evaluations will be emphasized on all programs along with process-based evaluations to identify the program's strengths and weaknesses.

Having both goal-based and process-based evaluations will inform LMPHW of internal and external strategies or policies that need to be revised or created for health equity purposes. We will use evaluations from the previous Nurturing the Nurturer Training events to provide base-line data to assess the program's growth. By doing so, we can improve on future training topics, accessible location for participants, vendor exhibits, facilities, registration processes.

The immunization needs were determined by using the Kentucky Immunization Records database. [Base line data](#) shows that 597,466 people are immunized for COVID-19. The total population of Jefferson County is 766,757, which means our vaccination rate is 78%. We need a minimum number of 150 from three underserved zip codes, 40210, 40211, and 40212.

To make our health forum evaluations quick and accessible, we will develop a QR code for our questionnaire. The questionnaire will consist of 5-8 questions about content covered at each program developed and rating of this event. This will be easier as individuals will be on the move to different tables or booths learning new health information that will lead to better health decisions. From those surveys received we will create a report and send out follow-up emails for the public's viewing. The participants will also be entering into a drawing to win an incentive for providing valuable feedback for our report. These evaluations will also be available at the informational sessions, Nurturing the Nurturer Training Summit 2024 and throughout the National Immunization Month when we implement the planned vaccine clinics.

5. **Measurable outcomes are critical to help ensure that we are carrying out the most effective programming possible. Please explain how you will capture performance data, analyze, and disseminate for reporting.**

Once we receive the evaluations, we will create a report based on the participant's feedback. With this feedback, we will send out a follow-up email with the reported information, all the resources that were and still are available for individuals to take advantage of. It will also be posted on our Communicable Disease's Health Education webpage for public viewing. This will create more awareness if anyone has questions about vaccines, where to get them, and further links on health education that is important to consider before receiving health services.

6. Explain how health promotion/education will be provided, if/how existing services will be expanded, how capacity building and infrastructure will be increased, and how the following Social Determinants of Health will be addressed: transportation, housing, access to care, economic development, and other.

Health promotion is the process of enabling people to increase control over and to improve their health. It moves beyond focus on individual behaviors towards a wide range of social and environmental interventions. By providing these programs we can give them information about vaccines that are recommended to make their decisions on what is best for children and adults they are responsible for. Services that are proposed will be expanded to uninsured individuals in Jefferson County who have not had the opportunity for any reason to be vaccinated by the public health department. This will be through the planned vaccine clinics in the month August that is recognized as National Immunization month. The clinics will emphasize the importance of communicable diseases without the proper vaccines' verses with the proper vaccines at children and adult ages.

The health forum will create health equity on vaccines and other health services that are offered in Jefferson County by the health department and community partners in healthcare.

They will have a chance to promote their health-related programs and other events that align with vaccine aged children and adults. Being that social determinants play a big factor in creating any event we must always take those into consideration first. Transportation, housing, access to care, economic development and any other social determinants will be addressed when tailoring our proposed programs. Proposing to create vaccine clinics will give us a chance to come to the underserved population with little or no effort by them. With this grant we will also be able to purchase TARC (public transportation) passes and gas gift cards to make up for individuals who need transportation to any of our planned events.

7. What is your program plan and what do you hope to achieve? Please remember to utilize SMART (specific, measurable, accessible, realistic, and timely) goals. Make sure to quantify data (i.e. How many, how often etc.)

With this grant, we will create or continue three programs that will have a positive impact on our community.

1. LMPHW Communicable Disease department will promote our healthcare resources that will achieve equitable outcomes through high-quality, affordable, person-centered care by creating a public health fair for October 2023. Our goal is for at least ten community partners, including LMPHW divisions, healthcare providers, and local businesses related to health and wellbeing, to accept our invitation to the health forum and for over 200 members of the community to attend. Each partner will have a chance to showcase their healthcare resources, newly implemented programs, and products that serve the public. This will also create new business relationships to continue our efforts with providing health education involving vaccines for children and adults.

2. We will improve the vaccination rate and participation among the identified underserved population of uninsured adults and children in the west end of Louisville. Starting in August 2023, which is National Immunization Awareness Month, we will host five vaccine clinics to provide vaccine information and offer routine vaccines to individuals two months and older. LMPHW will utilize departmental nursing staff to administer the vaccines to participants in the vaccine clinics. Funds from this grant will help with the cost of vaccines and other materials needed to receive those vaccines. Using data from the Kentucky Immunization Registry (KYIR), our goal will aim to increase immunizations by 2% in general and 3% in underserved populations in the 40210, 40211, and 40212 zip codes.
3. We will use this grant opportunity to continue our Nurturing the Nurturer Training Summit for childcare providers (NTN 2024). For the past two years, we have provided free [ECE TRIS](#)* hours that are required every year to continue a childcare provider role in Kentucky. The grant will provide space, materials, and new or returning trainers to teach a one-hour session on the importance of self-care while still providing excellent care to all children who attend their daycare facilities. This is very important to prevent burnout in care and stress in the workplace.

**ECE-TRIS is a web-based system designed for the Division of Child Care to serves all early care and education professionals in Kentucky. The ECE-TRIS system provides 24-hour access to comprehensive data for customized reports. The system provides*

aggregate data on training hours, training participants, training requirements, and other related information.

8. Provide evidence of readiness to implement and provide feasible sustainability plan.

Because we are continuously working with community partners and other Louisville Metro Government entities, we have the capacity to create the proposed programs and events with more than enough support. At LMPHW, we have staff that will always volunteer along with knowledgeable community health nurses, epidemiologists, and other health education specialists that all work together even if they report to different departments. We always look for opportunities to collaborate with one another to produce any public health services needed for the public.

B. Budget Template (must use the attached Excel template) [this item not scored but may be negotiated if considered for award]



DPH Vendor
Budget for Contract

C. Workplan (must use the attached Word template)

Office of Health Equity Workplan

HE 23/24 Responses Louisville Metro Public Health and Wellness Department

Activity Description	Population of Focus	Contributing Partners	Key Deliverables/ Outputs Expected outcomes	Start Date		End Date
<i>Describe the activity you will implement in support of the strategy. Please include a description of the problem the activity will address (e.g., structural barriers), what you will do to address the problem (e.g., policy change), and the process for implementing the activity.</i>	<i>Identify population and cite data supporting this population</i>	<i>Identify the names or agency names that are collaborating on the project</i>	<i>State key milestones to be achieved during the project period.</i>	<i>Beginning date</i>		<i>Ending date</i>
Conduct mobile vaccine missions: LMPHW staff will provide education and vaccines of preventable communicable diseases such as covid, monkeypox, flu, etc. Two clinics will be conducted per month from July-Sept 2023 to impact 25-100 citizens. Each clinic will last approximately 30-45 minutes with at least 15 minutes allotted to answer	Marginalized communities in 40210, 40211, and 40212 zip codes	Community partners 1. KNA 2. Local Healthcare Organizations 3. KDPH support	<ul style="list-style-type: none"> 10–15-minute consultation with HES for health education on preventable diseases; providing handouts, one pager, & FAQ sheets. 10-15 consultation with a healthcare provider that will be 	August 1, 2023; October 2023 (flu)		May 2024

questions. Locations will be determined by funding with the average cost around \$800 per rental space in common areas in the identified zip codes that have lowest vaccinate populations.			administering the vaccine; fill out required health information forms; administration of vaccine			
Host informational session with LMPHW staff including nurses, epidemiologists, disease investigators, health education specialists, to share information regarding reportable diseases, essential functions of the communicable disease department and other public health services/programs offered in Jefferson County by the health department and community partners in healthcare. Partners will have a chance to promote health-related programs and events that align with vaccine-aged children and adults. Transportation, housing, access to care, economic development and any other social determinants will be addressed when tailoring our proposed	Jefferson County residents	<ol style="list-style-type: none"> 1. All LMPHW Departments 2. Local Healthcare Organizations 3. La Casita 4. Wesley House 5. Kentucky Refugee Ministries 6. Catholic Charities 7. Child Care Aware 	LMPHW Staff will help the community recognize and describe the benefits and limitations of health screenings, vaccines for preventable disease and CDC and KDPH recommendations for population health.	August 2023		September 2023

programs. Estimated participation is 100-250 attendees.						
Host 3 rd Annual Nurturing the Nurturer Training Summit for childcare providers. This event will highlight self-care and self-awareness trainings that are free and required continued education credits to continue in their childcare provider positions.	Childcare Providers in Jefferson County	<ol style="list-style-type: none"> 1. LMPHW Staff 2. Child Care Aware 3. Specialty Trainers 4. 4C 5. Local vendors 	All participants will receive at least 2 of their 15 required continued education credit hours. Vendors will be able to introduce new or improved items or programs to support childcare providers	May 2024		May 2024
The health forum will create health equity on vaccines and other health services that are offered in Jefferson County by the health department and community, provide free resources, house multiple vendors, informational sharing and conduct a community health needs assessment while fostering relationships via community engagement. Overall, it will showcase health behaviors affected by not	Jefferson County residents	<ol style="list-style-type: none"> 1. Local vendors 2. LMPHW Staff 3. Child Care Aware 4. Local health organizations 	All participants such as LMPHW staff, local vendors, trainers, and other community partners will promote their health-related programs, services and other upcoming community events that align with vaccine aged children and adults and community needs.	March 2024		March 2024

having preventable vaccines for covid, flu, monkeypox, etc.						
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End of Promoting Office of Health Equity RFA