

Division of Public Health

Agreement Addendum

FY 21-22

MASTER
Local Health Department Legal Name

466 Advancing Equity
Activity Number and Description

09/01/2021 – 05/31/2022
Service Period

10/01/2021 – 06/30/2022
Payment Period

Original Agreement Addendum
 Agreement Addendum Revision # _____

Chronic Disease and Injury Section
DPH Section / Branch Name

Karen Stanley, 919-604-3616,
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DPH Program Contact
(name, phone number, and email)

DPH Program Signature _____ Date _____
(only required for a negotiable agreement addendum)

I. **Background:**

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

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

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

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

Health Director Signature _____ (use blue ink) _____ Date _____

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

II. Purpose:

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

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

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

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

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

IV. Performance Measures/Reporting Requirements:

1. Performance Measures

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

2. Reporting Requirements

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which for this Activity, can be accessed at <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>.

The LHD shall:

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

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

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

V. **Performance Monitoring and Quality Assurance:**

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

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

VI. Funding Guidelines or Restrictions:

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