OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for	Federal Assista	ınce SF	-424				
* 1. Type of Submiss  Preapplication  Application  Changed/Corr		⊠ Ne	ee of Application: ew ontinuation		Revision, select appropriate letter(s):  other (Specify):		
* 3. Date Received: 06/30/2023			cant Identifier:				
5a. Federal Entity Id	entifier:			[	5b. Federal Award Identifier:		
State Use Only:							
6. Date Received by	State:		7. State Application	Ide	entifier:		
8. APPLICANT INF	ORMATION:						
* a. Legal Name:	ort Bend Count	У				$\overline{1}$	
* b. Employer/Taxpa	yer Identification Nur	mber (EIN	I/TIN):	I٦	* c. UEI: MJG8N8EPN2L3		
d. Address:							
* Street1: Street2:	301 Jackson S	treet					
* City:	Richmond						
County/Parish:  * State:	Fort Bend						
Province:	TX: Texas						
* Country:	USA: UNITED S	TATES					
* Zip / Postal Code:	77469-3108						
e. Organizational l	Jnit:						
Department Name:				T	Division Name:		
Health & Human	n Services						
f. Name and conta	ct information of p	erson to	be contacted on m	atte	ers involving this application:		
Prefix:			* First Nam	e:	Kaye	$\overline{1}$	
Middle Name:						_	
* Last Name: Rey	ynolds						
Suffix:							
Title: Special P	rojects Coordi	nator					
Organizational Affilia	ation:						
Fort Bend Coun	ity Health & Hu	man Se	rvices				
* Telephone Numbe	r: 832-535-9216				Fax Number: 832-238-3355		
*Email: Kaye.Reynolds@fortbendcountytx.gov							

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Centers for Disease Control - NCCDPHP
11. Catalog of Federal Domestic Assistance Number:
93.945
CFDA Title:
Assistance Programs for Chronic Disease Prevention and Control
* 12. Funding Opportunity Number:
CDC-RFA-DP-23-0058
* Title:
Addressing Conditions To Improve Population Health (ACTion)
13. Competition Identification Number:
CDC-RFA-DP-23-0058
Title:
Addressing Conditions To Improve Population Health (ACTion)
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Fort Bend County Health& Human Services ACTion Project
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

16. Congressional Districts Of:							
* a. Applicant 22 * b. Program/Project 22							
Attach an additional list of Program/Project Congressional Districts if needed.							
Add Attachment Delete Attachment View Attachment							
17. Proposed Project:							
* a. Start Date: 09/01/2023 * b. End Date: 09/30/2026							
18. Estimated Funding (\$):							
* a. Federal 1,500,000.00							
* b. Applicant 0 . 00							
* c. State 0 . 00							
* d. Local 0 . 00							
* e. Other 0 . 00							
* f. Program Income 0.00							
*g.TOTAL 1,500,000.00							
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?							
a. This application was made available to the State under the Executive Order 12372 Process for review on							
b. Program is subject to E.O. 12372 but has not been selected by the State for review.							
c. Program is not covered by E.O. 12372.							
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)							
☐ Yes ☐ No							
If "Yes", provide explanation and attach							
Add Attachment Delete Attachment View Attachment							
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency	_						
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Add Attachment  Delete Attachment  View Attachment  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  **I AGREE  *** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix: Judge							
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Add Attachment  Delete Attachment  View Attachment  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  **I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix: Judge							
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OMB Number: 4040-0019 Expiration Date: 02/28/2025

# **Project Abstract Summary**

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number
CDC-RFA-DP-23-0058
CFDA(s)
93.945
Applicant Name
Fort Bend County
Descriptive Title of Applicant's Project
Fort Bend County Health& Human Services ACTion Project
Project Abstract
The purpose of this application is to engage in a multisectoral partnership to implement two systems changes in the communities of need identified for diabetes intervention. The strategies and activities will be responsive to Community Clinical Linkages and Food and Nutrition Security. The activities will focus on systems changes to increase organizational behavior and norms to promote health practices and reduce health risks, increase accessibility to health care and community services. The overall goal is to improve health outcomes for disproportionately impacted individuals diagnosed with type II diabetes.

### **DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013 Expiration Date: 02/28/2025

1. * Type of Federal Action:	2. * Status of Federal Action:	3. * Report Type:
a. contract	a. bid/offer/application	a. initial filing
b. grant	b. initial award	b. material change
c. cooperative agreement	c. post-award	
d. loan		
e. loan guarantee		
f. loan insurance		
4. Name and Address of Reporting	Entity:	
Prime SubAwardee		
*Name Fort Bend County		
*Street 1 301 Jackson Street	Street 2	
* City Richmond	State TX: Texas	Zip 77469
Congressional District, if known:		
5. If Reporting Entity in No.4 is Subay	wardee, Enter Name and Address of F	rime:
6. * Federal Department/Agency:	7. * Federal Pro	gram Name/Description:
Department of Health and Human Services	Assistance Programs	for Chronic Disease Prevention and Control
	CFDA Number, if appli	cable: 93.945
8. Federal Action Number, if known:	9. Award Amou	int, if known:
	\$	
10. a. Name and Address of Lobbying	g Registrant:	
Prefix * First Name Steven	Middle Name	
*Last Name Kupka	Suffix	
* Street 1 1700 Pennsylvania Avenue NW	Street 2 Suite 200	
*City Washington	State DC: District of Columbia	Zip <sub>20006</sub>
b. Individual Performing Services (incli	uding address if different from No. 10a)	
Prefix * First Name Steven	Middle Name	
* Last Name Kupka	Suffix	
*Street 1 1700 Pennsylvania Avenue NW	Street 2 Suite 200	
* City	State	Zip Coope
Washington	DC. District of Columbia	20006
reliance was placed by the tier above when the transa	public inspection. Any person who fails to file the required dis	oursuant to 31 U.S.C. 1352. This information will be reported to
* Signature: Kaye M Reynolds		
*Name: Prefix * First Nam	e Middle	Name [
	KP	
* Last Name George	s	uffix
Title: County Judge	Telephone No.:	Date: 06/30/2023
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

### **BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006 Expiration Date: 02/28/2025

#### **SECTION A - BUDGET SUMMARY**

Grant Program Function or	Catalog of Federal Domestic Assistance	Estimated Unob	ligated Funds		New or Revised Budget	
Activity	Number	Federal	Non-Federal	Federal	Non-Federal	Total
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1. Addressing Conditions To Improve Population Health (ACTion)	93.945	\$	\$	\$ 500,000.00	\$ 0.00	\$ 500,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 500,000.00	\$ 0.00	\$ 500,000.00

Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 1

#### **SECTION B - BUDGET CATEGORIES**

C. Ohiost Olean Ontamaion	T	GRANT PROGRAM			Total
6. Object Class Categories	Addressing Conditions To Improve Population Health (ACTion)	GRANT PROGRAM, (2)	FUNCTION OR ACTIVITY (3)	(4)	Total (5)
a. Personnel	\$ 172,873.00	\$	\$	\$	\$ 172,873.00
b. Fringe Benefits	93,129.00				93,129.00
c. Travel	24,500.00				24,500.00
d. Equipment	9,407.00				9,407.00
e. Supplies	61,728.00				61,728.00
f. Contractual	116,000.00				116,000.00
g. Construction	0.00				0.00
h. Other	22,320.00				22,320.00
i. Total Direct Charges (sum of 6a-6h)	499,957.00				\$ 499,957.00
j. Indirect Charges	0.00				\$ 0.00
k. TOTALS (sum of 6i and 6j)	\$ 499,957.00	\$	\$	\$	\$ 499,957.00
7. Program Income	\$ 0.00	\$	\$	\$	\$ 0.00

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Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 1A

	SECTION C - NON-FEDERAL RESOURCES										
	(a) Grant Program				(b) Applicant		(c) State		(d) Other Sources		(e)TOTALS
8.	Addressing Conditions To Improve Populati	on Heal	Lth (ACTion)	\$	0.00	\$	0.00	\$	0.00	<b></b>	0.00
9.											
10.											
11.											
12.	TOTAL (sum of lines 8-11)			\$	0.00	\$	0.00	\$	0.00		0.00
			SECTION	D -	FORECASTED CASH	NE	EDS				
			Total for 1st Year		1st Quarter		2nd Quarter	١,	3rd Quarter		4th Quarter
13.	Federal	\$_	499,957.00	\$	234,476.50	\$	109,069.50	\$	78,205.50	<u> </u>	78,205.50
14.	Non-Federal	\$									
15.	TOTAL (sum of lines 13 and 14)	\$[	499,957.00	\$	234,476.50	\$[	109,069.50	\$[	78,205.50		78,205.50
	SECTION E - B	UDGE	T ESTIMATES OF FE	DE	RAL FUNDS NEEDED	FΟ	R BALANCE OF THE I	PR	OJECT		
	(a) Grant Program						FUTURE FUNDING I	PΕ			
				1	(b)First	<u> </u>	(c) Second	<u> </u>	(d) Third		(e) Fourth
16.	Addressing Conditions To Improve Populati	lon Heal	lth (ACTion)	\$	499,957.00	\$[	499,958.00	\$	499,977.00	\$	
17.											
18.											
19.											
20. TOTAL (sum of lines 16 - 19)			\$	499,957.00	\$	499,958.00	\$	499,977.00	\$[		
			SECTION F	- C	THER BUDGET INFOR			, ,			
21.	21. Direct Charges: \$499,957 22. Indirect Charges: \$0										
23.	23. Remarks:										

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Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 2

Mandatory Budget Narrative Filename:	1235-Budget	Justification.docx
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Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

BudgetNarrativeAttachments\_1\_2-Attachments-1235-Budget Justification.docx

* Mandatory Project Narrative File Filena	me: 1234-Project Narrative.pd	1234-Project Narrative.pdf				
Add Mandatory Project Narrative File D	elete Mandatory Project Narrative File	View Mandatory Project Narrative File				

To add more Project Narrative File attachments, please use the attachment buttons below.

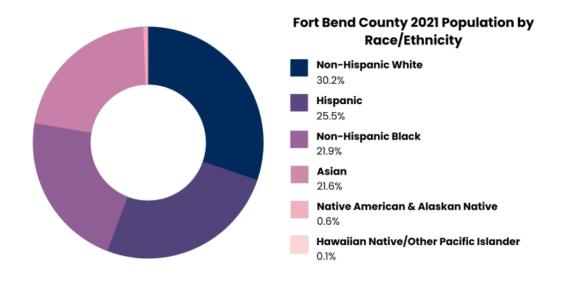
#### **Project Narrative**

#### Fort Bend County Health & Human Services

#### Background

Fort Bend County is a large urban/suburban/rural county to the southwest of the Houston Metroplex. The eastern side of the county is generally urban/suburban and the western side more rural to include farming communities. Fort Bend County is the 10th most populous county in Texas and the 78th most populous county in the United States. Between the 2010 and 2020 decennial Census estimates, Fort Bend County grew by 237,404 residents or by 41% in ten years. Fort Bend County has a land area of 861.14 square miles and in 2020 had a population density of 954.81 per square mile.

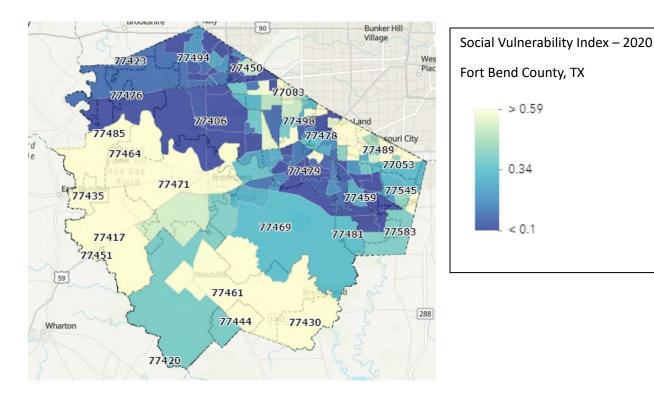
According to the Census Bureau tables of 2022, Fort Bend County had an estimated population of 839,706 residents. Of this population an estimated 51% are female and 49% are male. Approximately 31% of residents identified as White (non-Hispanic), followed by 25% identifying as Hispanic or Latino, 21.5% as Asian (non-Hispanic), and 20.7% as Black or African American. Over a quarter (27.1%) of the county's population is below the age of 18 and 12% is 65 years and over. Of the FBC population, approximately 28.6% of residents are non-U.S. born, with 72.2% of non-U.S. born residents entering the United States prior to 2010. The majority of non-U.S. born FBC residents were born in Asia, followed by Latin America. An estimated 39.5% of all individuals 5+ years of age speak a language other than English at home. The most common languages spoken other than English in Fort Bend County are Spanish, Other Indo-European languages, and Chinese.<sup>1</sup>



<sup>&</sup>lt;sup>1</sup> Fort Bend County Community Health Assessment 2023. www.fbctx.gov/cha

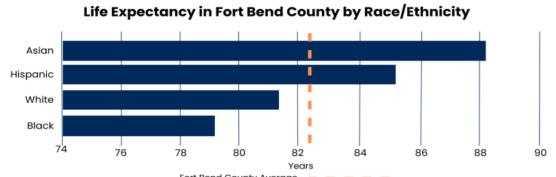
The median household income of Fort Bend County is \$97,200, compared to the statewide median household income of \$60,000 in Texas. However, 7.4% of residents are estimated to live in poverty, compared to 13.4% of all Texans living in poverty

Although the county appears to be overall wealthier than the overall level for the State of Texas, the population is large enough to show marked discrepancies in measures of Social Vulnerability which includes income level. This map of SVI shows defined areas of the county with higher SVI marked by the lighter color coding:



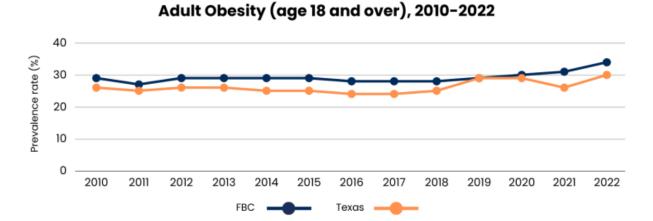
These areas of the county are where the population of focus for this ACTion grant application will focus. Among all counties in Texas in 2022, Fort Bend County ranks fourth in overall health outcomes, according to an index created by County Health Rankings. Health outcomes are comprised of the mortality and morbidity which contributes to the length and quality of life.

The mortality data for the county shows marked differences in life expectancy by race as shown in the following chart.



Looking at the various causes of death shows that chronic diseases such as heart disease, lower respiratory disease and diabetes consistently rank in the top ten causes of death for the population as a whole and for the population by race/ethnicity also.

One potential contributing factor to chronic disease is obesity and for this condition, Fort Bend County is showing a higher prevalence of obesity than Texas as a whole and also for both populations the prevalence is steadily increasing.



In addition, in the 2022 Community Heath Assessment survey, 25% of the respondents identified obesity as one of their top three health issues. Diabetes and heart issues also ranked high in the health concerns of the community, along with poor eating habits and lack of exercise. More focused information will follow in the Population of Focus and Health Disparities section.

#### Approach

#### i. Purpose

The purpose of this application is to engage in a multisectoral partnership to implement two systems changes in the communities of need identified for diabetes intervention. The strategies and activities will be responsive to Community Clinical Linkages and Food and Nutrition Security. The activities will focus on systems changes to increase organizational behavior and norms to promote health practices and reduce health risks, increase accessibility to health care and community services. The overall goal is to improve health outcomes for disproportionately impacted individuals diagnosed with type II diabetes.

#### ii. Outcomes

The desired outcomes include decrease in health risk behaviors, increase in health promoting behaviors and increase in utilization of health care and community services in the targeted populations.

- Short term outcomes include:
  - Patients recognize a need for change
  - o Education of disease process
  - o Patients agree to commit to DSMES program
  - o Patients recognize negative food/lifestyle behavior and explore steps to change
  - Increased access to health resources
  - Increased access to transportation
  - Increased access to job training and employment
  - Increased knowledge of local food pantries, farmers markets, and community gardens.
  - Increased access to social services

#### iii. Strategies and Activities

The strategies and activities will be responsive to Community Clinical Linkages and Food and Nutrition Security. The activities will focus on systems changes to increase organizational behavior and norms to promote health practices and reduce health risks, increase accessibility to health care and community services. The project goal is to create a bidirectional referral and connection system to ensure patients diagnosed with diabetes have access to care and diabetes education as well as resources needed to:

- Help improve SVI scores by increasing access to food, housing, employment, etc.
- Increase participation in health literacy activities
- Increase completion of Diabetes Self-Management Education and Support (DSMES)
- Improve HbA1c
- Improve nutrition
- Increase physical activity
- Improve medication adherence

Specific activities that will be implemented are:

- Collaborate with stakeholders to address patient barriers.
- Develop awareness campaigns
- DSMES adaption and implementation
- Develop a linkage and connection system for patients across the healthcare and social services sectors
- Develop data collection processes for patients and partners

The program will include Community Health Workers connecting with the referred clients to screen for SDOH and make appropriate linkages to the services needed to improve health management and outcomes, including:

 Healthcare Access (specifically FQHCs, and other community clinical care providers with a focus on those with disparities)

- Workforce Solutions, SER Jobs, Goodwill, Academic Institutions to improve SVI related concerns
- Fort Bend Transit, UberHealth, Lyft Healthcare to offset transportation issues in the communities.
- Houston Food Bank and Food Pantries, Food Fair and SNAP to improve access to nutritious foods
- DSMES Classes for health education/literacy
- Fort Bend County Social Services, TX Health & Human Services Commission, for assistance with financial needs

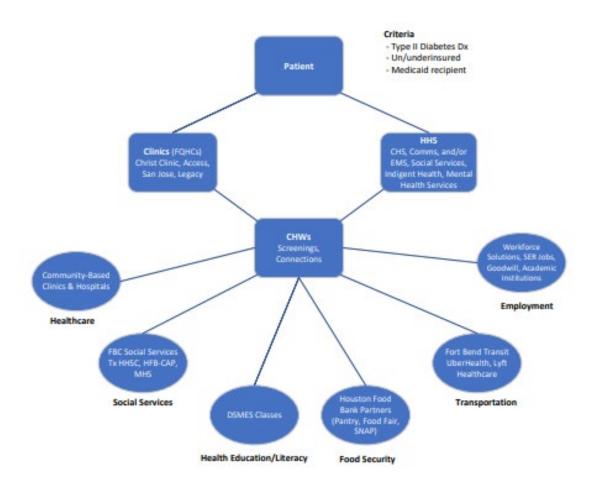
Considerable evidence exists linking DSMES participation to positive changes in health behaviors and improved diabetes-related outcomes. Benefits of DSMES participation can include:

- Improved hemoglobin A1c levels
- Improved control of blood pressure and cholesterol levels
- Higher rates of medication adherence
- Fewer or less severe diabetes-related complications
- Healthier lifestyle behaviors, such as better nutrition, increased physical activity, and use of primary care and preventive services
- Enhanced self-efficacy
- Decreased health care costs, including fewer hospital admissions and readmissions

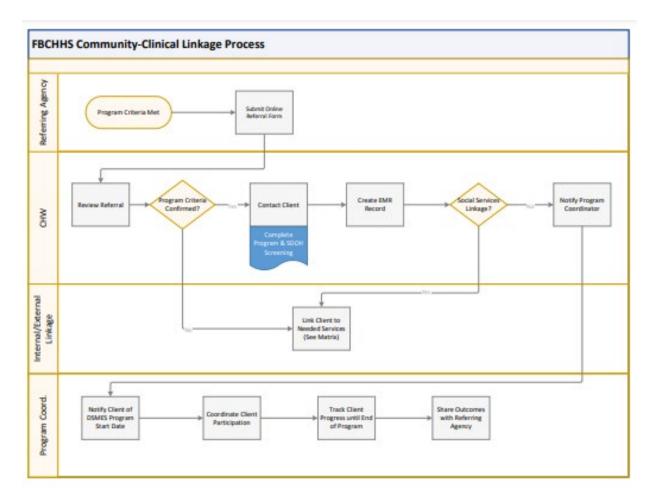
Despite the evidence that DSMES services are cost-effective and have a positive impact on diabetes-related outcomes, utilization of DSMES services is suboptimal. In the U.S., less than 5% of Medicare beneficiaries with diagnosed diabetes and 6.8% of privately insured individuals with diagnosed diabetes have participated in DSMES services. The purpose of this toolkit is to increase use of DSMES services among people with diabetes and promote healthcare provider referrals. Expanded use of DSMES can help ensure that all people with diabetes receive the support they need.<sup>2</sup>

This diagram shows the planned matrix of linkages that will be made available for participants in the ACTion project.

 $<sup>^2\ \</sup>text{Diabetes Self-Management Education and Support (DSMES) Toolkit. Https://www.cdc.gov/diabetes/dsmestoolkit/background/benefits.html}$ 



In addition, an online referral form has been drafted for the health care partners, and a linkage process has been drafted for the Community Health Worker and Program Coordinator to provide consistency and follow up for the clients through the Community Clinical linkage process.



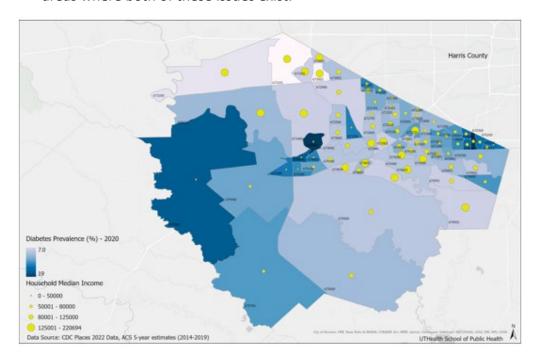
#### 1. Collaborations

- o The project will involve a Multisector Leadership Team from the
  - Healthcare Sector, (the same organizations that have signed on to be part of our healthcare partnership)
  - ii. Public Health Department
  - iii. Medicaid Funded Services
  - iv. UTHealth School of Public Health
  - v. Institute for Spirituality and Health/Cities Changing Diabetes (which provides DSMES education)
  - vi. Food and Nutrition Services, such as Food Banks and Food Pantries
  - vii. and others will be added as they are identified throughout the project.

The Multi-Sector Leadership Team will be responsible for monitoring the progress of the grant, suggesting and assisting with implementation of grant activities, collecting of data from the partners and working with the evaluators as the project continues. Monthly meetings will be held in the first year of the grant and then potentially moving to quarterly as the project normalizes.

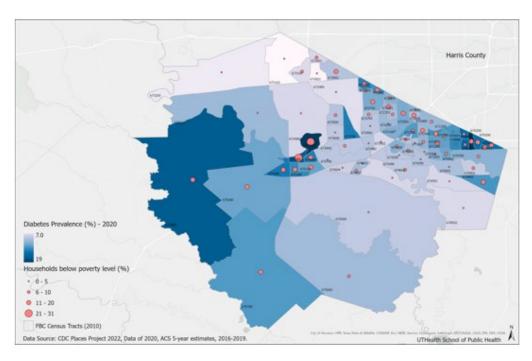
#### 2. Population of Focus and Health Disparities

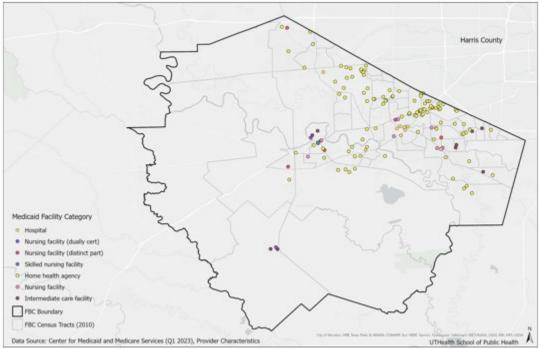
Our Evaluation partner, UTHealth School of Public Health was able to provide mapping of areas with prevalence of diabetes and income level overlaid. This map shows clearly the darker blue areas with higher prevalence of diabetes with the smaller yellow dots showing lower income level. The target populations that we have selected for this project lie in the areas where both of these issues exist.<sup>3</sup>



In another view of this data – the map shows the same prevalence of diabetes with the percentage of households with incomes below the federal poverty level

<sup>&</sup>lt;sup>3</sup> Displays in Support of Fort Bend County CDC ACTion application. UTHealth School of Public Health – June 2023





The map above shows the location of Medicaid providers in the community. Many of these lie in the same areas where higher prevalence of diabetes, lower income levels and higher SVI exist.

In addition to the visual maps, the project team looked at zip codes in Fort Bend County where the diabetes percentage is at least 15% or the number of individuals with diabetes is  $\geq$  1,000 and the zip code has a vulnerability score indicating high vulnerability (>0.30).

The 15% diabetes prevalence included in the criteria for the catchment area is 2.8% greater that the state (12.2%) prevalence and 3.7% greater than the national (11.3%) prevalence

The identified zip codes in the county meeting the criteria for inclusion in the project include:

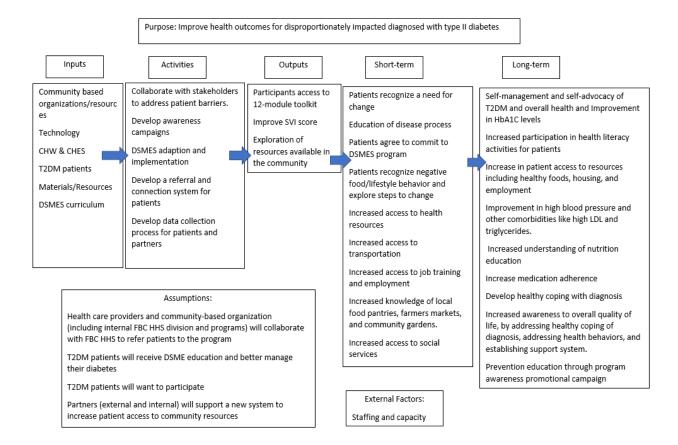
77584, 77450, 77459, 77083, 77451, 77417, 77464, 77053, 77489, 77435, 77471 and 77485. These zip codes lie across all four precincts in Fort Bend County and geographically match the areas in the maps presented above. Many of these zip codes also show higher prevalence of other diseases, and populations that are historically, disproportionally impacted, such as:

- Percentage of Black and Hispanic residents as high as 95.6% in one zip code (77053)
- Percentage of Black and Hispanic residents 90.2% in zip code 77489
- Obesity ranging from 29.7 to 38.5%

#### Applicant Evaluation and Performance Measurement Plan

When the ACTion project is funded, Fort Bend County Health & Human Services will work with the CDC and the Evaluation/TA partner to complete the Project Evaluation Plan and Data Management Plan by six months past the award date.

The current logic model for the project is shown here:



As an initial evaluation plan, the following measures are proposed:

#### **Process Measures:**

- Number of Multisector Leadership Team (MLT) Members
- Number of MLT meetings held
- % of MLT members attending the meetings
- Number of healthcare partners engaged in referring patients with Diabetes Type 2
- % of successful referrals (contact made by CHWs)
- Number of referred clients who complete SDOH survey
- Number of successful linkages to other healthcare or social services resources

#### Outcome Measures (Short-term)

- % of clients who complete a DSMES course
- % of clients who improve knowledge scores about diabetes and self-management
- % of clients who lower their HbA1c

The data for these measures will be collected from the following sources:

#### Fort Bend County HHS project team:

- MLT membership
- MLT meetings (number, notes, % attendance)
- Number of referrals received and connected
- SDOH information
- Referral made / successful referrals

#### Healthcare partners EHR:

- number of referrals to the project
- SDOH information if collected at the healthcare provider level
- HbA1c levels before and after project intervention

#### **DSMES Partner:**

- Pre- and post-test knowledge scores
- Completion of DSMES courses

#### Social Service Partners:

- Successful improvement in client status re:
  - Housing
  - Health benefits (Medicaid enrollment for example)
  - Transportation needs
  - Financial assistance provided (short or long term)

#### Food Banks / food pantries Partners:

- Successful referrals of individuals and families for food prescriptions or food orders
- Organizational Capacity of Applicant to Implement the Approach

Fort Bend County HHS is a multi-division health department allowing many of the necessary referrals to be initiated within the health department.

The department includes a Social Services Division, and Indigent Health Care program. The Social Services division is well connected to other social services agencies in the community through networking organizations such as Fort Bend Connect and Reaching Richmond which are coalitions of service agencies.

The department also includes an outreach program that was initiated in response to the COVID-19 pandemic and continues its outreach to the various communities of need and to the partners in those communities who can be trusted gatekeepers to the community.

Also included within FBC HHS are the following divisions and programs which can assist where needed with community or individual concerns:

Animal Services, Clinical Health Services (Immunizations, TB, HIV, STIs), EMS, Public Health Preparedness and Response, Performance Improvement and Innovation.

Fort Bend County HHS has a long history of partnerships with other organizations in the community for health improvement programs. For 11 years the department partnered with the local FQHC, the Behavioral Health Services program, EMS, The Sherriff's Office and a local hospital to implement Delivery System Reform Incentive Payments as part of the Medicaid 1115 Transformation Waiver in Texas. The County implemented 8 projects in this partnership from Care Coordination to Crisis Intervention Teams.

In addition, the department was a partner in the Community Centered Health Homes project with the FQHC.

FBC HHS newly formed a Chronic Disease Prevention Program (CDPP) and is fortunate to have a very experienced Program Manager over this program. The ACTion project will be housed within the CDPP and will work collaboratively with the Outreach and Health Disparities Program for the project implementation.

## o Work Plan

Period of Performar	nce Outcomes			
Strategies and Activities	Process Measure	Outcome Measure	Responsible Position / Party	Completion Date
Hold monthly meetings of the MLT to guide the project implementation, review performance measures and suggest improvements to the project plan	MLT membership  MLT meetings held  % of members in attendance		Program Coordinator	First meeting within two weeks of award notice and then monthly through the first year
Work collaboratively with the healthcare partners for patient referrals and monitoring	Number of healthcare partners engaged in referring patients with Diabetes Type 2		Program Coordinator and CHW	Ongoing throughout the year – Monthly report to the MLT
Work collaboratively with community partners for health care, social service needs	Successful referrals to appropriate social service agencies / programs	Improvement in client status re:  • Housing • Health benefits (Medicaid enrollment for example) • Transportation needs • Financial assistance provided (short or long term)	CHW Social Service Partners and Data Specialist	Initiated in month one of the program but will continue to develop throughout the year

Establish a DSMES program in the communities of need	Number of DSMES courses initiated Number of individuals completing DSMES courses	HbA1c levels before and after project intervention	DSMES Program Partner with Program Coordinator and Data Specialist	First course to be initiated within one month of award date and continuing throughout the year
Work collaboratively with Food Banks and Pantries along with healthcare partners for food and nutrition services, including food prescriptions	Number of successful referrals for Food Prescriptions or food pick ups	Improvement in client status re: food security and nutrition	Healthcare providers, Data Specialist	New process in place within first quarter of the project for those health care providers whose patients need access
Ongoing project evaluation (includes working with the CDC evaluation and TA team)	% of successful referrals (contact made by CHW and Program Coordinator)  Number of referred clients who complete SDOH survey  Number of successful linkages to other healthcare or social services resources	Other metrics associated with physical (blood pressure, cholesterol) and mental health/wellbeing of clients	Data Specialist with Program Coordinator	Ongoing with report to MLT monthly

Project Years 2 and 3 will include many of the same activities and measures, however, there will be updates and improvements as a result of evaluation and continuous quality improvement and new lessons learned from the first two years of the project.

* Mandatory Other Attachment Filer	name: 1236-Table of Contents.	1236-Table of Contents.pdf	
Add Mandatory Other Attachment	Delete Mandatory Other Attachment	View Mandatory Other Attachment	

To add more "Other Attachment" attachments, please use the attachment buttons below.

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#### **Table of Contents**

#### Application for ACTion Project Funding from Fort Bend County Health & Human Services

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Project Narrative - submitted

Budget – submitted

**Budget Narrative - uploaded** 

Organization Chart – uploaded

CVs / Resumes – Uploaded

Position Description Uploaded

Project Management Structure - Uploaded

Work Plan – Uploaded

Proposed Work Statement - Uploaded

**ACTion Project Evaluation Plan** 

CDC Letter of Support

Medicaid Letter of Support

Healthcare Sector Letter of Support

Leadership Team Letter of Support

## O Work Plan – Fort Bend County HHS ACTion Project Application

Period of Performance Outcomes						
Strategies and	Process	Outcome Measure	Responsible	Completion		
Activities	Measure		Position / Party	Date		
Hold monthly meetings of the MLT to guide the project implementation, review performance measures and suggest improvements to the project plan	MLT membership  MLT meetings held  % of members in attendance		Program Coordinator	First meeting within two weeks of award notice and then monthly through the first year		
Work collaboratively with the healthcare partners for patient referrals and monitoring	Number of healthcare partners engaged in referring patients with Diabetes Type 2		Program Coordinator and CHW	Ongoing throughout the year – Monthly report to the MLT		
Work collaboratively with community partners for health care, social service needs	Successful referrals to appropriate social service agencies / programs	Improvement in client status re:  • Housing • Health benefits (Medicaid enrollment for example) • Transportation needs • Financial assistance provided (short or long term)	CHW Social Service Partners and Data Specialist	Initiated in month one of the program but will continue to develop throughout the year		

Establish a DSMES program in the communities of need	Number of DSMES courses initiated Number of individuals completing DSMES courses	HbA1c levels before and after project intervention	DSMES Program Partner with Program Coordinator and Data Specialist	First course to be initiated within one month of award date and continuing throughout the year
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Ongoing project evaluation (includes working with the CDC evaluation and TA team)	% of successful referrals (contact made by CHW and Program Coordinator)  Number of referred clients who complete SDOH survey  Number of successful linkages to other healthcare or social services resources	Other metrics associated with physical (blood pressure, cholesterol) and mental health/wellbeing of clients	Data Specialist with Program Coordinator	Ongoing with report to MLT monthly

Project Years 2 and 3 will include many of the same activities and measures, however, there will be updates and improvements as a result of evaluation and continuous quality improvement and new lessons learned from the first two years of the project.

#### **Multisector Leadership Team**

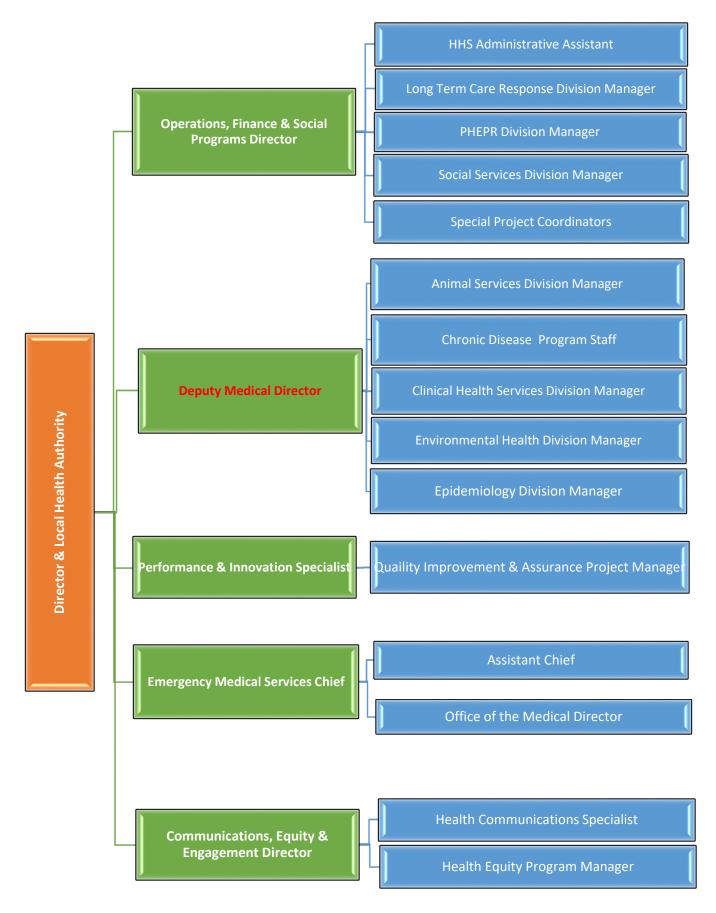
- Healthcare Sector, (the same organizations that have signed on to be part of our healthcare partnership)
  - 1. AccessHealth FQHC
  - 2. Christ Clinic
  - 3. Legacy Clinic
  - 4. San Jose Clinic
- ii. Public Health Department
  - 1. Fort Bend County Health & Human Services
- iii. Medicaid Funded Services
  - 1. Texas Childrens' Hospital Primary Care Behavioral Health
- iv. UTHealth School of Public Health
- v. Institute for Spirituality and Health/Cities Changing Diabetes
  - 1. DSMES Provider
- vi. Food and Nutrition Services, such as Food Banks and Food Pantries
  - 1. Houston Food Bank
- vii. Local Philanthropic Organization
  - 1. The George Foundation
- viii. and others will be added as they are identified throughout the project

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

OtherNarrativeAttachments\_1\_2-Attachments-1247-Resume.docx

# **Organizational Chart – Health & Human Services**



The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

OtherNarrativeAttachments\_1\_2-Attachments-1240-Proposed Work Statement.docx

#### Fort Bend County ACTion Project Application

#### **Job Descriptions**

The attached descriptions are for positions in place now at Fort Bend Counties fo ty

The new project, once funded, will require Human Resources to re-work these positions to reflect the duties of the grant – the new positions will be very similar, but titled

**Program Coordinator** 

Community Health Worker

**Data Specialist** 

## Fort Bend County Job Description



Job Title: Project Manager-Vaccinations Job Code: J12149

Department: Health & Human Services Department Number: 6351

Supervisor: Director of Clinical Health FLSA Status: EX

Supervises: N/A Job Grade: 12

SIP/DOT: N/A Policy Group: P/H

Job Summary: Plans, manages and leads all aspects of COVID-19 vaccination

objectives in Fort Bend County from the initial design phase through the

service delivery phase and beyond. Participates in planning of

programs, policies or objectives for own work group and department.

#### Essential Duties and Responsibilities:

- Receives and reviews proposals to initiate COVID-19 vaccination objectives.
- Performs needs assessments regarding COVID-19 vaccination needs.
- Collaborates with Health Communications Manager to respond to inquiries or complaints from citizens, government agencies, community groups, other county departments, department heads and elected officials.
- Provides support and expertise in planning, specification and implementation of relevant resource needs.
- Coordinates logistics, resource deliveries, space allocation with appropriate departments and personnel.
- Produces ongoing reports on quality and performance indicators.
- Maintains confidential information regarding upcoming COVID-19 strategic vaccination plans.
- Collaborates with colleagues across divisions in Public Health and nurture partnerships and relationships with community partners.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers

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Replaced by:	Department Review:	

### Fort Bend County Job Description



Job Title: Project Manager-Vaccinations Job Code: J12149

Department: Health & Human Services Department Number: 6351

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

MINIMUM JOB REQUIREMENTS:

Knowledge: Bachelor's degree in Public Health, Health Education, Nursing, etc.

<u>Experience</u>: 5 years experience in project management

Proven proficiency with both oral and written communication skills. Organizational skills and the ability to complete multiple tasks a

Skills and Abilities: must. Strong interpersonal skills and the ability to deal effectively

with the public, other employees and elected officials.

Special

Requirements:

Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

Essential Behavioral Expectations:

Equipment Used: Telephone Computer Fax Machine Photocopier

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Replaced by: \_\_\_\_\_ Department Review: \_\_\_\_\_



Job Title: Project Manager-Vaccinations Job Code: J12149

Department: Health & Human Services Department Number: 6351

Contacts:

Daily contact with co-workers, department employees, and the public in writing, in person and/or on the telephone to provide service and/or information; frequent contact with employees in other departments in person or on the telephone to provide service and/or information and to exchange routine information; occasional contact with regulatory agencies in person or on the telephone to exchange routine information.

Supervision Required:

Works under broadly defined guidelines; uses independent judgment to determine standards to apply or adjust.

Physical Demands: Daily use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, reaching with hands or arms, sitting, talking and listening; occasional lifting of objects up to 30 pounds, climbing or balancing, standing and walking; frequent stooping, kneeling, crouching or crawling; close vision and the ability to adjust focus.

Work Environment: Work is performed primarily in a climate-controlled private office. Worker is subject to serious hazard and infection from exposure to communicable disease; physical harm as the result of confrontation with patient. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

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Job Title: Community Health Worker Job Code: J8130

Department: Health & Human Services Department Number: 6351A

Supervisor: Health Equity Program Manager FLSA Status: NE

Supervises: N/A Job Grade: 8

SIP/DOT: SIP Policy Group: PH

Job Summary: Assists with delivering community health services in the areas of

needs assessments, referral services, client education, documentation

and diversity education to the community with specific target

populations. Participates in planning of programs, policies or objectives

for own work group and department.

#### Essential Duties and Responsibilities:

- Assists in determining how to best utilize available tools and services (e.g. outreach, patient navigation and follow-up, community health education and information, information counseling, etc) in order to effectively serve clients.
- Assists clients in gaining access to needed services and increasing health knowledge and self-sufficiency
- Assists with referrals and linkage to follow-up services within the community and within the organization.
- Assists with needs assessments and the development of patient plans.
- Assists in conducting culturally appropriate skills building self-management education sessions on different topics for groups and individuals
- Assists in building the understanding of the ethnic, language, socio-economic status and life experience of the community served.
- Assists in teaching basic concepts of the health promotion, disease prevention and self-management.
- Assists in documenting plans, goals, education and follow-up in a timely manner, utilizing agreed upon documentation standards.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

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Job Title: Community Health Worker Job Code: J8130

Health & Human Services Department: Department Number: 6351A

NOTE: The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

MINIMUM JOB REQUIREMENTS:

High School Diploma/GED Knowledge:

1 year experience in healthcare, social services and/or education Experience:

Strong verbal and written communication and organizational skills, Skills and Abilities: ability to deal effectively with the public and other employees.

Special

Essential

Behavioral

Expectations:

Bilingual preferred Requirements:

> Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information,

> maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or

issues/problems outside of the work place.

Telephone Computer

Equipment Used: Fax Machine Photocopier

Automobile

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Contacts:

Physical

Work

**Environment:** 

Demands:

Job Title:	Community	y Health Worker	Job Code:	J8130

Health & Human Services Department: Department Number: 6351A

> Daily contact with co-workers, department employees, the public, regulatory agencies, and outside community organizations in writing, in person and/or on the telephone to provide service and/or information; exchange routine information, interpret or explain complicated information and make presentations as applicable; occasional contact with employees in other departments, elected officials and contractors in person or on the telephone to exchange

routine information and provide instruction as applicable.

Supervision Works under broadly defined guidelines; uses independent Required: judgment to determine standards to apply or adjust.

> Daily use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, reaching with hands and arms, standing, talking and listening; frequent climbing, balancing and walking; occasional stooping, kneeling, crouching, crawling, sitting and lifting of objects up to 50 pounds; close vision, distance vision, ability to distinguish

color, peripheral vision, depth perception, and ability to adjust focus.

Work is performed primarily in a climate-controlled open work area shared with other employees and open to public and office traffic. Requires some work out of the office for public visits and home visits. Job requires exposure to fumes or airborne particles, toxic, or caustic chemicals, and weather. Worker is subject to physical hazards from traffic and infection from exposure to communicable

disease. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

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Job Title: Data Specialist Job Code: J08105

Department: Health & Human Services Department Number: 6301

Supervisor: Epidemiology Program Manager FLSA Status: NE

Supervises: N/A Job Grade: 8

SIP/DOT: N/A Policy Group: A/C

Job Summary: Provides experienced clerical support for department and collects,

analyzes and reports data collected for public health interventions and guidance. Participates in planning of programs, policies or objectives

for own work group and department.

#### Essential Duties and Responsibilities:

- Transfers electronic data of all confirmed communicable disease reports to the state health department.
- Analysis of data to determine public health interventions needed by the Clinical Health Department, Health & Human Services and Environmental Health.
- Communicates important epidemiological data to the various community partners such as Infection Control Practitioners, Lead School Nurses, physicians, etc.
- Supports all electronic programs and applications in the department, including troubleshooting, revision and vendor/IT contact.
- Develops and maintains working relationships with disease reporting entities to ensure timely and accurate reporting of all communicable diseases.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

**NOTE:** The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

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Job Title: Data Specialist Job Code: J08105

Department: Health & Human Services Department Number: 6301

MINIMUM JOB REQUIREMENTS:

Knowledge: High School Diploma/GED. Two years college or technical school

preferred.

Experience: 3 years clerical experience; Experience with databases and analysis

preferred.

Good computer and typing skills (minimum 40 WPM); knowledge of computer applications. Skilled in data entry; good verbal and written

communication; strong interpersonal skills; ability to interact and deal effectively with the public and all levels of employees.

Organizational skills; ability to complete assigned tasks within tight deadline and to prioritize own work. Ability to interpret policies and

to implement procedures.

Special

Essential

Behavioral

Expectations:

Requirements:

Skills and Abilities:

Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information,

maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or

issues/problems outside of the work place.

Telephone Typewriter
Fax Machine Calculator
Equipment Used: Photocopier Automobile
Mobile Unit Computer

Created: September 2013 Page 2 of 3 Modified: September 2020

Replaced by: \_\_\_\_\_ Department Review: \_\_\_\_\_



Contacts:

Job Title: Data Specialist Job Code: J08105

Department: Health & Human Services Department Number: 6301

Daily contact with co-workers, department employees, and the public in writing, in person and/or on the telephone to provide service and/or information; frequent contact with employees in other departments in person or on the telephone to provide service and/or information and to exchange routine information; occasional contact with regulatory agencies in person or on the telephone to exchange

routine information.

Supervision Uses independent judgment within established guidelines; needs

Required: assistance only for unusual, non-routine situations.

Daily use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, reaching with hands or arms, sitting, talking and listening; occasional lifting of objects up to 30 pounds, climbing or balancing, standing and walking; frequent stooping, kneeling,

crouching or crawling; close vision and the ability to adjust focus.

Work is performed primarily in a climate-controlled open office area,

<u>Work</u> shared with other employees and open to public and office traffic;

Environment: Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

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#### **Project Management Structure**

Fort Bend County HHS – ACTion Project application

The ACTion project will be housed in the Chronic Disease Prevention Program.

Gwen Sims who is the Chronic Disease Prevention Program Manager will oversee the program team and monitor the progress, reporting, evaluation.

The team will consist of a Program Coordinator, Community Health Worker and Data Specialist.

The Multisector Leadership Team will also have non-supervisory oversight of the activities, results, data, evaluation and lessons learned for the program.

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

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Fort Bend County Health & Human Services

Attn: Chronic Disease Prevention Program 4520 Reading Rd – Suite A-100 Rosenberg, TX 77471

Dear Dr. Gale-Lowe,

In an effort to improve Chronic Disease outcomes, especially for persons in Fort Bend County diagnosed with Type II Diabetes, Texas Children's Pediatrics (TCP) supports the Fort Bend County Health & Human Services' (FBCHHS) application for the Centers for Disease Control and Prevention (CDC) grant, "Addressing Conditions to Improve Population Health (ACTion)".

FBCHHS is the principal agency for protecting the health of Fort Bend County residents and providing essential human services, especially for those who are least able to help themselves. FBC HHS has a particular focus on promoting healthy behaviors along the life span to adhere to their stated vision of healthy neighbors living, learning, working, and playing together in healthy communities. It is our understanding that the Chronic Disease Prevention Program currently provides health screenings which consists of blood pressure checks and Hemoglobin A1Cs followed by health and nutrition education as well as counseling and referrals. The health education classes and presentations around chronic disease prevention and management throughout Fort Bend County address residents at all ages along the life span and greatly benefit the health and well-being of our residents.

Texas Children's Pediatrics (TCP) has engaged in collaboration with FBCHHS to address children's behavioral health needs in Fort Bend County with a particular focus on low income children and families. We are aware that FBCHHS completed a Community Health Assessment in 2022. The results of this comprehensive assessment revealed that our residents and healthcare partners are keenly aware of the potential for poor health outcomes that exist when diabetes is not prevented or managed well.

If funding is awarded to FBCHHS for the ACTion grant, current services can be enhanced and allow the Chronic Disease Prevention Program staff to connect patients to health/healthcare and other services (food, transportation, housing, etc.), offer Diabetes Self-Management Education and Support (DSMES) to patients with Diabetes. TCP has been a trusted partner throughout the greater Houston area and has enjoyed a respected reputation within Fort Bend County for several decades. As such we will continue to collaborate through our referral systems with FQHCs and other health care providers within Fort Bend County and by partnering with diabetes awareness and educations campaigns. Specifically, we will collaborate with FBCHHS to

- Work to educate Fort Bend behavioral health providers in delivery of evidence-based behavioral health interventions to be delivered with patients as clinically indicated, as well as train our Fort Bend behavioral health providers to address SoDH patient issues driving diabetes risk
- Support through our clinics sharing of appropriate FBCHHS campaigns / educational materials



- Provide content expert consultation to FBCHHS on supporting health care engagement behavioral change as needed
- Connect our patients to FBCHHS program services as indicated

Increased access to diabetes education, improvement in health literacy and increased access to food and social services will significantly impact health outcomes for persons diagnosed with diabetes and their families in Fort Bend County, Texas. We strongly support FBCHHS' efforts to improve health outcomes for patients diagnosed with Type II diabetes.

Sincerely,

Stephanie Chapman, PHD
Stephanie Chapman, PHD

Licensed psychologist

Assistant Professor, Baylor College of Medicine, Pediatrics

Clinical Program Director, Primary Care Psychology Texas Children's Hospital

On Behalf of the Texas Children's Hospital Primary Care Behavioral Health Executive Leadership Team

Letosha Gale-Lowe, MD

Director

Fort Bend County Health & Human Services

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The agency will receive all application forms and attachments without any data loss.

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## Department of Epidemiology, Human Genetics and Environmental Sciences

Marcia C de Oliveira Otto, MS, PhD, FAHA
Associated Professor
1200 Pressler St., Suite E-619
Houston, Texas 77030
GO.UTH.EDU/EHGES

Monday, June 26, 2023

Fort Bend County Health & Human Services Attn: Clinical Health Services – Chronic Disease Prevention Program 4520 Reading Rd – Suite A-100 Rosenberg, TX 77471

Dear Dr. Gale-Lowe,

It is with great enthusiasm that I write this letter in support of Fort Bend County Health & Human Services (FBCHHS) application for the Centers for Disease Control and Prevention (CDC) grant, "Addressing Conditions to Improve Population Health (ACTion)". The proposed project will enable FBHHS to connect patients diagnosed with Type II Diabetes to health/healthcare and other services (food, transportation, housing, employment, etc.). In addition, patients will receive access to Diabetes Self-Management Education and Support. Altogether, these efforts will likely impact health outcomes among Fort Bend residents diagnosed with diabetes, one of the major causes of death among Americans.

Over the past three years, our team at UTHealth Houston School of Public Health, including epidemiologists, geospatial analysts, biostatisticians, behavioral health and policy experts has successfully collaborated with FBCHHS on projects of shared significance. We have provided academic and analytical support to inform FBCHHS efforts in communities affected by the COVID-19 pandemic. Through these activities, we have established a strong cross-sector partnership with FBCHHS through regular meetings, data sharing, and analysis.

As a principal investigator in our UTHealth School of Public Health analytics team, I am fully committed to supporting FBCHHS' Chronic Disease Prevention Program. Our team has the necessary expertise to FBCHHS' strategies to identify populations disproportionally affected by

diabetes and reduce health disparities through robust analysis, collaboration, community engagement, and service. It has been a pleasure to collaborate with FBCHHS. I look forward to a continued successful partnership.

Sincerely,

Marcia C. de Oliveira Otto, PhD, FAHA

Associate Professor +1 (713) 500-9248

1200 Pressler St, Houston, TX 77030-3900



June 30th, 2023

Fort Bend County Health & Human Services Attn: Clinical Health Services – Chronic Disease Prevention Program 4520 Reading Rd – Suite A-100 Rosenberg, TX 77471

Dear Dr. Gale-Lowe,

In an effort to improve health outcomes for persons in Fort Bend County diagnosed with Type II Diabetes, especially in areas with significant social vulnerability, Fort Bend County Health & Human Services (FBCHHS) is applying for the Centers for Disease Control and Prevention (CDC) grant, "Addressing Conditions to Improve Population Health (ACTion)". Houston Food Bank strongly supports this initiative.

FBCHHS' Chronic Disease Prevention Program currently provides health screenings which consists of blood pressure checks and Hemoglobin A1Cs followed by health and nutrition education as well as counseling and referrals. They provide health education classes and offer presentations around chronic disease prevention and control/management throughout Fort Bend County.

If funding is awarded to FBCHHS for the ACTion grant, this will enable them to connect patients diagnosed with Type II Diabetes to health/healthcare and other services (food, transportation, housing, employment, etc.). In addition to the other services, patients will receive access to Diabetes Self-Management Education and Support (DSMES), all of which will help change the trajectory for patients and their families.

Serving Houston and southeast Texas since 1982, Houston Food Bank's mission is to provide food for better lives. We provide access to more than 150 million nutritious meals in 18 counties through our 1,600 community partners of food pantries, soup kitchens, social service providers and schools. Filling gaps on plates, we have a strong focus on healthy foods and fresh produce. We promote dialogue on ways to increase access to food and to improve the lives of those in our communities, including services and connections to programs that address the root causes of hunger and are aimed at helping families achieve long-term stability: nutrition education, health management, and help with securing state-funded assistance. Working in partnership with FBCHHS directly aligns with our efforts and we look forward to the partnership opportunities.

Increased access to diabetes education, improvement in health literacy and increased access to food and social services will significantly impact health outcomes for persons living in Fort Bend County that are diagnosed with diabetes as well as their families.

Sincerely,

Nicole Lander Chief Impact Officer Houston Food Bank

Miste Junda



June 30, 2023

Fort Bend County Health & Human Services Attn: Clinical Health Services – Chronic Disease Prevention Program 4520 Reading Rd – Suite A-100 Rosenberg, TX 77471

Dear Dr. Gale-Lowe,

To improve health outcomes for persons in Fort Bend County diagnosed with Type II Diabetes, especially in areas with significant social vulnerability, Fort Bend County Health & Human Services (FBCHHS) is applying for the Centers for Disease Control and Prevention (CDC) grant, "Addressing Conditions to Improve Population Health (ACTion)." The initiative represents a commitment to tackling the social drivers of health, and The George Foundation (TGF) would like to take the opportunity to express its support.

FBCHHS' Chronic Disease Prevention Program currently provides health screenings that include a blood pressure check and a Hemoglobin A1C test followed by health and nutrition education, counseling, and referral support. Health education classes and presentations on chronic disease prevention and management are offered throughout Fort Bend County.

ACTion grant funding will enable FBCHHS to connect patients diagnosed with Type II Diabetes to healthcare and other services (food, transportation, housing, employment, etc.). Patients will also receive access to Diabetes Self-Management Education and Support (DSMES). Taken together, efforts will help change the trajectory towards better health for patients and their families.

TGF is a place-based funder that invests approximately \$20M annually in health, education, human needs and community enhancement for the benefit of Fort Bend County residents. More specifically, we support charity clinics, Federally Qualified Health Centers, and a variety of nonprofits providing a range of social services. TGF can therefore play a connector role to advance community-clinic linkages and food insecurity goals prioritized in FBCHHS's proposal. Moreover, grant staff served on FBCHHS's Community Health Assessment Committee and see great synergy with other priorities like obesity, housing and prenatal care stated in its newly launched Community Health Improvement Plan.

We appreciate CDC's consideration of FBCHHS's ACTion proposal and encourage you to reach out for any questions. We can be reached at 281-342-6109 or <a href="mailto:grants@thegeorgefoundation.org">grants@thegeorgefoundation.org</a>.

Sincerely,

Roger Adamson CEO

The George Foundation

Roger E. Adamson





June 27, 2023

Fort Bend County Health & Human Services Attn: Clinical Health Services – Chronic Disease Prevention Program 4520 Reading Rd – Suite A-100 Rosenberg, TX 77471

Dear Dr. Gale-Lowe,

With the goal of improving health outcomes for persons in Fort Bend County diagnosed with Type II Diabetes, especially in areas with significant social vulnerability, Fort Bend County Health & Human Services (FBCHHS) is applying for the Centers for Disease Control and Prevention (CDC) grant, "Addressing Conditions to Improve Population Health (ACTion)."

Cities Changing Diabetes – Houston, an initiative of the Institute for Spirituality and Health at the Texas Medical Center, strongly supports this initiative.

FBCHHS' Chronic Disease Prevention Program currently provides health screenings which consists of blood pressure checks and Hemoglobin A1Cs followed by health and nutrition education as well as counseling and referrals. They provide health education classes and offer presentations around chronic disease prevention and control/management throughout Fort Bend County. If funding is awarded to FBCHHS for the ACTion grant, this will enable them to connect patients diagnosed with Type II Diabetes to health/healthcare and other services (food, transportation, housing, employment, etc.). In addition to the other services, patients will receive access to Diabetes Self-Management Education and Support (DSMES), all of which will help change the trajectory for patients and their families.

Cities Changing Diabetes launched in Houston in November 2014 with a comprehensive analysis of the major gaps and vulnerabilities associated with diabetes in our region. The research identified the need to improve community involvement and promote positive health behaviors. Our program currently features several ongoing initiatives related to diabetes self-management and prevention, resource dissemination, patient navigation, peer support, health literacy, and nutrition.

Cities Changing Diabetes – Houston will participate in FBCHHS's ACTion efforts by providing training and ongoing support for evidence-based Diabetes Self-Management Education and Support (DSMES) programs in Fort Bend County. Over the past several years, our program has reached thousands of residents in the Greater Houston Area, and we look forward to expanding our work through this meaningful partnership. Additionally, we will serve on the project's multisectoral leadership team, an opportunity reflective of our ongoing commitment to cross-sector collaboration.

Increased access to diabetes education, improvement in health literacy and increased access to food and social services will significantly impact health outcomes for persons living in Fort Bend County who are diagnosed with diabetes as well as their families.

Sincerelly

Stuart Nelson

Acting President, Executive Vice President Lead, Cities Changing Diabetes - Houston

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