

Use of HBCU-Community Partnerships to Aid in COVID-19 Research in Underserved Communities

Introduction

Since December 2019, more than 6.1 million cases of COVID-19 have been confirmed worldwide, including 1.8 million confirmed cases in the United States¹, with disproportionately higher rates of morbidity and mortality among Blacks and communities of color compared to whites.^{2,3} Strategies are needed to identify, understand, and address factors that are driving COVID-19 disparities. Winston-Salem State University (WSSU) has identified several opportunities to make important and critical contributions to COVID-19 research, specifically in underserved communities. We describe several linked projects within this proposal that will allow us to address current COVID-19 needs in under-resourced communities including: 1) evaluating opportunities for campus/public health partnerships that could be used to quickly and efficiently address critical gaps in public health infrastructure needed for COVID-19 response; 2) understanding the economic and environmental impact that COVID-19 has had on the local and statewide economy; and 3) understanding the impact of COVID-19 on access to healthcare and economic resources for vulnerable populations.

Project 1: Evaluating HBCU-Public Health Partnerships for Addressing COVID-19 Response Needs

Rationale. Data on the COVID-19 pandemic have identified disparities specifically for racial/ethnic minority and low income communities, and among individuals with underlying health conditions (e.g., chronic disease). While scientists are aggressively working to identify a vaccine to treat COVID-19, public health efforts must be implemented to slow disease spread. A recent study indicated that isolation of individuals with disease or who have been exposed to disease, social distancing measures, and effective contact tracing are effective strategies for slowing epidemics, "...but only if the majority of cases are ascertained"⁴. Public health experts indicate that in addition to testing, **there is a critical need for workers who can assist with identifying individuals who have been in contact with known COVID-19 cases** (contact tracers)⁵. The workforce shortage in contact tracers in the U.S. poses difficulties with effectively addressing the pandemic.

An additional noted gap in the current COVID-19 pandemic response has been effective and culturally appropriate communication of messaging, and culturally sensitive strategies for adhering to COVID-19 guidelines that consider social determinants of health. Such messaging could be effectively delivered to underserved communities through trained community health workers/health coaches who are embedded in communities and who have the ability to quickly disseminate important health-related education and information. Existing published systematic reviews highlight the cost-effectiveness of community health worker models⁶, effectiveness of community health workers with increasing access to health care services⁷, and the impact of community health workers on chronic disease outcomes^{8,9}.

¹ Johns Hopkins University & Medicine. COVID-19 map. 2020; <https://coronavirus.jhu.edu/map.html>. Accessed May 31, 2020.

² Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. *JAMA*. 2020.

³ Yancy CW. COVID-19 and African Americans. *JAMA*. 2020

⁴ Kretzschmar, Mirjam and Rozhnova, Ganna and van Boven, Michiel, Isolation and Contact Tracing Can Tip the Scale To Containment of COVID-19 In Populations with Social Distancing (3/23/2020). Available at SSRN: <https://ssrn.com/abstract=3562458> or <http://dx.doi.org/10.2139/ssrn.3562458>

⁵ <https://www.usnews.com/news/healthiest-communities/articles/2020-04-17/contact-tracing-shortage-could-strain-efforts-to-reopen-economy>

⁶ Vaughan, K., Kok, M. C., Witter, S., & Dieleman, M. (2015, September 1). Costs and cost-effectiveness of community health workers: evidence from a literature review. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26329455>

⁷ Verhagen, I., Steunenbergh, B., de Wit, N. J., & Ros, W. J. G. (2014, November 13). Community health worker interventions to improve access to health care services for older adults from ethnic minorities: a systematic review. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25391432>

⁸ Diabetes Prevention: Interventions Engaging Community Health Workers. Retrieved from <https://www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers>

⁹ Palmas, W., March, D., Darakjy, S., Findley, S. E., Teresi, J., Carrasquillo, O., & Luchsinger, J. A. (2015). Community health worker interventions to improve glycemic control in people with diabetes: a systematic review and meta-analysis. *Journal of general internal medicine*, 30(7), 1004-1012.

The goal of Project 1 is to develop, implement, and evaluate an HBCU-community partner approach to addressing public health infrastructure needs. **HBCUs may be a unique partner for addressing health disparities in communities.** HBCUs typically are located within communities where there is the greatest need for health intervention strategies; serve as education, social and health outreach; and employ surrounding populations. Partnerships that incorporate faculty, students, and staff from HBCUs, as well as members of the surrounding community could provide the necessary “insider” knowledge of life in African American communities, recognition and appreciation of cultural values that directly and indirectly influence health-related behaviors, and could reflect the social and cultural perspectives of populations in high-risk communities.

Research Plan. The proposed approach builds on a current NIH-funded pilot study (R21MD012351) at WSSU (Jackson-Figueroa, Co-PI) that explores the feasibility of training HBCU students and community members as community health workers to deliver evidence-based interventions to address chronic disease. For the proposed project, we will:

1) Conduct a brief formative assessment to identify facilitators for and barriers to WSSU faculty/staff/students and community members for participation in training; within the local health department and healthcare facilities evaluate facilitators for/barriers to employing WSSU-trained contract tracers and health coaches to aid in local COVID-19 response. We will conduct two guided focus groups with 8 – 10 people per focus group (n – 16 – 20 people total) who are potentially interested in participating in training. Assuming current social distancing mandates are still in place at the time of funding, focus groups will take place via a closed Zoom meeting. Participants will be recruited via word of mouth, web-based advertising, and convenience groups. Trained interviewers will use a standard guide for each focus group, which will be recorded and used to inform goal 2.

2) Develop, implement, and evaluate a curriculum for training for COVID-19 contract tracers and health coaches. Feedback from focus groups along with the faculty lead’s previous experiences with developing similar training programs will be used to develop, implement, and evaluate a 4 – 5 day training curriculum for health coaches and contact tracers. We will also incorporate training on surveillance and s. The health coach training will follow existing models for health coach training (e.g., <https://healthcoaching.uncg.edu/>), with a focus specifically on coaching for infectious disease prevention. The contact tracing training will mimic the training program template provide by the Centers for Disease Control and Prevention as guidance for state and local public health jurisdictions to use when designing their own training¹⁰. Training will be open to anyone in the community interested in participating. We will develop recruitment and application materials to ensure 30 potential trainees are qualified for the role of contract tracers. Minimum qualification criteria includes: For all: high speed internet, phone line, and the following: High School Diploma, or equivalent required, ability to exhibit a professional, positive attitude and work ethic, excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis and distress, ability to show empathy to distressed individuals, excellent organizational and communication skills, ability to handle confidential information with discretion and professionalism, proficiency with computers, and experience in social work or public health is preferred.

3) Evaluate the impact of WSSU’s training program on local COVID-19 response. We will partner with local health officials to provide opportunities for WSSU trainees to engage in contact tracing and health coaching specifically for COVID-19 response. Within the proposed project, we have budgeted funds to cover part-time salaries for 30 contact tracers and health coaches for 20 weeks totaling 40hours of work. We will assist with negotiations with local health officials to obtain full time and/or permanent positions for our trainees after the funding ends.

Through a separate partnership with the Greensboro Medical Society (GMS) and in collaboration with personnel at WSSU, we will also provide paid opportunities for WSSU trainees to engage in contact tracing and health coaching through our own testing efforts. Trainees will assist with contact tracing at GMS/WSSU testing sites. We will also develop and test communication strategies and appropriate messaging for delivering health

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/contact-tracing-training-plan.pdf>

coaching around COVID-19 in the local community. Within our communication plan, we will surveil the local community, including specific population subgroups, to identify preferred methods for receiving information and preferred messengers for delivering information. We will also assess whether the method for receiving information and/or messengers differs depending on the type of information (e.g., health-related vs. education, business, or entertainment). Using this information, we will develop/translate culturally relevant materials that deliver messaging around COVID-19 including incidence/prevalence, risk factors, symptoms, treatment, risk management, practical implications (e.g, when and how to access testing, the difference between antibody and virology testing), and findings from local and national COVID-19 research/activities. We will identify trusted community messengers (e.g., community health workers, clergy, community leaders) and provide training and materials that can be used to disseminate information in the local community. Our strategies will identify appropriate avenues for communicating important health-related information into communities *and* will build capacity for the local community to serve as partners in future health-related programs/interventions.

As a secondary goal, we will utilize data collected in Project 1 to understand didactic and experiential learning needs for WSSU’s current Public Health minor and pending Public Health major program. Our understanding will aid in ensuring WSSU’s programs are designed to provide training that will meet the critical needs to fill gaps in the current public health infrastructure.

Anticipated Outcomes

Project outcomes include: 1) Comprehensive program for training COVID-19 contact tracers and health coaches; 2) Culturally relevant communication strategies and materials for delivering COVID-19-related messaging; and 3) Data to inform direction of planned Public Health program at WSSU.

Project Timeline

Phase 1: July – Aug	Phase 2: Sept - Oct	Phase 3: Nov.-Dec.	Sustainability
IRB approval	Complete cohort 1 training	Evaluate impact of training	Create MOUs with local
Formative assessment	Cohort 1 job placement	on outcomes of interest	health department and
Finalize training program	Program evaluation	Feasibility study for Public	health facilities
Recruit/enroll cohort 1	Recruit/enroll cohort 2	Health programs at WSSU	Revise Public Health
	Complete cohort 1 training		program content as needed
	Cohort 2 job placement		

Project Personnel. The project will be led by Ms. Kineka Hull (abd) and Dr. Hayley Jackson-Figueroa, both faculty in the Department of Exercise Physiology at WSSU. Ms. Hull is a Clinical Assistant Professor with background and training in public health epidemiology and community health. She is a Certified Health Coach and has completed the coursework for contact tracing. She has experience with program evaluation, community health outreach, and curriculum development. Dr. Figueroa is an Assistant Professor with more than 25 years of professional experience, having worked in community-based organizations, clinical research, and government, as well as inpatient and outpatient healthcare facilities. She developed and managed projects to address health disparities and inequities among marginalized populations, expand primary care in New York City, and improve health outcomes for women, immigrants, people living with HIV/AIDS, and HIV-positive inmates transitioning from city jails into the community. Graduate and Undergraduate student researchers will also assist.

Project 2: Understanding the Economic and Educational Impact of COVID-19 Responses in NC

Overview: The University of North Carolina system serves as a microcosm and laboratory that can inform public university decisions across the country. No other state university system is as diverse in that it spans not only post-secondary but also secondary education, has five different Minority Serving Institutions including four large HBCUs, has a public arts university, and several major research universities within it. UNC serves as an anchor for many of the communities and its research spinoffs helped create the Research Triangle, which is one of the major high technology centers of innovation in the United States. In an attempt to reduce the

rapid spread of COVID-19 in Spring 2020 most states in the U.S., including North Carolina (NC) closed public schools, colleges and non-essential businesses, strongly encouraged citizens to shelter at home, and required physical distancing when citizens had to leave home. While mandates were an important and appropriate public health response to work to stop a potentially rapid spread of disease that could have overwhelmed the healthcare system, the mandates impacted of business, income, and opportunities for education. The directives imposed by the State of North Carolina to implement online-only instruction, shuttering all onsite student facilities, and requiring the usage of videoconferencing in order to practice social distancing has created numerous challenges for the public universities of the state. **There is a differential impact on students based on their socioeconomic status and this impact could translate into differential learning outcomes.** Additionally, research and service that is ordinarily carried out on campus now must be conducted off-site with few in-person collaborative effects, if it can be carried out at all. Students who come from lower socioeconomic backgrounds may have fewer resources at home such that the ability for universities to maintain both the quality and quantity of education on an equitable basis to all socioeconomic groups becomes suspect. This is especially true for students on financial aid. Students working on campus either through federal work-study or as direct hires may face the threat of losing their major source of income. In addition, most students are ineligible for direct payments made to other adults and to dependent children under the age of 17.

This crisis presents us with a unique opportunity to examine whether the transition to online only instruction can provide lasting positive impacts for students and whether the scaling up of this model is applicable to all disciplines or only better suited for a few. **The lessons learned from this endeavor will inform the public policy on distance education for some time to come and it is important to get these lessons right.** In addition, we can see what the impact is for students who were formerly in residential settings and whether they are able to transition successfully. North Carolina has a single unified state system with everything from liberal arts universities, such as UNC Asheville, to a public fine arts institution in the School of the Arts to comprehensive HBCUs, such as Winston-Salem State University, and some of the finest public research universities in the country, such as UNC Chapel Hill. In addition, the UNC system has a public high school, the North Carolina School of Science and Math that can give an indication as to how high school may be fairing.

Research Plan. This study will be an empirical study examining three sets of data: (1) detailed information about pass rates on standardized licensure examinations, entrance examinations, and courses; (2) data from the North Carolina Department of Commerce on starting salaries and employment opportunities for graduates; and (3) spending data from all UNC sister institutions for both during and prior to the COVID-19 crisis. Expenditure data will be entered into our IMPLAN modeling to gauge the fiscal and economic impact of the change in operations on the universities themselves and the wider economy as well as state finances, including tax implications. We will examine the impact of various tax policy changes and COVID-19 social distancing on the universities and the surrounding community. Since we also already have REMI general equilibrium modelling software, we will further examine these changes through that system to ensure robustness of results and make economic predictions over the next 3 to 5 years. In addition, we aim to look at how these responses to the pandemic are affecting not only educational attainment, but also the broader economic impact of these changes. This includes looking at how the shuttering of the university system to face-to-face instruction and the continued social distancing on campuses through the Fall 2020 semester are combining to impact not only educational attainment but also the wider economy. Finally, we will examine the impact of distance learning and employee tele-working on the environment by using environmental modelling to analyze the impact on emissions and on the opportunity costs associated with higher education. These data will be sorted by institution, socioeconomic group, and county, which will assist policymakers in all 50 states to better understand the broader implications of going exclusively to distance education even after the current crisis abates. This type of analysis will be vital in informing public debate surrounding these issues for the foreseeable future.

We also aim to do a survey of the Winston-Salem Metropolitan Statistical Area to examine the impact of COVID-19 on the Hispanic and African-American communities. This is critical in understanding the long-term

impact on university enrollments as well as the probability of ongoing social and economic mobility in these communities. This survey will be overseen by Dr. Madjd-Sadjadi. He intends to collaborate with the nationally-known and respected demographer, Enrico Marcelli, who will be brought on as a consultant to devise a household survey of the Hispanic and African-American populations. In so doing, we will be gathering key demographic, socioeconomic, and labor market information from these populations, allowing us to generate a rich source of data that will not only help inform us in the current period but will serve as a rich dataset that can be used for future research in conjunction with 2020 Census data as it comes out over the next few years. It is important to capture this information in a timely manner given that this is also the year of the decennial census. Dr. Marcelli is especially well-known for being able to create prediction equations of documented status, allowing us to have the first actual data on documented status of individuals in North Carolina minority communities. This is also within the expertise level of Dr. Madjd-Sadjadi who has previously conducted an internal Research Initiation Program (RIP) grant that previously did a household survey of the Hispanic population in High Point. That research generated a 90% response rate among contacted households even though a majority of the respondents were undocumented.

We will partner with well-established community-based organizations within those communities to establish trust, assist with outreach, and provide us with potential interviewers who already know and reside in the communities themselves. We will use census-track information to identify areas with significant African-American and Hispanic populations and will employ a policy that employs social distancing guidelines for home visitations. Any house that is not contactable after three non-responsive visits will be struck from the list in a similar fashion as those that we actually contact or those who refuse to be contacted, so as to protect confidentiality of respondents.

Anticipated Outcomes. Our goal of this study is to understand the impact of the COVID-19 pandemic on economic factors of interest. Project outcomes include: 1) Comprehensive report of economic impact of COVID-19 response on educational and economic outcomes within the UNC system; 2) Comprehensive report on the specific impact of COVID-19 on the local racial/ethnic minority community; and 3) Summary of recommendations to be presented to UNC system and local officials that can inform future responses to COVID-19 (or other infectious disease) outbreaks.

Project Timeline

Phase 1: July – Aug	Phase 2: Sept - Oct	Phase 3: Nov.-Dec.	Sustainability
IRB approval	IMPLAN modeling	Survey data cleaning	Create lay report summary
Prepare surveys	Secondary data analysis	Survey data analysis	Create summary with UNC
Hire staff	Survey data collection	Data synthesis (secondary	system recommendations
Train surveyors	Participant health education	and surveillance data)	Report during Project 3
Collect expenditure data			town halls

Project Personnel. Dr. Madjd-Sadjadi, who is the primary investigator on this project, is a Professor of Economics and Research Fellow with the Center for the Study for Economic Mobility at Winston-Salem State University. He is the former Chief Economist of the City and County of San Francisco. He will oversee and complete this modeling. In order to do this, he will need a 50% reallocation of his workload for the Fall Semester (.25FTE) to service all aspects of this project. Dr. Enrico Marcelli, project consultant, is a demographer with a PhD in Political Economy and Public Policy (USC) and postdoctoral training in substance abuse (UCLA) and social epidemiology (Harvard). His research focuses on estimating the number, effects and integration of legal and undocumented immigrants in the USA; and on questions regarding the social and geographic sources of health. To date, Dr. Marcelli has published more than 50 academic articles on health, immigration, and work; and other researchers and students have employed his *LAC-MIHLSS I-III* and *BM-BIHLSS/BM-DIHLSS* data to study how undocumented immigrant legal status is associated with various socioeconomic and health outcomes. He will serve as the consulting methodological expert in surveying. Graduate and Undergraduate student researchers will also assist.

Project 3: Understanding the Impact of COVID-19 on Under-Resourced Communities

Overview. Recent reporting from the National Disability Institute indicates for individuals with disabilities (IWD) 60% report being “very concerned” regarding health care access and equity¹¹. There are disability rights organizations that are anxious about how health care policies during this pandemic may prevent adults with disabilities from getting equitable and fair treatment. Fear of inequitable and unfair treatment in health care systems is a longstanding one with minority populations¹². According to International Disability Alliance international survey, IWDs report “there are services and/or support that [they] cannot access during the quarantine or because of the COVID19 situation”¹³. In addition to these factors, African American women and IWDs experience higher rates of poverty. For example, in 2017, poverty rates for non-Hispanic white Americans comprising of 60% of the population was 8.7%, but for Blacks, Asians, and Hispanics the percent is 49.5%¹⁴. IWDs also remain one of the poorest groups of individuals in the United States, and unemployment rates for workers with disabilities is more than twice that of workers without disabilities in 2018. For individuals with disabilities who are also minorities and live in poverty, the combination of factors can be deadly in a pandemic state. It is therefore critical to examine barriers that may be contributive to health care and economic resource accessibility, and public health messaging for populations most adversely impacted by COVID-19.

Research Plan. This study builds upon a current mixed-methods study examining the individual-level and systemic barriers that produce disparities in competitive employment acquisition and upward mobility among minority populations with disabilities in Forsyth County. It will expand the line of inquiry to include examination of barriers pervasive to access to health care, access to economic resources, and availability of public health messaging to minority and elderly populations with disabilities in the Piedmont Triad area. The research question is: To what extent do poverty, disability, and minority status relate COVID related disparities for vulnerable minority populations in Piedmont Triad area? The hypothesis is: there exist common barriers (e.g., healthcare, transportation, childcare, and education) for the target population. The study will utilize a factorial experiment to determine the effect of two or more independent variables on a dependent variable¹⁵. A 2x2x2 factorial design will be used. The factors (independent variables) of this design are gender (male, female), race/ethnicity (African American, all other races), and disability status (disability, no disability). The dependent variable is economic status (income levels—below, at, or above poverty threshold). The goal of selecting a 2x2x2 or 23 factor analysis is so that each independent variable can be examined individually as well as in interaction with the other independent variables. Since the values of the independent variables will be generalized beyond the experiment, these are considered fixed factors. A 2x2x2 factorial analysis of variance (ANOVA) will be conducted to test the hypothesis. The independent variables are gender (male, female), race/ethnicity (African American, all other races) and disability status (disability, no disability). The dependent variable will be economic status (income level in relation to poverty threshold). This study will also collect information through qualitative approaches aimed at gaining a deeper understanding of a specific sample of a population, to uncover broad patterns or themes among the participants. We will attempt to gather the experiences of minorities and elderly with disabilities to capture their own perspectives of their current

¹¹ APA (2020, May). How COVID Impacts people with disabilities. Retrieved from: <https://www.apa.org/topics/covid-19/research-disabilities>

¹² Armstrong, K., McMurphy, S., Dean, L. T., Micco, E., Putt, M., Halbert, C. H., & Shea, J. A. (2008). Differences in the patterns of health care system distrust between blacks and whites. *Journal of general internal medicine*, 23(6), 827-833.
Kennedy, B. R., Mathis, C. C., & Woods, A. K. (2007). African Americans and their distrust of the health care system: healthcare for diverse populations. *Journal of cultural diversity*, 14(2).

¹³ International Disability Alliance, (2020) COVID-19 Disability Right Monitor. Retrieved from: <https://www.covid-drm.org/data?country=US>

¹⁴ Fontenot, K., Semega, J. and Kollar, M. (2018) U.S. Census Bureau, Current Population Reports, P60-263, Income and Poverty in the United States: 2017, U.S. Government Printing Office, Washington, DC

¹⁵ Sherpis, C.J., Young, J.S., & Daniels, M.H. (2017). *Counseling research: Quantitative, qualitative, and mixed methods* (2nd ed.). Boston, MA: Pearson.

conditions and barriers faced. Descriptive data will be collected related to educational history, marital status, number of children/dependents and other relevant information that may impact one’s economic mobility. There are approximately 199,677 IWDs in Piedmont Triad area; a sample size of 383 was determined necessary through calculated power analysis at a 5% CI. To reach 383 individuals we will leverage the community partners active in the initial study, and will expand to include other partners in the Piedmont Triad area. Those current partners include: NC Division of Vocational Rehabilitation, the American Legion, Addiction Recovery Care Association, Division of Services for the Blind, Mental Health Association in Forsyth County, and Mind Body Institute Beyond, PLLC. Surveying and interviews will be conducted virtually or face-to-face within CDC recommended social distancing protocols to accommodate participants with mild to severe disabilities.

Anticipated Outcomes. Our goal of this study is to determine if access to economic resources, health care, and public health messaging decreases among this population once identified barriers are reduced or eliminated. Project outcomes include: (1) Survey (1) Comprehensive report of the findings for policy or public health practice recommendations; (2) Informationals and virtual/digital town hall meetings to facilitate discussion of findings and to communicate best practices in working with minorities and elderly with disabilities; and (3) development of trainings materials to be provided for stakeholders and constituents within the community (continuing education units of training will be made available) at no cost to stakeholders working with this population.

Project Timeline.

Phase 1: July-Aug.	Phase 2: Sept.-Oct.	Phase 3:Nov.-Dec.	Sustainability
Hire personnel	Conduct surveys	Develop report	Offer town halls
Amend IRB protocols	Conduct interview	Facilitate trainings	Submit to OSER-
Develop participant list	Analyze/code data		RSA FOA

Project Personnel. Dr. Thomas is a Licensed Clinical Mental Health Counselor-Associate (LCMHC-A), Licensed Clinical Addiction Specialist-Associate (LCAS-A) and Certified Rehabilitation Counselor (CRC), with expertise in vocational rehabilitation counseling. Dr. Rogers is a Licensed Clinical Mental Health Counselor (LCMHC), Licensed Clinical Addictions Specialist (LCAS) and Certified Rehabilitation Counselor (CRC) with expertise in multicultural counseling. Dr. Felicia Simpson is a PhD in Biostatistics with expertise in design and analysis of clinical trials and aging research. The PIs will be responsible for research design integrity, data analysis, and outcomes reporting. A temporary project coordinator (TBD) will be responsible for contacting and coordinating interview/surveying schedules. Student researchers will be responsible for administering surveys, data collection, and interview recordings.

Overall Budget

	Project 1	Project 2	Project 3	Total
Project Leads	<i>Hull, Figueroa</i>	<i>Madjd-Sadjadi</i>	<i>Thomas, Rogers, Simpson</i>	
Personnel - Faculty				
Faculty Leads Salary	\$ 72,791	\$32,725	\$51,750	\$157,266
Faculty Leads Fringe (33%)	\$ 24,021	\$10,799	\$17,078	\$51,898
Personnel - Staff¹⁶				
Project Coordinator, TBN		\$24,000		\$24,000
Project Coordinator Fringe (33%)		\$7,920		\$7,920
Administrative Assistant		\$9,660		\$9,660
Personnel – Students				
Graduate Research Assistants (n=6)	\$16,000	\$16,000	\$16,000	\$48,000
Undergraduate Research Assistants (n=16)	\$18,000	\$18,000	\$12,000	\$48,000
Student Fringe (7.65%)	\$2,601	\$2,601	\$2,142	\$7,344
Consultants				
Health Coaches/Contact Tracers (n=30) \$20/hr x 10hr x20wks	\$120,000			\$120,000
Research Consultant		\$30,000		\$30,000
Surveyors (n=50) \$15/hr x 10hr x12wks		\$90,000		\$90,000
Materials				
Tablets for tracers/surveyors (n=50)		\$15,000		\$15,000
Mobile data plans for tablets (n=50)		\$15,000		\$15,000
Communication plan materials	\$50,000	\$3,750		\$63,750
Materials and supplies		\$30,000	\$4,000	\$34,000
Translation of materials		\$4,000		\$4,000
Office supplies for project staff		\$8,162 ¹⁶		\$8,162
ADA Accessible Digital material development		\$15,000		\$15,000
Travel				
Local mileage reimbursement	\$45,000	\$10,000	\$3,000	\$58,000
Consultant travel		\$18,000		\$18,000
Subcontracts				
Partner organization subcontracts	\$15,000	\$20,000	\$65,000	\$100,000
3rd Party Testing Company		\$75,000		\$75,000
Total				\$1,000,000

¹⁶ Will support all 3 projects

Brief Budget Narrative

Overall:

Funds are budgeted to cover a Project Coordinator and Administrative Assistant to support implementation of all three projects. The Project Coordinator will be responsible for providing day-to-day support for all projects with regard to managing and implementing projects. The Project Coordinator is budgeted at 100% effort for six months (July 1 – December 30, 2020). The Administrative Assistant will support the Project Coordinator with activities including processing paperwork for salaries, temporary hires, purchasing project-related materials, mileage reimbursements, registering participants for training sessions, scheduling locations for training sessions, etc. The Administrative Assistant is budgeted for 50% effort for six months (July 1 – December 30, 2020). Office supplies are budgeted for the Project Coordinator and Administrative Assistant to support all three projects totaling \$8,162. Funds are budgeted to hire 50 surveyors to support work across all three projects at \$15/hr x 10hrs x 12wks, totaling \$90,000. Funds are budgeted for ADA Accessible Digital material development at \$15,000 across all three projects. Funds are budgeted for targeted COVID-19 community testing using a third party company at \$75,000.

Project 1: Brief Budget Narrative. Personnel: Salary for 1 summer month and .50FTE Fall 2020 for Ms. Hull (2 course releases) and .25FTE for Dr. Jackson-Figueroa (one course release) is requested at \$72,791. Wages for two graduate research assistants is requested at \$20/hr for 20hrs/wk for 20wks totaling \$16,000. Wages for five undergraduate assistants is requested at \$15/hr for 10hrs/wk for 20wks totaling \$18,000. Fringe for faculty is calculated at 33% totaling \$24,021, and students are calculated at 7.65% totaling \$2,601. Temporary Workers: A total of 30 health coaches/contact tracers at \$20/hr x 10hr x 20wks, totaling \$120,000. Travel for potential mileage is requested at \$45,000 (flat rate of \$75/month for 30 health coaches/contact tracers). \$34,000 is requested for tablets and data plans for surveyors and contact tracers who will be in the field and/or on the telephone collecting survey data and tracing and recording COVID-19 contacts. \$50,000 is requested to develop culturally-relevant COVID-19 communication materials including a dedicated website, handout, radio, television, and newspaper advertisements, billboards, etc. Other direct costs include subawards for 3 community-based partner organizations in the Piedmont Triad area for their employee time contributions in recruiting program trainees and for identifying locations for health coaching and assisting with contact tracing at \$5,000 per partner is requested totaling \$15,000.

Project 2: Brief Budget Narrative. Personnel: Salary for 1 summer month and .25 FTE Fall 2020 for Dr. Madjd-Sadjadi is requested at \$32,725. Wages for two graduate assistants is requested at \$20/hr for 20hrs/wk for 20wks totaling \$16,000. Wages for five undergraduate assistants is requested at \$15/hr for 10hrs/wk for 20wks totaling \$18,000. Fringe for faculty is calculated at 33% totaling \$10,799. Fringe for student workers is calculated at 7.65% totaling \$2,601. Consultant: A total of \$30,000 is requested to retain the services of Professor Enrico Marcelli. Travel for potential mileage is requested at \$28,000 to cover mileage as local mileage for surveyors, as well as costs associated with bringing Professor Marcelli out to Winston-Salem at least once a month for a week each time during the period. \$3,750 is requested for educational materials to be handed out to participants who complete surveys (not an incentive item). A total of \$15,000 is budgeted for logistical support services, software for database management and economic impact/statistical analysis. A total of \$4,000 is allocated for translation costs associated with translating materials into Spanish including necessary translation, back translation, and editing to ensure that all materials are properly translated. Other direct costs include subawards for 2 community-based partner organizations one in the Hispanic and the other in the African-American community to find local members of the community who will be trained to carry out surveys of their local population using the survey at \$10,000 per partner is requested totaling \$20,000.

Project 3: Brief Budget Narrative. Personnel: Salary for 1 summer month for Drs. Rogers, Thomas, and Simpson and .15FTE for Fall 2020 time contribution is requested at \$51,750. Wages for two graduate research assistants is requested at \$20/hr for 20hrs/wk for 20wks totaling \$16,000. Wages for four undergraduate assistants is requested at \$15/hr for 10hrs/wk for 20wks totaling \$12,000. Fringe for faculty is calculated at 33% totaling \$17,077. Fringe for student workers is calculated at 7.65% totaling \$2,142. Travel for potential mileage is requested at \$3,000. \$4,000 is requested for materials. Other direct costs include subawards for 13 community-based partner organizations in the Piedmont Triad area for their employee time contributions in reaching participants at \$5,000 per partner is requested totaling \$65,000.