KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
CONTRACT FOR THE
PLANNING AND IMPLEMENTATION OF THE 1422 GRANT IN SEDGWICK COUNTY

1. Parties to Contract –

   1.1. Kansas Department of Health and Environment [KDHE]

   1.2. Sedgwick County, Kansas, through the Sedgwick County Health Department, 1900 E 9th Street North, Wichita, KS 67214 [Sedgwick County]

The Parties agree to the following terms and conditions:

1. The purpose of this Contract is to support KDHE's implementation of the CDC 1422 grant that will address population-wide and priority population approaches to prevent obesity, diabetes, and heart disease and stroke and reduce health disparities in these areas among adults. Sedgwick County is both capable and desirous of providing the services desired by KDHE.

2. The period of this Contract shall be upon fully signed and executed contract and continuing until September 29, 2015.

3. Duties of the SEDGWICK COUNTY –

   3.1. Develop an itemized budget based on the final grant award provided by KDHE. Local budgets must be based on eligible project costs as outlined in KDHE's 1422 Community Guidance document (Appendix D).

   3.2. Assign responsibilities to existing staff or hire new staff to coordinate the day to day operations of the 1422 local project and to serve as a liaison to KDHE.

   3.3. Convene a 1422 local implementation team to guide implementation of 1422 activities. Members of the local implementation team will represent a variety of community sectors as outlined in KDHE's 1422 Community Guidance document (Appendix D).

   3.4. Attend the formal 1422 launch meeting in Wichita during the month of January, 2015. A list of community members who should attend this meeting is provided in KDHE's 1422 Community Guidance document (Appendix D).

   3.5. Convene a series of local stakeholder meetings following the 1422 launch meeting to finalize the local work plan using the provided work plan template. Staff from the Wichita State University Center for Community Support and Research will facilitate the local stakeholder meetings. The final work plan must address each of the 15 strategies under the two 1422 grant components and be loaded into KDHE's online program management system. A complete list of the 1422 grant strategies, a copy of the work plan template and a description of KDHE's online program management system are provided in KDHE's 1422 Community Guidance document (Appendix D).

   3.6. Attend all required conference calls, webinars and in-person trainings and meetings associated with planning and implementing the 1422 grant. A detailed description of the

planned meetings and trainings is provided in KDHE's 1422 Community Guidance document (Appendix D).

3.7. Develop local working teams and/or subcontract with local and state entities as needed to assure completion of activities for each of the 15 strategies under the two 1422 grant components.

3.8. Respond to 1422 inquiries from local partners, KDHE and KDHE contractors in a timely manner.

3.9. Assist in the development of local 1422 success stories.

3.10. Complete all required reporting as directed by KDHE.

4. Duties of KDHE –

4.1. Provide oversight for all aspects of the federal 1422 grant.

4.2. Coordinate and oversee a team of KDHE content experts and state contractors to provide training and technical support for local 1422 planning and implementation efforts.

4.3. Provide timely guidance, technical support and feedback on all 1422 related work products and inquiries.

4.4. Make initial payment of $150,000 upon receipt of a signed contract. Subsequent payments based upon receipt of an affidavit of expenditure and according to the attached payment schedule (Appendix C).

5. Compensation –

5.1. KDHE will make an initial payment of $150,000 upon receipt of a signed contract. Subsequent payments will be paid based upon a timely submission and KDHE approval of an affidavit of expenditure ~~and~~ according to the attached payment schedule (Appendix C).

6. Miscellaneous Terms and Conditions –

6.1. This Contract is contingent upon the availability of state or federal funds and may be terminated by thirty (30) day advance written notice by either party.

6.2. The Contract amount shall not exceed $600,000.

6.3. Binding Appendices. The provisions found in Appendix A, (Contractual Provisions Attachment [Form DA-146a]), Appendix B, (Whistleblower and Debarment Certification), Appendix C, (payment schedule) and Appendix D, (KDHE 1422 Community Guidance) are hereby incorporated in this Contract and made a part hereof. Such provisions shall take precedence over any contrary provisions of this Contract.

6.4. Amendments. This Contract may be extended or amended as necessary if such extension and/or amendment is in writing and executed by the Parties with the same formalities as this Contract.

6.5. Termination. This Contract may be terminated by either Party upon providing written notice to the other party at least thirty (30) days in advance of the effective date of termination. If this Contract is terminated, Sedgwick County will be paid for those fees earned and costs incurred prior to the date of termination. KDHE shall receive all materials and products produced prior to the date of termination.

THE PARTIES, through duly authorized representatives, assent to the terms and conditions of this Contract and have executed it as of the date shown below.

Kansas Department of Health and Environment

By:

_____

Susan Mosier, M.D.
Interim Secretary

_____

Date

Sedgwick County, Kansas

By:

_____

Chair, Board of County Commissioners

_____

Date

ATTEST:

_____

KELLY B. ARNOLD, County Clerk

APPROVED AS TO FORM:

_____

JUSTIN M. WAGGONER, Assistant County Counselor

State of Kansas
Department of Administration
DA-146a (Rev. 06-12)

CONTRACTUAL PROVISIONS ATTACHMENT

Important: This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision:

"The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 06-12), which is attached hereto, are hereby incorporated in this contract and made a part thereof."

The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the _____ day of _____, 20_____.

1. **Terms Herein Controlling Provisions**: It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.

2. **Kansas Law and Venue**: This contract shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with this contract shall reside only in courts located in the State of Kansas.

3. **Termination Due To Lack Of Funding Appropriation**: If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, State may terminate this agreement at the end of its current fiscal year. State agrees to give written notice of termination to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of the State's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.

4. **Disclaimer Of Liability**: No provision of this contract will be given effect that attempts to require the State of Kansas or its agencies to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas is defined under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).

5. **Anti-Discrimination Clause**: The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

Contractor agrees to comply with all applicable state and federal anti-discrimination laws.
The provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting State agency cumulatively total $5,000 or less during the fiscal year of such agency.

6. **Acceptance Of Contract**: This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.

7. **Arbitration, Damages, Warranties**: Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or its agencies have agreed to binding arbitration, or the payment of damages or penalties. Further, the State of Kansas and its agencies do not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the State of Kansas or its agencies at law, including but not limited to the implied warranties of merchantability and fitness for a particular purpose.

8. **Representative's Authority To Contract**: By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.

9. **Responsibility For Taxes**: The State of Kansas and its agencies shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.

10. **Insurance**: The State of Kansas and its agencies shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require them to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), the contractor shall bear the risk of any loss or damage to any property in which the contractor holds title.

11. **Information**: **No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101 et seq.**

12. **The Eleventh Amendment**: "The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."

13. **Campaign Contributions / Lobbying:** Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or employee of any State of Kansas agency or a member of the Legislature regarding any pending legislation or the awarding, extension, continuation, renewal, amendment or modification of any government contract, grant, loan, or cooperative agreement.

Appendix B

COMPLIANCE WITH THE "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS"

Congress has enacted a law, found at 41 U.S.C. 4712, that encourage employees to report fraud, waste, and abuse. This law applies to **all** employees working for contractors, grantees, subcontractors and subgrantees on federal grants and contracts [for the purpose of this document, "Recipient of Funds"]. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled, "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS".

This program requires all grantees, their subgrantees and subcontractors to:

- Inform their employees working on any Federal award they are subject to the whistleblower rights and remedies of the pilot program;
- Inform their employees in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and,
- Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

Employees of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as reprisal for ''whistleblowing." In addition, whistleblower protections cannot be waived by any agreement, policy, form or condition of employment.

Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following:

- Gross mismanagement of a federal contract or grant;
- A gross waste of federal funds;
- An abuse of authority relating to a federal contract or grant;
- A substantial and specific danger to public health or safety; or,
- A violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant).

To qualify under the statute, the employee's disclosure must be made to:

- A Member of Congress or a representative of a Congressional committee;
- An Inspector General;
- The Government Accountability Office;
- A federal employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice, or other law enforcement agency;
- A court or grand jury; or,
- A management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

The requirement to comply with, and inform all employees of, the "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" is in effect for all grants contracts, subgrants, and subcontracts through January 1, 2017.

The Recipient of Funds acknowledges that as a condition of receiving funds, it has complied with the terms of the "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS", and has informed its employees in writing and in the predominant native language of the workforce, that by working on any Federal award, the employees are subject to the whistleblower rights and remedies of the pilot program.

NON-DEBARMENT CERTIFICATION AND WARRANTY

The Recipient of Funds acknowledges that KDHE is required to verify that the Recipient of Funds has not been suspended, debarred or otherwise excluded from receiving federal funds. Verification may be accomplished by 1) checking the Excluded Parties List System (EPLS) maintained by the General Services Administration; 2) obtaining a certification from the entity; or 3) by adding a clause or condition to the transaction.

The Recipient of Funds, as a condition of receiving funds, certifies and warrants that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency, or by any department or agency of the State of Kansas.

Grant funds will be available to the grantee based upon receipt of an affidavit of expenditure and released according to the following payment schedule.

Affidavit & Payment Dates and Amounts	
Due Date	**Amount**
Upon receipt of signed contract	$150,000.00
On or before April 1, 2015	Based on affidavit of expenditure submitted
On or before July 1, 2015	Based on affidavit of expenditure submitted
November 2, 2015	Final affidavit of expenditure due
Total Grant Award	**$600,000.00**

Kansas
Department of Health and Environment
Health Promotion

1422 State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke

KDHE Community Guidance

2014-2015

Table of Contents

I. INTRODUCTION

Kansas 1422 Grant Overview

The Kansas Department of Health and Environment will support implementation of a coordinated approach to prevent and control diabetes, heart disease, obesity and associated risk factors through implementation of the Centers for Disease Control and Prevention's DP14-1422-State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke grant. KDHE will partner with 7 communities (Allen, Crawford, Finney, Jewell, Johnson, Lincoln, Mitchell, Republic, Sedgwick, Smith, and Wyandotte counties) selected for participation based on the burden of hypertension, risk for type 2 diabetes, potential population reach, social demographic characteristics associated with these conditions or their risk factors, and community capacity and infrastructure for successful implementation of proposed activities. Funded communities will work with local partners to develop activities to support 15 strategies spread across two components.

Approach

The DP14-1422 will provide funds to support implementation of environmental, health systems and community-clinical linkage strategies to be implemented simultaneously and synergistically to address multiple risk factors and chronic diseases. These community efforts represent a dual approach that improves health for the whole population and for specific, selected population subgroups at high risk for experiencing disproportionate disease burden. Adults are the focus of these strategies. The strategies are divided into two components. Component 1 strategies are environmental approaches to promote health, support and reinforce healthful behaviors, and build support for lifestyle improvements. Strategies in Component 2 are health system interventions and community-clinical linkages that more directly focus on populations experiencing higher risk or disproportionate disease burden within the same geographic community as Component 1.

REQUIRED 1422 GRANTEE STRATEGIES	Short-Term Outcomes	Intermediate Outcomes
Component 1		
Environmental strategies to promote health and support and reinforce healthful behaviors		
1. Implement food and beverage guidelines including sodium standards (i.e., food service guidelines for cafeterias and vending) in public institutions, worksites and other key locations such as hospitals	Number of key locations & institutions (e.g. worksites, hospitals, parks and recreation) that implement nutrition and beverage standards Number of adults who have access to key locations that implement nutrition and beverage standards	**Increased consumption of nutritious food and beverages, and increased physical activity**
2. Strengthen healthier food access and sales in retail venues (e.g. grocery stores, supermarkets, chain restaurants and markets) and community venues (e.g. food banks) through increased availability (e.g. more fruit and vegetables and more low/no sodium options), improved pricing and placement, and promotion	Number of retail venues (e.g. grocery stores, supermarkets, restaurants) and community/county venues (e.g. food banks) that promote healthier food access through increased availability, and improved pricing, placement and promotion Number of adults who have access to retail venues and community/county venues that promote healthier food access	
3. Strengthen community promotion and physical activity through signage, worksite policies, social support, and joint-use agreements	Number and type of venues that promote physical activity through signage, worksite policies and shared-use/joint use agreements Number of adults who have access to venues that promote physical activity	**Increase the number of adults who meet physical activity guidelines**
4. Develop and/or implement transportation and community plans that promote walking	Number of communities in the county that develop and/or implement a transportation plan that promotes walking	
Strategies to build support for lifestyle change, particularly for those at high risk, to support diabetes, heart disease and stroke prevention		

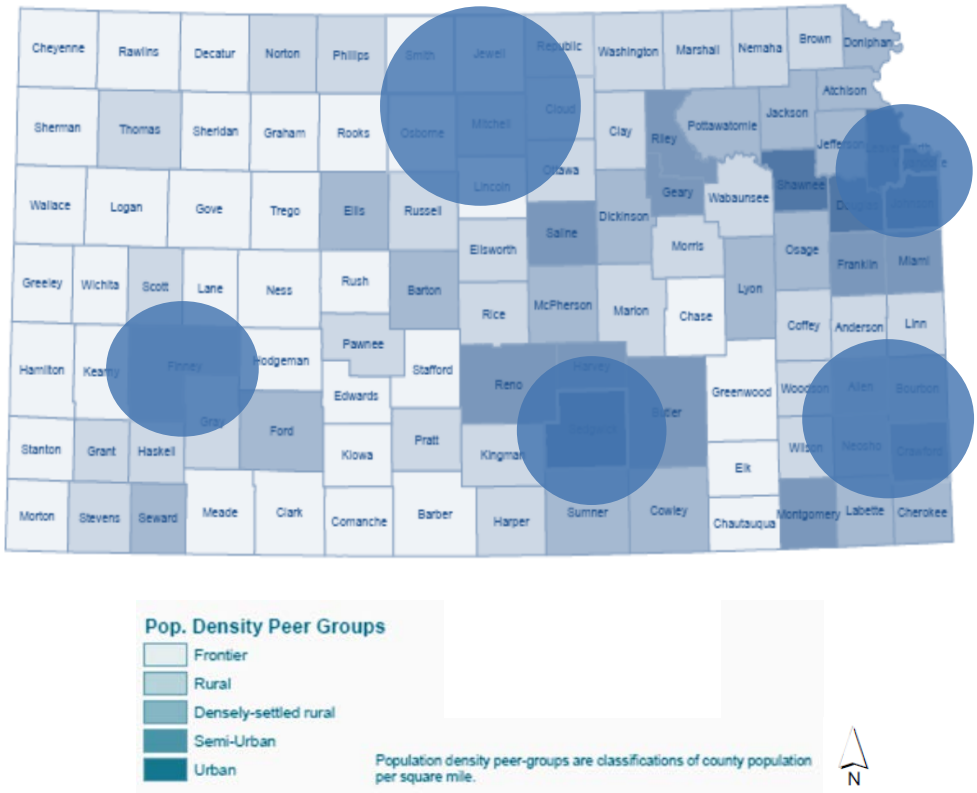
5. Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for lifestyle change	Number of unique sectors represented in the network (e.g. employers, insurers, health systems, community organizations, food banks) Annual participation/response rate of network partners in network self-assessments	**Increased engagement in lifestyle change program**
6. Implement evidence-based engagement strategies (e.g. tailored communications, incentives, etc.)	Number of people reached through evidence-based engagement strategies	
7. Increase coverage for evidence-based supports for lifestyle change by working with network partners	Number of employees with prediabetes or at high risk for type 2 diabetes who have access to evidence-based lifestyle change programs as a covered benefit	
REQUIRED 1422 GRANTEE STRATEGIES	**Short-Term Outcomes**	**Intermediate Outcomes**
Component 2		
Health system interventions to improve quality of health care delivery to populations with the highest hypertension and prediabetes disparities		
8. Increase electronic health records (EHR) adoptions and the use of health information technology (HIT) to improve performance (e.g. implement advanced Meaningful Use data strategies to identify patient populations who experience CVD-related disparities)	Percentage of patients within health care systems with electronic health records appropriate for treating patients with high blood pressure	**Improved medication adherence for adults with high blood pressure**
9. Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level (e.g. use dashboard measures to monitor health care disparities and implement activities to eliminate health care disparities)	Percentage of persons within health care systems with systems to report standardized clinical quality measures for the management and treatment of patients with high blood pressure	
10. Increase engagement of non-physician team members (i.e. nurses, pharmacists, nutritionists, physical therapists and patient navigators/community health workers) in hypertension management in community health care systems	Percentage of patients within health care systems with policies or systems to encourage a multi-disciplinary team approach to blood pressure control	

11. Increase use of self-measured blood pressure monitoring tied with clinical support	Percentage of patients within health care systems with policies or systems to encourage self-monitoring of high blood pressure	**Proportion of patients with high blood pressure that have a self-management plan**
12. Implement systems to facilitate identification of patients with undiagnosed hypertension and people with prediabetes	Percentage of patients within health care systems with policies or systems to facilitate identification of patients with undiagnosed hypertension and people with prediabetes	**Proportion of adults with high blood pressure in adherence to medication regimens**
Community clinical linkage strategies to support heart disease, stroke and diabetes prevention efforts		
13. Increase engagement of community health workers (CHW) to promote linkages between health systems and community resources for adults with high blood pressure and adults with prediabetes or at high risk for type 2 diabetes	Number of health systems that engage community health workers (CHW) to link patients to community resources that promote self-management of high blood pressure and prevention of type 2 diabetes	**Proportion of adults with high blood pressure in adherence to medication regimens** **Proportion of patients with high blood pressure that have a self-management plan** **Number of persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program**
14. Increase engagement of community pharmacists in the provision of medication/self-management for adults with high blood pressure	Number of community pharmacists that promote medication/self-management	**Proportion of adults with high blood pressure in adherence to medication regimens** **Proportion of patients with high blood pressure that have a self-management plan**
15. Implement systems to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs (e.g. EHRs, 800 numbers, 211 referral systems. Etc.)	Number of health care systems with an implemented community referral system for evidence-based lifestyle change programs	**Number of persons with high blood pressure or prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program**

II. ELIGIBILTY

Eligible Communities

The following criteria were used to identify target communities: 1) burden of hypertension risk for type 2 diabetes and potential population reach; 2) social demographic characteristics associated with these conditions or their risk factors; and 3) community capacity and infrastructure for successful implementation of proposed activities. These criteria were considered sequentially, with initial deliberation focused on burden and potential population reach and secondarily on social demographic characteristics unique to the community. However, capacity and infrastructure were important considerations for ultimately selecting high-need communities ready and able to implement proposed activities.



III. PROJECT FUNDING

KDHE will allocate at least 50 percent of the state's overall 1422 award to seven selected communities. Communities are defined as a single county or a group of contiguous counties and were selected based on the eligibility requirements described above. Community grants for year one are anticipated to begin in December of 2014 and conclude in September of 2015. Year one grant awards will range from $100,000 to $600,000. Funding is contingent on continued availability of federal funds.

Eligible Expenses

- Salary and fringe of staff to support project coordination
- General office support (computers, phone, data charges, copy/printing for project coordinator(s)
- Meeting support (printing, room fees, audio-visual, materials) for 1422 planning/ implementation committee meetings, subcommittees, state and local presentations, 1422 community events, etc.
- Travel to attend in state 1422 meetings and local county planning and implementation meetings. Out of state travel requests to attend professional development opportunities that are not available in state and directly aligned with the 1422 strategies must be approved by KDHE.
- Subcontracts with local and state partners to support planning and implementation of local 1422 strategies

Communities will be required to enter into a contract with KDHE. KDHE will review and approve funded communities' budget. **Please note that 1422 funds cannot be used to purchase food for any type of event** (meetings, taste tests, giveaway, etc.).

IV. PROJECT REQUIREMENTS

Funded communities will:

- Work with KDHE and KDHE"s contracted facilitator, Wichita State University Center for Community Support and Research (CCSR), to complete a local work plan to address each of the 15 required strategies. Submit final work plans to KDHE to be entered into KDHE's online project management system by March 2015.
- Develop an itemized project budget based on eligible costs detailed above and submit to KDHE for approval by January 30, 2015. When developing the budget and budget narrative, the grantee must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategies outlined in this guidance.
- Assign existing staff 1422 responsibilities or hire new staff to coordinate the day to day operations of the project and to serve as a liaison to KDHE
- Identify members of a 1422 local implementation team. Team members (6-15) should include representatives from the following sectors when present in the community.
    - Project coordinator and/or fiscal agency representative - 1
    - Health system representatives (physician/nurse, pharmacist, hospital staff, health IT, medical society, etc.) – 2-3
    - Safety net clinic / community health center representative - 1
    - Business/worksite(s) (local business owner, chamber of commerce) representatives – 1-2
    - Communications representative - 1

- City/county government (planner, commissioner/councilor, office of mayor, etc.) representatives – 1-2
- Parks and recreation / YMCA representative - 1
- Research and extension representative - 1
- Local health department representative - 1
- Member representing healthy food access (farmers' market coordinator, food policy council member, etc.) - 1
- Member representing physical activity promotion /access (physical activity champion, bike/pedestrian coordinator, trails coordinator) - 1

- Participate in all conference calls, webinars and in person trainings and meetings associated with planning and implementing the 1422 grant (training and meeting schedule coming soon)
  - Local 1422 implementation team will work with CCSR to complete a short series of phone interviews to develop a community profile related to current funding and ongoing activities that align with the 1422 strategies
  - Members of the Local 1422 implementation team and/or other key community members will attend the 1422 project launch in January, 2015
  - Convene a series of planning meetings in conjunction with WSU, KDHE, the local 1422 implementation team and other relevant community members with expertise in each of the 1422 strategy areas to develop a 9-18 month work plan
  - Members of the 1422 implementation team and/or other key community members will attend a Policy, Systems and Environment training coordinated by KDHE and the Directors of Health Promotion and Education (DHPE) on January 21, 2015 and a follow-up training to take place later in 2015. (Additional meeting details will be provided)
  - Members of the 1422 implementation team and/or other key community members will attend a Component 2 training coordinated by KDHE and the National Association of Chronic Disease Directors (NACDD) to take place in the summer of 2015. (Additional meeting details will be provided)
  - Local 1422 project coordinator (and other key members of the implementation team as determined by local project leadership) will meet with their KDHE project officer via conference call monthly
  - Local 1422 implementation team will meet with KDHE's local support team quarterly via conference call to discuss progress/challenges, etc.
- Final work plans must loaded into KDHE's online Catalyst system
- Develop subcommittees and/or subcontract work as needed to support implementation of local 1422 activities
- Complete progress reports in KDHE's online system on a semi-annual basis
- Assist in developing local 1422 success stories
- Respond to 1422 inquiries from local partners, KDHE and KDHE contractors in a timely manner

1422 Local Implementation Team

V. Timeline

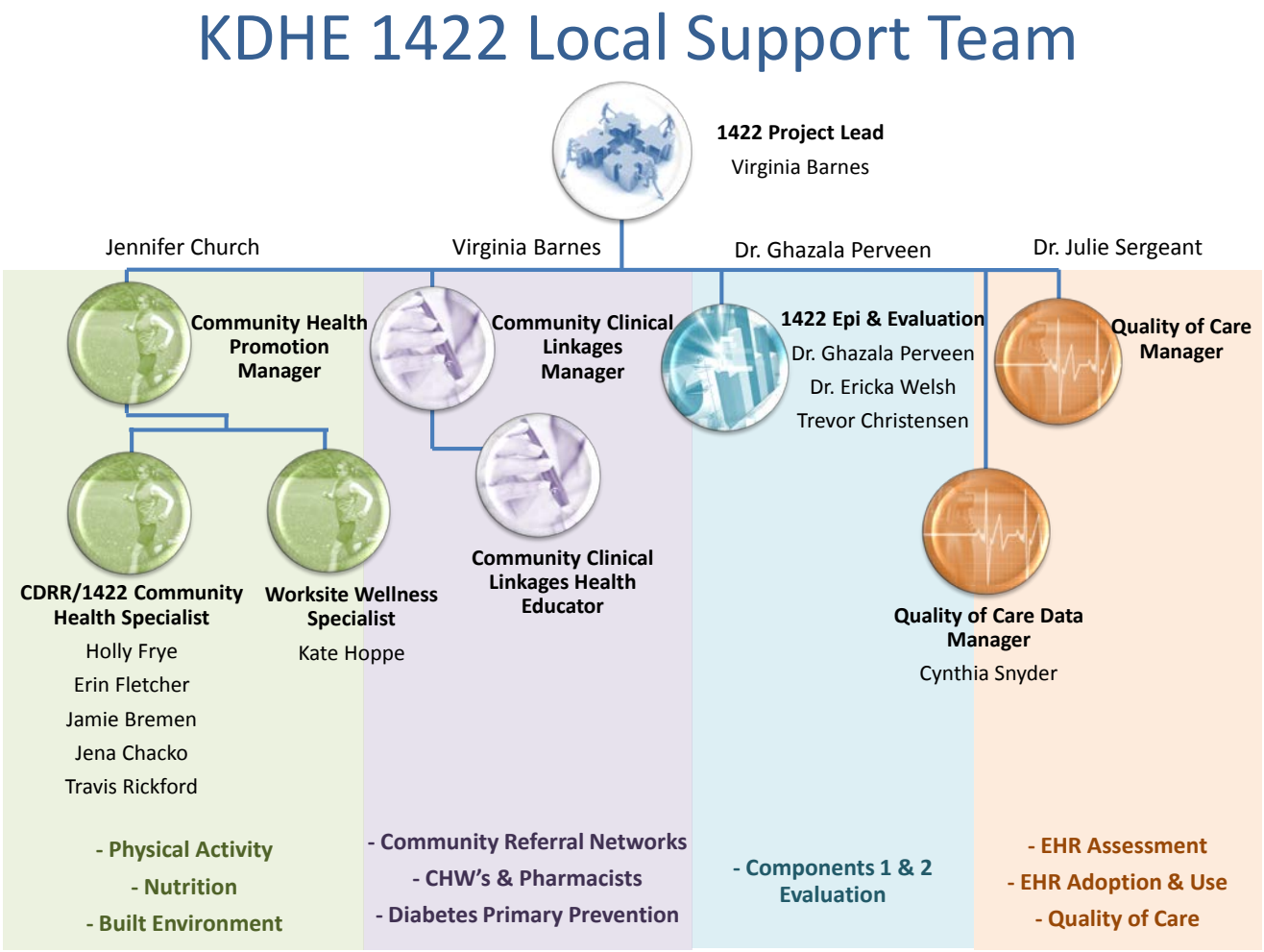
Below is a list of key events associated with the first year of 1422 planning and implementation. Please note that dates and locations are subject to change.

Event	Nov	Dec	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept
1422 informational webinar conducted by KDHE											
Initiate & finalize contracts with funded communities											
Funded communities convene in Wichita for in person 1422 kick-off meeting											
Funded communities develop and finalize budget proposals											
WSU completes community profile interviews with funded communities											

Funded communities participate in Directors of Health Promotion and Education (DHPE) Component 1 training											
First quarterly update call with local 1422 coordinating teams and KDHE											
Work plan and evaluation plan development with WSU and KDHE (series of in person, webinar and conference call meetings)											
Work Plan Implementation											
NACDD training on component 2 (Date TBD)											
Second quarterly update call with local 1422 coordinating teams and KDHE											
DHPE second training on policy, systems and environment (Date TBD)											
Funded communities annual progress reports due to KDHE											
Third quarterly update call with local 1422 coordinating teams and KDHE											
Local 1422 project coordinator monthly call with KDHE project officer											

V. KDHE Support

Communities funded to implement the 1422 grant will be provided technical assistance and support via two mechanisms. First, the Bureau of Health Promotion has developed a 1422 local support team which will be led by Virginia Barnes, MPH. Virginia will coordinate a dynamic team of bureau professionals with expertise in each of the 1422 focus areas depicted in the graphic below. Team members focused on primary prevention/worksite wellness activities are highlighted in green, staff working in community clinical linkages appear in purple, the bureaus' evaluation leads are in blue and the health systems and quality of care staff supporting 1422 work are highlighted in orange. Virginia can be reached at vbarnes@kdheks.gov or 785-291-3743.



In addition to KDHE content experts, the bureau will contract with a team of state and national experts to supplement the technical assistance and expertise available to each of funded community. The panel of experts who will be working with funded communities in year one are described below.

Contractor	Description of Work
WSU- Center for Community Support & Research	CCSR will partner with KDHE to provide consultation and facilitation to funded communities to develop work plans to address the 15 required strategies outlined in components 1 and 2. CCSR will provide continued support to funded communities as they begin implementation of these activities. The contractor will coordinate this work through KDHE and the bureau's 1422 local support team which will include content experts in health systems, community-clinical linkages, community health promotion, epidemiology and evaluation.
University of Kansas Department of Preventive Medicine- Wichita	KU will provide support for worksite wellness assessments for local worksites which are not currently part of the Workwell Kansas initiative. The assessment focuses on behavioral and policy approaches, including a focus on nutrition, sodium, and management of chronic disease. The tool assists in the development and implementation of a comprehensive worksite wellness plan that should include recommendations for evidence-based program interventions, policy and environmental change; and health plan benefit design responsive to each employer's unique situation.
Synovim Healthcare Solutions	Synovim will provide assistance to KDHE and local health system partners to conduct an assessment of local provider's current levels of adoption and use of electronic medical records/electronic health records systems. The assessment will include a review to determine the degree to which providers who are currently using and EHR system are using the system's analytics to drive quality improvement to impact hypertension and prediabetes. The assessment will also include a review of those systems which are actively connected to a health information exchange. Based on these results, Synovim will provide tailored technical assistance related to EHR implementation and optimization beginning with those providers in each of the funded communities with the largest patient base.

Kansas Healthcare Collaborative	The KHC will partner with KDHE to provide support to local providers and clinics who report a solid understanding of how to enter and extract data from their EHR system. KHC and a team of quality of care content experts from KDHE will engage these providers to participate in a quality of care learning network (cohorts) which will address hypertension and indicators related to prediabetes. The network will be conducted via webinar and will require onsite visits by members of the KHC and KDHE quality of care team. Participating providers will learn from other providers who have been successful in using their EHR's to drive quality improvement while using quality improvement tools such as PDSA cycles to drive change. Providers will use their EHR to capture and report on these improvements. The local 1422 local implementation teams will encourage provider participation. KHC will also work with the Kansas Health Information Network (KHIN), the state's primary health information exchange, to review the quality of data currently housed in the exchange and develop plans to clean the data, as needed, to support performance monitoring and evaluation efforts related to strategies in component 2. As the volume and quality of data housed in the exchange increases, these data will greatly enhance the population level view of hypertension and prediabetes in Kansas.
Kansas Health Information Network	KHIN will partner with EHR vendors to increase the number of providers in the 1422 funded communities connected to KHIN as a fully qualified EHR system. Those clinics serving the largest number of patients who have a viable EHR which has yet to be connected to the exchange will be the first clinics to have their EHR's linked. As a linked, fully qualified EHR system the provider/clinic will have easy access to patient histories outside of their own clinical setting, quicker access to and reduced duplication of lab and radiology tests, improved referral processes and transitions in care, the ability to more easily coordinate care among different providers, avoid incremental utilization and help prevent adverse drug interactions and allergies for patients, reduce administrative and overhead costs, and the ability to drive quality improvement and satisfy current and future quality reporting requirements. KHIN will also work with KDHE and the KHC to review and clean data from the exchange related to hypertension, prediabetes and related indicators to ensure the exchange is collecting quality

	population level data for use by health system and public health partners.
Directors of Health Promotion and Education (DHPE)	DHPE will train local partners from each of the 1422 funded communities. The training will take place early in 2015 This training will focus on community level policy and environmental elements, including work to address sodium and nutrition standards to support the strategies described in component 1 of the 1422. This will support local partners in their work to develop the component 1 work plan.
National Association of Chronic Disease Directors (NACDD)	NACDD will train local partners from each of the 1422 funded communities. The training will take place in early 2015 and will focus on component 2 to support engagement of health system partners, exploring the values of health information technology, quality of care, and diabetes primary prevention.
Nye and Associates	Nye will support an expanded web and media presence for the Spot the Salt sodium reduction media campaign. Originally created for KDHE's CDC sodium reduction grant, 1422 funds will revive and enhance the now idle website, and support development of new Spot the Salt marketing materials to support sodium reduction efforts as part of the larger efforts to increase access to healthier foods in each of the 1422 funded communities.
Other	Other contractors will assist in efforts to enhance/develop local community health worker (CHW) networks and engage existing networks, promotoras, coalitions and organizations to increase awareness of and increase participation in CDC approved evidence based lifestyle change programs among high risk populations.

Attachment A: Budget Summary Template

KDHE is developing a 1422 Budget Tool based on the template provided below. If communities would like to start crafting a project budget, the categories below will not change in the tool.

1422 Community Budget Template

Salaries and Wages				
	FTE	Salary	Fringe	Total
Project Coordinator	1	$50,000	$5,000	$55,000
Total Salaries and Wages				**$55,000**
Equipment				**$0**
None				
Total Equipment				**$0**
Travel				
Local/In-State -support for 5 FTE				
Mileage				
Airfare				
Per diem		$8,280		$8,280
Lodging		$7,470		$7,470
Rental Car / Ground transpo		$7,200		$7,200
Other (baggage, tips)				
Out of State- suppo t for				
Mileage				
Airfare		$800		$800
Per diem		$488		$488
Lodging		$954		$954
Rental Car / Ground transport		$179		$179
Other (baggage, tips)		$100		$100
Total Travel				**$25,471**
Supplies				

General office supplies- support 3.2 FTE	$2,304	$2,304
Computers-3 count	$3,600	$3,600
Total Supplies		**$5,904**
Other		
Meeting materials	$1,600	$1,600
Meetings to support disparate populations	$3,000	$3,000
Total Other		**$4,600**
Contracts		
YMCA	$25,000	$25,000
Total Contracts		**$25,000**
Total Direct Costs		**$75,000**
Base-		$0
Excludes Equipment and aid to local and all but first $25,000 of contract.		
Indirect Costs	**18.75%**	**$25,000**
Total Costs		**$100,000**
Total Award		**$100,000**

Attachment B: Logic Model