



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: June 18, 2019

* = Mandatory, information must be provided

or Procurement Director Award ☐

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Healthy People Healthy Communities. The Scope of Work from the award document is included here as an attachment. Amendment #8 provides the price sheet for fiscal year 2019-20 and makes small changes to Exhibit C, the Scope of Work for the chronic disease program.

***Purpose:**

The purpose of the Healthy People Healthy Communities Integrated IGA is to leverage multiple public health funding sources to work towards implementation of health priorities identified in the Arizona Health Improvement Plan and the Community Health Improvement Plan. This IGA is intended to provide flexibility to the Health Department to best meet the needs of our community through high impact strategies that achieve agreed upon outcomes. Programs in this IGA address several Pima County health priorities including but not limited to: tobacco prevention and cessation, chronic diseases, public health policy, teen pregnancy, family planning, and maternal and child health. This IGA also addresses several performance improvement initiatives including accreditation, quality improvement, strategic planning, performance management, and workforce development.

Amendment #8 of this agreement includes funding for the coming fiscal year at the same level as the current year.

***Procurement Method:**

Grant is a non-procurement agreement and not subject to procurement rules.

***Program Goals/Predicted Outcomes:**

The Health Department will implement evidence-based strategies at the local community level that:

1. Promote and implement healthy communities' interventions that target policy, system, and environmental approaches that will shape the communities in which we live.
2. Promote and implement healthy people interventions that target individual behavior and support making healthy choices.

***Public Benefit:**

This IGA offers a variety of evidence-based strategies designed to impact policy, system, and environmental change at the community, organizational, individual, and policy levels in order to promote county-wide health changes so that public health impact will be maximized. The Health Department will emphasize complementary policy, environmental, programmatic, and infrastructure activities that integrate and build on each other to optimize the health improvements of the community.

***Metrics Available to Measure Performance:**

Metrics are determined for each individual program funded in this IGA through the development of program specific work plans that are approved by ADHS during the first quarter of funding.

***Retroactive:**

No. Amendment is effective upon signature.

JUN 19 19H0344 PCC KCD

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ Expense Amount: \$* _____ ☐ Revenue Amount: \$ _____***Funding Source(s) required:**Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No**If Yes, is the Contract to a vendor or subrecipient?**Were insurance or indemnity clauses modified? ☐ Yes ☐ No*If Yes, attach Risk's approval.*Vendor is using a Social Security Number? ☐ Yes ☐ No*If Yes, attach the required form per Administrative Procedure 22-73.***Amendment / Revised Award Information**

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

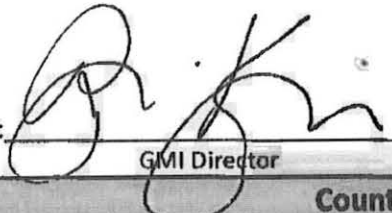

☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____Is there revenue included? ☐ Yes ☐ No If Yes \$ _____***Funding Source(s) required:**Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☒ AmendmentDocument Type: GTAM Department Code: HD Grant Number (i.e., 15-123): 19-62Effective Date: upon signature Termination Date: _____ Amendment Number: 08☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 1,701,284.00***All Funding Source(s) required:** Prop 200 (Tobacco), Prop 303 (Chronic Disease and HAPI), CDC Preventive Health Block Grant (Accreditation), Lottery funds and Title V Maternal and Child Health Block Grant***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____***Match funding from other sources?** ☐ Yes ☒ No If Yes \$ _____ % _____***Funding Source:** _____***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** Via Arizona Department of Health Services, ADHS 16-102323Contact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: Mary M. [Signature] 6.6.2019Deputy County Administrator Signature/Date: [Signature] 6-7-2019County Administrator Signature/Date: C. [Signature] 6/7/19

(Required for Board Agenda/Addendum Items)

GRANT APPLICATION APPROVAL REQUEST

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: GMI@pima.gov. Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Requesting department or entity:	Health	Date: 6/5/19
Contact information:	Name: Sharon Grant	Telephone: 724-7842
Funding opportunity title:	Healthy People Healthy Communities - Amendment #8 adds funding for Year 5	
Link to opportunity:	N/A	
Funding agency:	Prop 200; Prop 303; State Lottery; CDC Preventive Health block grant; HRSA Title V	
Amount to be requested:	\$ 1,701,284.00	
Due date and time:		
What are you going to spend the money on?	<p>The Healthy People Healthy Communities grant includes multiple programs and funding sources. 58% of the money is for Tobacco related activities (prevention, cessation, enforcement). This money comes from Proposition 200 and includes indirect costs at the rate of 10% of all direct costs, or \$94,438. This is the only program where the budget breakdown includes indirect costs.</p> <p>Other programs included in this consolidated grant are:</p> <ul style="list-style-type: none"> - Health in Arizona Policy Initiative - providing strategies for Alzheimer's, Chronic Pulmonary Disease, Cardiovascular Disease and other chronic diseases. - Public Health Accreditation programs for the Pima County Health Department - Teen pregnancy prevention programs, including a mobile health program in various schools 	
What will be the benefit to Pima County?	<p>The purpose of the Healthy People Healthy Communities Integrated IGA is to leverage multiple public health funding sources to work towards implementation of health priorities identified in the Arizona Health Improvement Plan and the Community Health Improvement Plan. This IGA is intended to provide flexibility to the Health Department to best meet the needs of our community through high impact strategies that achieve agreed upon outcomes.</p> <p>This IGA offers a variety of evidence-based strategies designed to impact policy, system, and environmental change at the community, organizational, individual, and policy levels in order to promote county-wide health changes so that public health impact will be maximized. The Health Department will emphasize complementary policy, environmental, programmatic, and infrastructure activities that integrate and build on each other to optimize the health improvements of the community.</p>	
Indirect costs - check one:	<input checked="" type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: 10 % <input type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <input type="checkbox"/> I need help understanding indirect costs	
By: _____	Date: 06/06/2019	
Department Director or Designee		

GRANT COST/BENEFIT ANALYSIS			
To be completed by GMI staff			
CFDA No.	Consolidated Federal & State Funds	14-239	N/A <u>RK</u>
Competitive Criteria:	n/a		
Other Factors:	The funding sources are: Prop 200; Prop 303; State Lottery; CDC Preventive Health Block Grant; and HRSA Title V		
Number of Awards:	5 Total amount to be awarded: \$ 1,701,284.00		
Match Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If required what is the amount/percent: _____			
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	58% of funds come from Proposition 200 and includes indirect costs at a rate of 10%. Amendment 8 request a scope of work change		
Will this project require additional office/project space?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will this project require staff time that cannot be paid for by the grant?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will your project require any equipment items over \$5,000 per item?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the proposal use a fixed price contract?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this project subject to Human Subjects compliance?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this project involve subrecipients?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there a Statutory Funding Preference from the funding agency?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Allowable Indirect Rate: <u>10%</u> If Indirect is not allowed, attach documentation.			
List any other proposal or funder specific requirements:	Note scope of work change in amendment 8. Quarterly progress notes & Contractor Expenditure Report. Check-in calls, annual in-person visit.		
GMI notes & recommendations:			
By: 		Date: <u>6/10/19</u>	
		GMI Director	
County Administrator Approval Request			
Approved: _____		Not Approved: _____ Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.			
By: 		Date: <u>6/10/2019</u>	
		County Administrator or Designee	



INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
150 North 18th Avenue, Suite 260
Phoenix, Arizona 85007
(602) 542-1040

Agreement No: **ADHS16-102323**

Amendment No. **8**


Procurement Officer:
Russell Coplen/Felicia Marquez

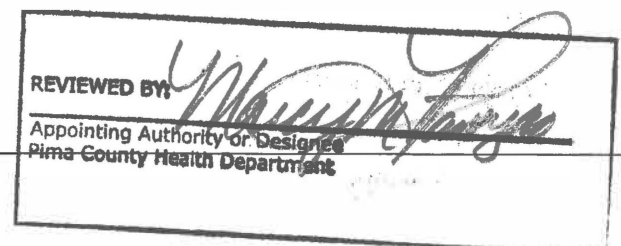
Healthy People Healthy Communities

Effective upon signature, it is mutually agreed that the Agreement referenced above is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders:
 - 1.1 The Scope of Work is revised and replaced by the Scope of Work of this Amendment Eight (8).
 - 1.2 Exhibit C is revised and replaced by the Exhibit C of this Amendment Eight (8).
 - 1.3 The Price Sheet is revised and replaced by the Price Sheet of this Amendment Eight (8).

All other terms and conditions will remain in effect.

Pima County		CONTRACTOR SIGNATURE	
Contractor Name		Contractor Authorized Signature	
3950 S. Country Club Suite 100			
Address		Printed Name	
Tucson,	AZ 85714		
City	State Zip	Title	
CONTRACTOR ATTORNEY SIGNATURE Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.		This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.	
 6/6/19		State of Arizona	
Signature Jonathan Pinkney Date		Signed this _____ day of _____ 2019	
Printed Name		Procurement Officer	
Attorney General Contract No. ADHS16-102323, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.			
Signature Date			
Assistant Attorney General			
Printed Name:			



	<p style="text-align: center;">INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT</p>		<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 150 North 18th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040</p>
	<p>Agreement No: ADHS16-102323</p>	<p>Amendment No. 8</p>	<p>Procurement Officer: Russell Coplen/Felicia Marquez</p>

SCOPE OF WORK

2. The Agreement Scope of Work is revised as follows:

2.1. Provision Eleven (11), Section 11.1 is replaced with the following:

11.1. Notices, correspondence, reports and invoices/CERs from the contractor to ADHS shall be sent to:

Program Manager
Arizona Department of Health Services
150 N. 18th Avenue, Suite 300
Phoenix, AZ 85007
(602) 542-8953

EXHIBIT C

Evidence-Based Strategies for Health in Arizona Policy Initiative (HAPI)/Chronic Disease

Counties may select one (1) or more strategies from the Health in Arizona Policy Initiative (HAPI) strategic area, and one (1) or more strategies from the Chronic Disease strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Health in Arizona Policy Initiative (HAPI)

1.1. Program Strategy/s:

1.1.1. Procurement of Healthy Foods:

- 1.1.1.1. Establish or improve procurement policies around the nutrition quality of foods served in institutional cafeterias and/or vending machines;
- 1.1.1.2. Establish contract and bid writing standards that promote healthy food and beverages;
- 1.1.1.3. Establish healthy vending policies within institutions;
- 1.1.1.4. Establish nutrition standards for the procurement of foods and beverages offered in the workplace;
- 1.1.1.5. Establish menu labeling on all food and beverage items on foods sold in cafeterias and/or vending machines, including highlighting and promoting healthier options aligning with Dietary Guidelines for sodium, fat, and sugar;
- 1.1.1.6. Establish food and beverage pricing strategies, pricing healthy foods lower and/or less healthy foods higher; and
- 1.1.1.7. Other evidence based related strategy.

1.1.2. Healthy Community Design:

- 1.1.2.1. Establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and users of public transit;
- 1.1.2.2. Establish community design protocols through Health Impact Assessments (HIA's) to assess the impact of community design changes on community health and wellbeing;



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Procurement Officer:
Russell Coplen/Felicia Marquez

1.1.2.3. Increase accessibility, availability, affordability and identification of healthful foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending carts, and/or restaurant initiatives;

1.1.2.4. Establish sites for community gardens in institutional settings and/or underserved areas; and

1.1.2.5. Other evidence based related strategy.

1.1.3. School Health:

1.1.3.1. Establish or improve countywide nutrition, physical activity, and screen time policies and practices in early care through postsecondary education settings;

1.1.3.2. Improve the nutrition quality of foods and beverages served in schools;

1.1.3.3. Improve the quality and amount of physical education and/or physical activity in schools;

1.1.3.4. Target outreach and enrollment efforts to populations disproportionately uninsured.

1.1.3.5. Support the work of schools to implement School Health Index/School Health Assessment; and

1.1.3.6. Other evidence based related strategy.

1.1.4. Healthy Worksites:

1.1.4.1. Establish or increase opportunities for physical activity in the workplace;

1.1.4.2. Establish or increase incentive programs, such as flextime, rewarding and/or recognizing employee healthy behaviors;

1.1.4.3. Provide or refer employees to disease self-management classes to employees;

1.1.4.4. Increase the number of employers that incorporate nationally recognized preventive health screenings within health plans;

1.1.4.5. Increase the number of employees that utilize preventive health screenings within employer health plans;

1.1.4.6. Establish or increase policies and practices to support breastfeeding in the workplace, especially in agencies providing WIC services;

1.1.4.7. Increase WIC employee participation and utilization of worksite wellness activities such as, but not limited to physical activity, healthy eating, preventive health screenings and stress management; and

1.1.4.8. Other evidence based related strategy.

1.1.5. Clinical Care:

1.1.5.1. Link evidence-based community and clinical preventive services such as efforts, which drive disparate populations into healthcare providers who offer preventive care consistent with the U.S. Preventive Services Taskforce (USPSTF) A & B Recommendations: <http://www.uspreventiveservicestaskforce.org>. (e.g., community-based promotoras working collaboratively with patient navigators within community health centers);

1.1.5.2. Increase the number of health care providers and staff that complete the Culturally and Linguistically Appropriate Services (CLAS) Standards training;

	<p style="text-align: center;">INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT</p>		<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 150 North 18th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040</p>
	<p>Agreement No: ADHS16-102323</p>	<p>Amendment No. 8</p>	<p>Procurement Officer: Russell Coplen/Felicia Marquez</p>

1.1.5.3. Establish health insurance literacy for consumers to increase enrollment in and utilization of insurance plans; and

1.1.5.4. Other evidence based related strategy.

1.1.6. Children and Youth with Special Health Care Needs:

1.1.6.1. Promote inclusion of focus on children and youth/young adults with special health care needs;

1.1.6.2. Conduct countywide needs assessment for Children/Youth with Special Healthcare Needs;

1.1.6.3. Establish a coalition or advocacy council consisting of 50% family members and young adults and 50% professionals working with children and youth with special health care needs;

1.1.6.4. Ensure family members and young adults who are part of the coalition or advocacy council are involved in policy and program development, implementation, and evaluation at the county level; and

1.1.6.5. Other evidence-based related strategy.

2. Chronic Disease

2.1. Program Strategy/s:

2.1.1. Establish or increase efforts to promote public awareness of Alzheimer's disease and available resources for patients, caregivers, and/or family members and health care providers, ;

2.1.2. Establish or increase efforts to promote public awareness of risk factors and detection of pulmonary disease.

2.1.3. Promote and implement activities and strategies outlined in the Million Hearts Initiative;

2.1.4. Implement or develop referral mechanisms for chronic disease and/or chronic pain self-management programs (including Spanish versions);

2.1.5. Other evidence-based related strategy.

3. HAPI Specific Tasks and Requirements:

3.1. A portion of activities identified in the action plan must include those that will benefit the health of low-income women, infants, and children; and

3.2. The County will coordinate school health activities with any other funding received for school health activities such as the Arizona Nutrition Network.

4. Chronic Disease Specific Tasks and Requirements:

4.1. Adhere to the guidelines and principles set forth in the ADHS-BTCD 2013-2017 Chronic Disease Strategic Plan and the 2014-2015 ADHS –BTCD Chronic Disease Prevention Strategies that pertain to the services and activities identified in the corresponding action plans. The ADHS-BTCD 2012-2017 Chronic Disease Strategic Plan can be found on the ADHS-BTCD website:

<http://www.azdhs.gov/phs/chronicdisease/documents/az-chronic-disease-strategic-plan.pdf>.

	INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 North 18 th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040
	Agreement No: ADHS16-102323	Amendment No. 8	Procurement Officer: Russell Coplen/Felicia Marquez

5. Listed below are specific tasks and requirements related to the Menu of Strategy Options for Chronic Disease.

5.1. Alzheimer's/Dementia:

5.1.1. The County will work with the Alzheimer's Association- Desert Southwest Chapter to increase public awareness of Alzheimer's/Dementia including the warning signs of Alzheimer's disease to patients, caregivers and/or family members and health care providers; and

5.1.2. The County will work with the Alzheimer's Association-Desert Southwest Chapter to provide resources to providers and implement a referral process to the Alzheimer's Association from provider's offices.

5.2. Chronic Lower Pulmonary Disease:

5.2.1. The County will work with the America Lung Association/Arizona Chapter to increase public awareness of risk factors and detection of pulmonary disease;

5.2.2. The County will work with the American Lung Association/Arizona Chapter to increase the use of home-based, comprehensive interventions with an environmental focus for children and adolescents for children and adolescents with asthma; and

5.2.3. The County will work with the American Lung Association/Arizona Chapter to increase early intervention and participation in disease management programs.

5.3. Cardiovascular Disease:

5.3.1. The County will work with ADHS/BTCD Office of Chronic Disease to implement and promote the Million Hearts Initiative; and


5.3.2. Increase intervention and participation in disease management programs.

5.4. Chronic Disease Self-Management:

5.4.1. The County will implement the Stanford Chronic Disease Self-Management (CDSME) program model (Include related Spanish version(s);

5.4.2. The County will ensure that staff is trained; and

5.4.3. The County will participate in regional meetings and trainings and will increase the number of CDSME training/workshop opportunities held in their communities. The County will increase the number of Arizonans statewide who participate in CDSME. They will also increase the number of trained lay leaders and master leaders and will expand public and professional awareness and knowledge about CDSME amongst community organizations, agencies, health systems, behavioral health systems and providers for the purpose of increasing referrals and the number of host organizations.

	INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 North 18 th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040
	Agreement No: ADHS16-102323	Amendment No. 8	Procurement Officer: Russell Coplen/Felicia Marquez

Price Sheet
Healthy People Healthy Communities
Pima - ADHS16-102323
JULY 1, 2019 - JUNE 30, 2020

ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Action Plan – HAPI – includes Tobacco Prop 200 = \$51,938.64; Chronic Disease Prop 303 = \$4,909.36; WIC Lottery = \$7,700.00; WCH Block Grant CYSHCN = \$500.00; Family Planning/ MCH = \$40,400.00; Teen Pregnancy = \$25,000.00	EA	1	\$130,448.00	\$130,448.00

TOBACCO

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Prevention, Cessation, Secondhand Smoke, Enforcement)	QTR	4	\$246,717.84	\$986,871.36

HEALTH IN ARIZONA POLICY INITIATIVE

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Alzheimer's, Chronic Pulmonary Disease, Hypertension, Self-Management Procurement, Healthy Community Design, School Health, Worksite Wellness, Clinical Care, and Special Health Care Needs) (Funding <u>Per Quarter</u> includes: Chronic Disease Prop 303 = \$35,433.41; WIC Lottery = \$8,075.00; WCH Block Grant CYSHCN = \$8,031.75)	QTR	4	\$51,540.16	\$206,160.64

	INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 North 18 th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040
	Agreement No: ADHS16-102323	Amendment No. 8	Procurement Officer: Russell Coplen/Felicia Marquez

PIMA

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT- ACCREDITATION

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Fees for ACCREDITATION, Quality Improvement Projects, Workforce Development Implementation, Performance Management Documentation, Progress Toward County Health Improvement Plan)	QTR	4	\$29,051.00	\$116,204.00

FAMILY PLANNING / MATERNAL and CHILD HEALTH (Title V Block Grant)

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	\$40,400.00	\$161,600.00

TEEN PREGNANCY PREVENTION

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	\$25,000.00	\$100,000.00

TOTAL

ITEM/SERVICE DESCRIPTION				TOTAL
GRAND TOTAL				\$1,701,284.00

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT A
	EVIDENCE-BASED STRATEGIES FOR TOBACCO

Evidence-Based Strategies for Tobacco

The County may select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Tobacco

1.1 Program Strategy(s):

- 1.1.1 Utilize community outreach, education and policy advocacy at the community level to prevent youth tobacco use
- 1.1.2 Promote the use of cessation treatments among adult and youth smokers.
- 1.1.3 Engage in peer-based approaches to prevent commercial tobacco use.
- 1.1.4 Improve public awareness of the risks of secondhand smoke/vapors.
- 1.1.5 Assist in tobacco enforcement activities.
- 1.1.6 Other evidence-based related strategy

1.2 Tobacco Specific Tasks and Requirements:

- 1.2.1 Adhere to the guidelines and principles set forth in the ADHS-BTCD Sustaining Arizona's Tobacco Program Plan and the 2014-2015 ADHS-BTCD Chronic Disease Prevention and Control Strategies that pertain to the services and activities identified in the corresponding Action Plans. These documents can be found on the ADHS Tobacco Free Arizona website <http://www.azdhs.gov/diro/reports/strategicplan.htm> (<http://tobaccofreearizona.com/reports/pdf/tfa-strategic-plan.pdf>) and the ADHS Chronic Disease website (<http://www.azdhs.gov/phs/chronicdisease>).

Listed below are specific tasks and requirements related to the Program Strategy Options for tobacco.

1.3 Cessation Activity:

- 1.3.1 The County will work with the ASHLine Community Development Team (CDT) to create/implement ASHLine Outreach/Referral Development Action Plan
- 1.3.2 The County will participate in quarterly calls with the ASHLine CDT Representative to discuss status of the ASHLine Outreach/Referral Development Action Plan and to cover any possible technical assistance needs.

1.4 Prevention – Youth Coalition:

- 1.4.1 The County will work with BTCD selected contractor for youth coalition to develop and implement a Youth Coalition Action Plan.
- 1.4.2 The County will ensure youth coordinators and youth participate in trainings twice a year and will work with BTCD on any technical assistance needs

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT A EVIDENCE-BASED STRATEGIES FOR TOBACCO

1.5 Enforcement:

1.5.1 Attorney General's Counter Strike Program:

The County shall:

1.5.1.1 Participate in the Arizona Attorney General's Office (AGO) Counter Strike Program.

1.5.1.2 Promote and recruit youth from the community to participate in the Retailer Compliance Checks, youth must be 16 or 17 years of age, possess a valid Arizona State Identification Card and must be available on nights and weekends; AGO compliance checks will be scheduled at a minimum of twice a year.

1.5.1.3 Facilitate and conduct in their county the AGO Merchant Diversion Program with retailers and clerks that have been cited for selling tobacco to underage youth.

1.5.1.4 Maintain quarterly communication with the Attorney General's Office Youth Tobacco Program.

1.5.2 Food & Drug Administration – Tobacco Control Act (TCA) Program/SYNAR:

The County shall:

1.5.2.1 Participate in the ADHS-FDA TCA program for youth underage buys throughout each fiscal year

1.5.2.2 Promote and recruit youth from the community to participate in the FDA youth underage buys, number of inspections will be based on FDA requirements and may vary from year to year.

1.5.2.3 Required to have at least two (2) youth available for inspections at all times

1.5.2.4 Assist SYNAR in ensuring accurate locations of tobacco retailers within each county

1.5.2.5 Maintain bi-monthly communication with the ADHS-FDA TCA Program Staff.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT B
	EVIDENCE-BASED STRATEGIES FOR CHRONIC DISEASE

Evidence-Based Strategies for Chronic Disease

The County may select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Chronic Disease

1.1 Program Strategy/s:

- 1.1.1 Improve public awareness of Alzheimer's disease and available resources for patients, caregivers and/or family members and health care providers.
- 1.1.2 Improve public awareness of risk factors and detection of pulmonary disease
- 1.1.3 Promote and implement the Million Hearts Initiative.
- 1.1.4 Implement the Stanford Chronic Disease Self-Management model (including Spanish version) and/or other self-management model.
- 1.1.5 Support the work of schools to implement School Health Index/School Health Assessment and/or school wellness plans.
- 1.1.6 Other evidence-based related strategy

1.2 Specific Tasks and Requirements:

- 1.2.1 Adhere to the guidelines and principles set forth in the ADHS-BTCD 2013-2017 Chronic Disease Strategic Plan and the 2014-2015 ADHS –BTCD Chronic Disease Prevention Strategies that pertain to the services and activities identified in the corresponding action plans. The ADHS-BTCD 2012-2017 Chronic Disease Strategic Plan can be found on the ADHS-BTCD website (<http://www.azdhs.gov/phs/chronicdisease/documents/az-chronic-disease-strategic-plan.pdf>)

Listed below are specific tasks and requirements related to the Menu of Strategy Options for Chronic Disease.

1.3 Alzheimer's/Dementia:

- 1.3.1 The County will work with the Alzheimer's Association- Desert Southwest Chapter to increase public awareness of Alzheimer's/Dementia including the warning signs of Alzheimer's disease to patients, caregivers and/or family members and health care providers
- 1.3.2 The County will work with the Alzheimer's Association-Desert Southwest Chapter to provide resources to providers and implement a referral process to the Alzheimer's Association from provider's offices.

1.4 Chronic Lower Pulmonary Disease:

- 1.4.1 The County will work with the America Lung Association/Arizona Chapter to increase public awareness of risk factors and detection of pulmonary disease

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1.4.2 The County will work with the American Lung Association/Arizona Chapter to increase the use of home-based, comprehensive interventions with an environmental focus for children and adolescents for children and adolescents with asthma.

1.4.3 The County will work with the American Lung Association/Arizona Chapter to increase early intervention and participation in disease management programs.

1.5 Cardiovascular Disease:

1.5.1 The County will work with ADHS/BTCD Office of Chronic Disease to implement and promote the Million Hearts Initiative.

1.5.2 Increase intervention and participation in disease management programs.

1.6 Chronic Disease Self-Management:

1.6.1 The County will implement Chronic Disease Self-Management programs (Include related Spanish version(s)).

1.6.2 The County will ensure that staff is trained.

1.6.3 The County will participate in regional meetings held by Arizona Living Well Institute. The number of trainings held, lay leaders trained, master leaders trained and number of organizations, agencies, healthy systems, providers that were contacted to increase referrals

1.7 School Health:

1.7.1 The County will coordinate school health activities with any other funding received for school health activities (such as HAPI or Arizona Nutrition Network).

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ADHS15- 094985	EXHIBIT C EVIDENCE-BASED STRATEGIES FOR HEALTH IN ARIZONA POLICY INITIATIVE (HAPI)

Evidence-Based Strategies for Health in Arizona Policy Initiative (HAPI)

Counties may select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Health in Arizona Policy Initiative (HAPI)

1.1 Program Strategy/s:

1.1.1 Procurement of Healthy Foods:

- 1.1.1.1 Improve procurement policies around the nutrition quality of foods served in institutional cafeterias and/or vending machines
- 1.1.1.2 Establish contract and bid writing standards to promote healthy food and beverages.
- 1.1.1.3 Establish healthy vending policies within institutions
- 1.1.1.4 Establish nutrition standards for the procurement of foods and beverages offered in the workplace.
- 1.1.1.5 Establish menu labeling on all food and beverage items on foods sold in cafeterias and/or vending machines, including highlighting and promoting healthier options aligning with Dietary Guidelines for sodium, fat, and sugar
- 1.1.1.6 Establish food and beverage pricing strategies pricing healthy foods lower and/or less healthy foods higher.

1.1.2 Healthy Community Design:

- 1.1.2.1 Establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and users of public transit.
- 1.1.2.2 Establish community design protocols through Health Impact Assessments (HIA's) to assess the impact of community design changes on community health and wellbeing.
- 1.1.2.3 Increase accessibility, availability, affordability and identification of healthful foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending carts, and/or restaurant initiatives.
- 1.1.2.4 Establish sites for community gardens in institutional settings and/or underserved areas

1.1.3 School Health:

- 1.1.3.1 Improve countywide nutrition, physical activity, and screen time policies and practices in early care through postsecondary education settings.
- 1.1.3.2 Improve the nutrition quality of foods and beverages served in schools
- 1.1.3.3 Improve the quality and amount of physical education and/or physical activity in

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schools

1.1.3.4 Target outreach and enrollment efforts to populations disproportionately uninsured

1.1.4 Healthy Worksites:

1.1.4.1 Increase opportunities for physical activity in the workplace.

1.1.4.2 Establish incentive programs, such as flextime, rewarding and/or recognizing employee healthy behaviors.

1.1.4.3 Provide disease self-management classes to employees.

1.1.4.4 Increase the number of employers that incorporate nationally recognized preventive health screenings within health plans.

1.1.4.5 Increase the number of employees that utilize preventive health screenings within employer health plans.

1.1.4.6 Increase policies and practices to support breastfeeding in the workplace, especially in agencies providing WIC services.

1.1.4.7 Increase WIC employee participation and utilization of worksite wellness activities such as, but not limited to physical activity, healthy eating, preventive health screenings and stress management.

1.1.5 Clinical Care:

1.1.5.1 Provide policy training and technical assistance to health care institutions, providers, and provider organizations to effectively implement quality measures consistent with Meaningful-Use models.

1.1.5.2 Integrate peer-support/promotora models into the healthcare institutional setting.

1.1.5.3 Link evidence-based community and clinical preventive services such as efforts, which drive disparate populations into healthcare providers who offer preventive care consistent with the U.S. Preventive Services Taskforce (USPSTF) A & B Recommendations: <http://www.uspreventiveservicestaskforce.org> (e.g., community-based promotoras working collaboratively with patient navigators within community health centers).

1.1.5.4 Integration or implementation of patient-centered medical home (PCMH) model of primary care.

1.1.5.5 Increase the number of health care providers and staff that complete the Culturally and Linguistically Appropriate Services (CLAS) Standards training.

1.1.5.6 Increase the number of health care systems that develop and implement a language access plan.

1.1.5 Improve health insurance literacy of consumers to increase enrollment in and utilization of insurance plans.

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ADHS15- 094985	EXHIBIT C
	EVIDENCE-BASED STRATEGIES FOR HEALTH IN ARIZONA POLICY INITIATIVE (HAPI)

1.1.6 Children and Youth with Special Health Care Needs:

- 1.1.6.1 Promote inclusion of focus on children and youth/young adults with special health care needs.**
- 1.1.6.2 Conduct countywide needs assessment for Children/Youth with Special Healthcare Needs.**
- 1.1.6.3 Establish a coalition or advocacy council consisting of 50% family members and young adults and 50% professionals working with children and youth with special health care needs.**
- 1.1.6.4 Ensure family members and young adults who are part of the coalition or advocacy council are involved in policy and program development, implementation, and evaluation at the county level**
- 1.1.6.5 Other evidence-based related strategy**

1.2 HAPI Specific Tasks and Requirements:

- 1.2.1 A portion of activities identified in the action plan must include those that will benefit the health of low-income women, infants, and children.**
- 1.2.2 The County will coordinate school health activities with any other funding received for school health activities (such as Chronic Disease or Arizona Nutrition Network)**

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA) EXHIBIT D EVIDENCE-BASED STRATEGIES FOR PUBLIC HEALTH ACCREDITATION PREPARATION
ADHS15- 094985	

Evidence-Based Strategies for Public Health Accreditation Preparation

The County must select a minimum of two (2) strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Preventive Health and Health Services Block Grant

1.1 Program Strategies:

- 1 1 1 Establish and Monitor a System of Performance Management
- 1 1.2 Build a Culture of Quality Improvement
- 1.1 3 Workforce Development
- 1 1 4 Use award funds for Public Health Accreditation Board (PHAB) Fees.
- 1.1.5 Monitor and measure progress towards accomplishing goals in the County Health Improvement Plan

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT E EVIDENCE-BASED STRATEGIES FOR TEEN PREGNANCY PREVENTION

Evidence-Based Strategies for Teen Pregnancy Prevention

The County may select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Teen Pregnancy Prevention

1.1 Program Strategies:

- 1.1.1 Implement with fidelity an abstinence plus evidence-based or promising practice program through curriculum delivery to youth ages 11-19 years which may include parent-youth curriculum for guardians of youth ages 11-19. Programs must be culturally relevant, medically accurate and include process and outcome evaluations as outlined in the Teen Pregnancy Prevention Program Policy & Procedures manual.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA) EXHIBIT F EVIDENCE-BASED STRATEGIES FOR FAMILY PLANNING
ADHS15- 094985	

Evidence-Based Strategies for Family Planning

The County may select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Family Planning

1 1 Program Strategies:

- 1 1 1 Implement a clinic based reproductive health program which enhances maternal and infant health by providing accessible, comprehensive education, screening and contraceptive services to underserved individuals of reproductive age as outlined in the ADHS Family Planning Policy and Procedure Manual.

Contract Number	INTERGOVERNMENTAL AGREEMENT (IGA)
ADHS15- 094985	EXHIBIT G
EVIDENCE-BASED STRATEGIES FOR MATERNAL AND CHILD HEALTH	

Evidence-Based Strategies for Maternal and Child Health

The County may select one (1) or more strategies from this strategic area.

This Exhibit defines the Program Strategy/s within each Strategic Area:

1. Strategic Area: Maternal and Child Health (MCH)

1.1. Program Strategies:

- 1.1.1. The Contractor shall implement multi-faceted, evidence-based or evidence informed strategies at the county level that address state priorities as identified through Arizona's 2016 Title V Maternal and Child Health (MCH) Block Grant application targeting one or more of the Title V MCH Block Grant population health domains (i.e. Women/Maternal Health, Perinatal/Infant Health, Child Health, CSHCN, Adolescent Health and Cross cutting or Life Course) The strategies selected must impact one or more of the areas to be selected National Performance Measures, which will in turn influence the National Outcome Measures.

2. Maternal and Child Health Specific Tasks and Requirements:

Media and/or printed educational materials will adhere to the required wording as follows: "Funded in part by the Bureau of Women's and Children's Health as made available through the Arizona Department of Health Services " Additionally, media and/or printed educational materials will also adhere to the required wording as follows: "This project is supported by funds from the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, under grant number 93.994 and title for \$ (to be filled in by Grantee upon receipt of grant award). The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should be any endorsements be inferred by the U.S. Government, DHHS, or HRSA.