



**INTERGOVERNMENTAL AGREEMENT(IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
150 N. 18th Ave Suite 260
Phoenix, Arizona 85007

Agreement No: **ADHS16-109191**

Amendment No. **5**

Procurement Officer:
Russell Coplen


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 Five (5).
 - 1.2 Exhibit C is revised and replaced by the Exhibit C of this Amendment Five (5).
 - 1.3 The Price Sheet is revised and replaced by the Price Sheet of this Amendment Five (5).

All other terms and conditions will remain in effect.

Cochise County		CONTRACTOR SIGNATURE	
Contractor Name		Contractor Authorized Signature	
1415 W. Melody Lane Building A		Printed Name	
Address		Title	
Bisbee	AZ	85603	
City	State	Zip	
CONTRACTOR ATTORNEY SIGNATURE		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.	
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.		State of Arizona	
Signature	Date	Signed this _____ day of _____ 2018	
Printed Name		Procurement Officer	
Attorney General Contract No. P0012014000078, 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:			

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SCOPE OF WORK

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

2.1. Provision Five (5), Evidence Based Strategies is replaced with the following:

5. Evidence Based Strategies

Evidence-Based Strategies are strategies that explicitly link public health or clinical practice recommendation to scientific evidence of the effectiveness and/or other characteristics of such practices. (Reference: Community Guide: <http://www.thecommunityguide.org>) Evidence based public health practice is the careful, intentional and sensible use of current best scientific evidence in making decisions about the choice and application of public health interventions. (Reference: Community Commons <http://www.communitycommons.org> /) Counties will select from a menu of evidence-based strategies found in Exhibits A – G specific to each of the following program areas:.

- 5.1. Exhibit A – Tobacco;
- 5.2. Exhibit B – DELETED (Included in Exhibit C);
- 5.3. Exhibit C - Health in Arizona Policy Initiative (HAPI)/Chronic Disease;
- 5.4. Exhibit D - Public Health Accreditation Preparation;
- 5.5. Exhibit E - Teen Pregnancy Prevention;
- 5.6. Exhibit F – DELETED (Included in Exhibit G); and
- 5.7. Exhibit G - Family Planning/Maternal and Child Health.

2.2. Provision Ten (10), Section 10.7 is replaced with the following:

10.7 Exhibit A-G Strategies for each Program and Program Specific Tasks/Requirements and Deliverables (if any).

- 10.7.1. Exhibit A– Tobacco;
- 10.7.2. Exhibit B – DELETED (Included in Exhibit C);
- 10.7.3. Exhibit C - Health in Arizona Policy Initiative (HAPI)/Chronic Disease;
- 10.7.4. Exhibit D – Public Health and Health Services Block Grant;
- 10.7.5. Exhibit E – Teen Pregnancy Prevention;
- 10.7.6. Exhibit F – DELETED (Included in Exhibit G); and
- 10.7.7. Exhibit G – Family Planning/Maternal and Child Health.

2.3. 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 320
Phoenix, AZ 85007
602-542-8953


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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;
- 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.



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- 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. 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/Community Health Worker (CHW) 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. Integrate or implement 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;
- 1.1.5.7. Establish health insurance literacy for consumers to increase enrollment in and utilization of insurance plans; and
- 1.1.5.8. Other evidence based related strategy.

1.1.6. Children and Youth with Special Health Care Needs:



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- 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>.

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

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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 held by Arizona Living Well Institute 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.

PRICE SHEET



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HEALTHY PEOPLE HEALTHY COMMUNITIES

**COCHISE – ADHS16-109191
JULY 1, 2018 - JUNE 30, 2019**

ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Action Plan – All Programs	EA	1	\$72,776.00	\$72,776.00
TOTAL		1	\$72,776.00	\$72,776.00

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	\$73,121.25	\$292,485.00
TOTAL		4	\$73,121.25	\$292,485.00

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)	QTR	4	\$19,185.75	\$76,743.00
TOTAL		4	\$19,185.75	\$76,743.00

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COCHISE

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT



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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	1	\$13,562.00	\$13,562.00
TOTAL		1	\$13,562.00	\$13,562.00

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	\$19,743.00	\$78,972.00
TOTAL		4	\$19,743.00	\$78,972.00

TEEN PREGNANCY PREVENTION

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	\$27,283.00	\$109,132.00
TOTAL		4	\$27,283.00	\$109,132.00

TOTAL

ITEM/SERVICE DESCRIPTION				TOTAL
GRAND TOTAL				\$643,670.00