REQUEST FOR PROPOSAL

Get Healthy Idaho Action Plan Implementation for Elmore County

HPP22 0506
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## RFP ADMINISTRATIVE INFORMATION

<table>
<thead>
<tr>
<th>RFP Title:</th>
<th>Get Healthy Idaho Action Plan Implementation Evaluation for Elmore County</th>
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</thead>
<tbody>
<tr>
<td>RFP Project Description:</td>
<td>Central District Health is requesting quotes for a contractor to lead and assist in completing the Get Healthy Idaho deliverable, Action Plan Implementation Evaluation.</td>
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</tbody>
</table>
| RFP Lead: | Connie Clark-Schuur  
Central District Health  
707 N Armstrong Pl, Boise, ID 83704  
ccschuur@cdh.idaho.gov  
208-327-8513 |
| Submitting Sealed Proposal: |  
Submitting Manually: MANUAL PROPOSALS MUST BE RECEIVED AT THE PHYSICAL ADDRESS DESIGNATED FOR COURIER SERVICE AND TIME/DATE STAMPED BY CENTRAL DISTRICT HEALTH PRIOR TO THE CLOSING DATE AND TIME.  
Address for Courier/US Mail: Central District Health  
707 N. Armstrong Pl.  
Boise, ID 83704  
Attn: Connie Clark-Schuur  
Submit electronically via email:  
Electronic Submission: ccschuur@cdh.idaho.gov |
| Deadline to Receive Questions: | May 13th, 2022, 11:59 p.m. Mountain Time |
| RFP Closing Date: | May 27th, 2022, 11:59 p.m. Mountain Time |
| RFP Opening Date: | 10:30 a.m. Mountain Time, the following business day after closing |
| Initial Term of Contract and Renewals: | Twenty eight (28) months. Upon mutual, written agreement, the Contract may be renewed, extended or amended. The anticipated total Contract term is 28 months, ending on September 30, 2024. |
1 OVERVIEW

1.1. Purpose
Central District Health is seeking quotes for a contractor to lead and assist in completing the Get Healthy Idaho deliverable, Action Plan Implementation Evaluation for the Western Idaho Community Health Collaborative.

1.2. Definitions
CDH – Central District Health
WICH – Western Idaho Community Health Collaborative
GHI – Get Healthy Idaho
IDHW – Idaho Department of Health & Welfare
PHD – Public health district
Collective Impact Framework – A model that aligns diverse partners towards a singular goal that is more impactful than individual/isolated action. The framework consists of five (5) principles.
Social Determinants (influencers) of Health – The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They can be grouped into five (5) domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social/Community Context
Community Health – Refers to the well-being and health challenges of the people in a specific geographic region
RBA – Results-Based Accountability
Population Health – Refers to the health status and outcomes within a group of people
CHEMS – Community Health EMS (Emergency Medical Services), also known as Community Paramedicine
CHWs – Community Health Workers
Community Health Workers – Individuals who function along a continuum ranging from individual and community development to service delivery and promoting community empowerment and social justice. They often help link people to needed health care information and services.

1.3. Background Information
The Western Idaho Community Health Collaborative (WICH) is a regional, multi-sector collaborative that works with communities to align resources, work upstream, and address the social influencers (determinants) of health. Considering the intersection of disease burden, community readiness and interest, and impact on health disparities, Collaborative partners leverage collective resources and expertise to support Elmore County and the Elmore County Health Coalition in addressing persistent health challenges, such as diabetes, physical and behavioral health.

Elmore County residents face urgent health challenges. According to the Get Healthy Idaho data dashboard, Elmore County is the 7th highest in the state for diabetes prevalence, with the 5th highest in Diabetes Risk Score and the highest suicide rate in the WICH region. At the same time, Elmore County has many assets that could help address these systemic challenges, including a resilient spirit and strong city and county leadership.
WICHC was awarded the first-ever Get Healthy Idaho grant in January 2021 from the Idaho Department of Health & Welfare to address these health challenges by assessing the social influencers through a qualitative assessment and implementing an action plan. The entire action plan can be found on the WICHC.org website.

1.4. Resulting Contract
If the CDH awards a contract from this Solicitation, it will do so by issuing a contract which will be an acceptance of the successful offer. The Contract will be comprised of that contract document; this RFP, including any incorporated documents; the successful Proposal, including any clarifications requested by CDH; and an artifact formalizing any requirements agreed upon through contract discussions or negotiations, if applicable.

The following documents are incorporated into this RFP as if set out in their entirety:

- Solicitation Instructions for Vendor
- Standard Contract Terms and Conditions
- Additional Documents:
  - GHI Planning Process Evaluation
  - WICHC Logic Model
  - GHI Application
  - GHI Action Plan
  - Member/Structure Flow Chart
  - RBA Framework

RFP documents can be found on Central District Health’s website: cdh.idaho.gov. If multiple versions of any of these documents are available on the website, the version in effect on the day the RFP was issued shall apply.
2 QUESTIONS

2.1. Restrictions on Communications
From the issue date of this RFP, until a contract is awarded, or the RFP is cancelled, vendors are prohibited from communications regarding this RFP with all CDH staff except the Purchasing manager. Communication with her must be directed to her email, Ccschuur@cdh.idaho.gov. Communication with evaluation committee members, or other associated individuals is prohibited. Communication regarding the RFP with prohibited staff could result in disqualification from continued participation in the RFP.

2.2. Questions
2.2.1. This solicitation is issued by CDH; documents will be posted on CDH website: Central District Health (idaho.gov). The RFP Lead, ccschuur@cdh.idaho.gov is the only contact for this Solicitation. All correspondence must be in writing. In the event that it becomes necessary to revise any part of this RFP, amendments will be posted on the website. It is the responsibility of parties interested in this RFP to monitor the website for any updates or amendments. Any oral interpretations or clarifications of this RFP must not be relied upon. All changes to this RFP will be in writing and must be posted to Central District Health (idaho.gov) to be valid.

2.2.2. Questions or other correspondence must be submitted in writing to the RFP Lead (see contact information in the RFP Administrative Information, page 1). QUESTIONS MUST BE RECEIVED BY 11:59:59 P.M. MOUNTAIN TIME ON THE DATE LISTED IN THE RFP ADMINISTRATIVE INFORMATION.

2.2.3. Written questions must be submitted using Attachment 1 - Offeror Questions. Official answers to all written questions will be posted on CDH’s website Central District Health (idaho.gov), as an amendment to this RFP.

2.3. Vendor Proposed Modifications and Exceptions to Requirements, Terms, and Conditions
2.3.1. Vendors are strongly encouraged to submit any proposed modifications to the requirements, terms, or conditions of the RFP on Attachment 2 - Offeror Questions prior to the deadline to submit questions. Questions regarding these requirements must contain the following:

- The rationale for the specific requirement being unacceptable to the party submitting the question (define the deficiency).
- Recommended verbiage should be consistent in content, context, and form with the requirement that is being questioned.
- Explanation of how CDH’s acceptance of the recommended verbiage is fair and equitable to both CDH and to the party submitting the question.

2.3.2. In the event that a Proposal contains modifications or exceptions to any Solicitation requirements, terms, or conditions which are not addressed during the question and answer period, they must be identified and submitted on Attachment 3 - Modification and Exception Form and must contain the same information outlined in Section 2.3.1, above. CDH will not consider any modifications or exceptions that are not identified specifically on Attachment 3.
2.3.3. CDH has sole discretion to determine if the modifications or exceptions submitted by an Offeror would result in a material change or otherwise threaten the integrity of the procurement process. CDH will only negotiate non-material modifications or exceptions. Modifications or exceptions which CDH determines to be material, or which otherwise threaten the integrity of the procurement process, will not be accepted or negotiated. In the event that the Offeror has conditioned its Proposal on CDH’s acceptance or negotiation of its proposed modifications or exceptions, and the modifications or exceptions are deemed material, the Offeror will be given the opportunity to retract the proposed modifications or exceptions from its Proposal. Failure to do so will result in the Offeror’s Proposal being found non-responsive, after which it will receive no further consideration.

2.3.4. Non-material modifications or exceptions may be discussed with the apparent successful Offeror, at the discretion of CDH; however, CDH shall have the right to reject any and all such modifications and/or exceptions, or to call an end to such discussions, and to instruct the Offeror to amend its Proposal and remove the modifications and/or exceptions. Failure to do so may result in CDH finding the Proposal non-responsive.

2.3.5. Except as otherwise provided within the Solicitation, the State will not consider modifications or exceptions to the requirements, terms, or conditions which are proposed after the RFP Closing Date.
3 INSTRUCTIONS FOR SUBMISSION OF PROPOSAL

3.1. General Instructions
3.1.1. Proposals may be submitted electronically or manually, as detailed below. Except as otherwise addressed in this solicitation, all submission materials must be submitted at the same time (in a single package or electronic submission). If multiple submissions are received, only the latest timely submission will be considered.

3.1.2. Alternate proposals are not allowed.

3.1.3. All electronic files (whether submitted electronically or manually) must be in Microsoft Word, Excel, or PDF format; the only exception is for financials, brochures, or other information only available in an alternate format.

3.2. Trade Secrets
Paragraph 28 of the Solicitation Instructions to Vendors describes trade secrets to “include a formula, pattern, compilation, program, computer program, device, method, technique or process that derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by other persons and is subject to the efforts that are reasonable under the circumstances to maintain its secrecy.” In addition to marking each page of the document with a trade secret notation (as applicable; and as provided in Paragraph 28 of the Solicitation Instructions to Vendors), Offerors must also:

3.2.1. Identify with particularity the precise text, illustration, or other information contained within each page marked “trade secret” (it is not sufficient to simply mark the entire page). The specific information you deem “trade secret” within each noted page must be highlighted, italicized, identified by asterisks, contained within a text border, or otherwise clearly delineated from other text/information and specifically identified as a “trade secret.”

3.2.2. Provide a separate document entitled “List of Redacted Trade Secret Information” which provides a succinct list of all trade secret information noted in your Proposal; listed in the order it appears in your submittal documents, identified by Page #, Section #/Paragraph #, Title of Section/Paragraph, specific portions of text/illustrations; or in a manner otherwise sufficient to allow CDH’s procurement personnel to determine the precise text/material subject to the notation. Additionally, this list must identify with each notation the specific basis for your position that the material be treated as exempt from disclosure and how the exempting the material complies with the Public Records Law.

3.2.3. Submit a redacted copy of the Proposal with all trade secret information removed or blacked out. The redacted copy must be submitted electronically, with the word “redacted” in the file name, whether the Proposal is submitted manually or electronically.

3.3. Electronic Submission
3.3.1. Electronically submitted Proposals must be submitted via email to ccschuur@cdh.idaho.gov.
3.3.2. Offerors are advised to upload response materials with descriptive file names, organized and consolidated in a manner which allows evaluators to efficiently navigate the Offeror’s response.

3.4. **Manual Submission**

3.4.1. The Proposal must be addressed to the RFP Lead, sealed, and identified as “HPP22 0506, Get Healthy Idaho Action Plan Implementation for Elmore County.” Include your company name on the outside of the package.

3.4.2. The Technical Proposal and separately sealed Cost Proposal must be submitted at the same time (place all Proposal response materials within a larger package). If your Proposal does not fit in a single package, mark the packages to indicate the number of packages included in the submission (e.g. “Box 1 of 2”).

3.4.3. The Technical Proposal must be separately sealed, identified “Technical Proposal – HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County.”

3.4.4. The Cost Proposal must be separately sealed, identified as “Cost Proposal – HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County.”
4 PROPOSAL FORMAT

These instructions describe the format to be used when submitting a Proposal. The format is designed to ensure a complete submission of information necessary for an equitable analysis and evaluation of submitted Proposals. There is no intent to limit the content of Proposals.

4.1. Table of Contents
Include a table of contents in the Technical Proposal identifying the contents of each section, including page numbers of major Sections.

4.2. Format
Proposals must include a response to each section and each section must be clearly identified. Sections to be included are: Signature Page, Cover Form, Acknowledgement of Amendments (if applicable), all elements of Section 7 (Business Information), all elements of Section 8 (Organization and Staffing), and all elements of Section 9 (Scope of Work). Proposals should also include any applicable attachments as listed in the RFP. In your response, restate the RFP section and/or Section, followed with your response.

Offerors are encouraged to use a different color font, bold text, italics, or other indicator to clearly distinguish the RFP section from the Offeror’s response. Except for brochures, financials, work samples, or other similar submission items, all electronic Proposals must be submitted in Microsoft Word or Excel, and must not be locked. Offerors are strongly cautioned against including website links or imbedded documents in the Proposal; CDH will not be responsible for the RFP Lead or any evaluator’s failure to consider information outside of or imbedded in the Proposal.

4.3 Timeliness
Complete proposals must be submitted by the close date of the RFP. Late submissions will not be considered.
5 PROPOSAL REVIEW, EVALUATION, AND AWARD

5.1. Overview
The objective of CDH in soliciting and evaluating Proposals is to ensure the selection of a firm or individual that will produce the best possible results for the funds expended.

5.1.1. All Proposals will be reviewed first to ensure that they meet the Mandatory Submission Requirements of the RFP. Any Proposal(s) not meeting the Mandatory Submission Requirements will be found non-responsive.

5.1.2. Evaluation Criteria

Technical Proposal:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Submission Requirements</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Business Information (Section 7)</td>
<td>50 points</td>
</tr>
<tr>
<td>Organization and Staffing (Section 8)</td>
<td>50 points</td>
</tr>
<tr>
<td>Scope of Work (Section 9)</td>
<td>300 points</td>
</tr>
<tr>
<td>Cost Proposal</td>
<td>100 points</td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td><strong>500 points</strong></td>
</tr>
</tbody>
</table>

5.2. Technical Proposal
5.2.1. The Technical Proposal will be reviewed to ensure it meets the required elements. All Proposals which are determined by CDH, in its sole discretion, to be responsive in this regard will continue in the evaluation process outlined in this Section.

5.2.2. The Technical Proposal will be evaluated and scored utilizing one (1) or more Evaluation Committee(s).

5.3. Cost Proposal
5.3.1. The Cost Proposal will be evaluated for all Offerors who meet technical requirements.

5.3.2. The Cost Proposal will be evaluated and scored utilizing one (1) or more Evaluation Committee(s).

5.4. Responsibility
CDH may require the apparent high point Offeror to provide documentation to demonstrate its responsibility. The RFP Lead may request documentation including, but not limited to: credit or financial reports, and references. Failure to provide requested documentation may result in the Offeror being deemed non-responsible. Nothing herein shall prevent the State from using other means to determine Offeror’s responsibility.
5.5. **Award**
Award of Contract will be made to the responsive, responsible Offeror whose Proposal receives the highest number of total points.
6 MANDATORY SUBMISSION REQUIREMENTS CHECKLIST

NOTE: THIS CHECKLIST IS PROVIDED AS A COURTESY ONLY; OFFERORS ARE RESPONSIBLE FOR SUBMITTING ALL MANDATORY SECTIONS, ATTACHMENTS, SUBMITTAL ITEMS, ETC., REGARDLESS OF WHETHER THEY ARE IDENTIFIED IN THIS LIST.

☐ Cover Form: Complete, sign, and submit Attachment 3, Cover Form.

☐ Acknowledgement of Amendments (if applicable, form will be provided if Amendments are in place and need to be Acknowledged).

☐ Section 7: Business Information - Provide response to all sections: Business Profile, Experience, Organizational Chart, Demonstrated Success, Customer Satisfaction, References

☐ Section 8: Organization and Staffing – Provide response to all sections: Project Lead, Key Personnel and Qualifications, Subcontractors

☐ Section 9: Scope of Work – Provide response to the following sections: Requirement, Implementation, Training

☐ Cost Proposal: Provide your cost information on the form provided in Attachment 4, Cost Proposal.

☐ (If applicable) Redacted copy of Technical Proposal and list of Trade Secret redactions, as detailed in Section 3.2.

☐ Review the required types and levels of insurance—these are mandatory requirements. If you do not already have the required types and levels of insurance, you are strongly encouraged to contact your insurance representative to find out if you will be able to obtain the required insurance. (The Offeror should not purchase additional insurance in reliance of being awarded a contract). If you are awarded a Contract, failure to provide proof of the required insurance will be grounds for termination of the Contract.

(Add check box for signed appendices if needed)
7 BUSINESS INFORMATION

Information provided for sections 7.1-7.5 should be about 2-4 pages, Organizational Chart is not included in the 2-4 page recommendation.

7.1 Business Profile
Provide a profile of your business including Offeror’s business history, description of current service area, and customer base.

7.2 Experience
Describe in detail your knowledge and experience in providing services similar to those required in this RFP.

7.3 Demonstrated Success
Provide specific data demonstrating previous success with similar projects.

7.4 Customer Satisfaction
Using available data, describe your customer satisfaction with data such as customer return rate, customer satisfaction scores or other data that meets this criterion. Additional examples may include exercising option renewals, extending agreements, selecting your company again upon re-solicitation, etc.

7.5 References
Provide contact information for at least three (3) references.

7.6 Organizational Chart
Provide a copy of your organizational chart, including detail of any relationships with parent and subsidiary organizations.
8 ORGANIZATION AND STAFFING
Information provided for sections 8.1-8.4 should be about 1-4 pages in length.

8.1 Project Lead
Identify the person who will be the dedicated Project Lead if Offeror is awarded a contract. Provide a description of the proposed Project Lead’s experience and qualifications. You may submit a resume in response to this section.

8.2 Key Personnel and Qualifications
Provide a list of key management, customer service and other roles to be used in the fulfillment of this Contract (in addition to the Project Lead). Provide role descriptions, including requisite qualifications and experience of the person(s)/role(s) identified, as well as an explanation of how the person in that role will contribute to the project. Your response should demonstrate the extent to which you have the expertise to accomplish the Scope of Work.

8.3 Subcontractors
If you intend to utilize subcontractors, describe the extent to which they will be used to comply with Contract requirements. Include each position providing service, and provide a detailed description of how the subcontractors are anticipated to be involved under the Contract. Include a description of how the Offeror will ensure that all subcontractors and their employees will meet all Scope of Work requirements. NOTE: The information provided for subcontractors, if any, will be evaluated as part of Section 8.2, Other Key Personnel and Qualifications.

If you do not intend to utilize subcontractor(s), provide a statement to that effect.
10 SCOPE OF WORK

All sections of the Scope of Work are required contract services. Use this Proposal outline as part of your response to the RFP. Keep in mind, the evaluators will be scoring your Proposal based on the methodologies proposed and the completeness of the response to each item listed below. You must describe in detail how you will meet each requirement below. Include personnel, proposed timelines, methodologies, and any pertinent information that will be required from the Agency in order to achieve full compliance with all tasks and deliverables. There is no suggested length for the Scope of Work section, please answer each element completely.

10.1 Requirement

At each section prompt below, describe in detail how you will meet the requirements and timeline.

10.1.1 June 1-June 15, 2022 – Complete Research and Provide Revised Evaluation Plan Framework

- Complete research and present to CDH/WICH staff for confirmation on evaluation approach. Provide analysis and recommendations for evaluation, if necessary.
- Review GHI Evaluation Plan, including the formative and process components. Include research and design for the following evaluation components:
  - Formative Evaluation – Review existing plan and provide recommendations, if necessary. Develop detailed plan for how to incorporate this component into the action plan deliverables.
  - Process Evaluation – Review existing plan and provide recommendations, if necessary. Develop detailed plan for how to incorporate this component into action through various action plan and project goals.
  - Outcome Evaluation – Review existing plan and provide recommendations, if necessary. Develop detailed plan for how to incorporate this component into action through various action plan and project goals.
- Provide feedback on project goals and key initiatives and their respective timelines.
- Provide feedback and/or complete additional research to complete the Evaluation Results Scorecard.
- Deliverable: Submit feedback on existing plan and supporting documents by May 27, 2022

Please describe how you will meet 10.1.1 timeline and deliverables:

10.1.2 June 1-June 15, 2022 – Develop necessary surveys to evaluate project goals.

- Finalize scope and details of surveys. Present draft survey to CDH/WICH staff.
  - Deliverable: Submit draft surveys to CHD/WICH staff by June 15, 2022
- Confirm survey participants and collaborate with CDH/WICH staff to make contact as needed.
- Develop draft plan to complete key informant interviews across the following Project Goals:
  - Project Goal 2: Complete 3-6 key informant interviews
  - Project Goal 3: Complete up to three rounds of 5-10 key informant interviews
  - Project Goal 5: Complete 3-6 key informant interviews
(Project Goals 1 and 4 do not relate to conducting key informant interviews.)

- Deliverable: Submit draft plan to CDH/WICHC staff by June 15, 2022.

Please describe how you will meet 10.1.2 timeline and deliverables:

10.1.3
June-August, 2022 – Action Plan Workgroups and Deliverables
- Review CDH/WICHC staff-supplied meeting agendas, minutes, and additional meeting content from Action Plan Deliverables.
- Attend relevant GHI Action Plan Workgroup meetings, as necessary, for observation. Attendance may be in person or virtual.

June 15-August 5, 2022 – Complete and analyze key informant interviews and survey responses
- Deploy (and close) surveys
- Analyze responses from key informant interviews and surveys
- Complete additional research as needed

Please describe how you will meet 10.1.3 timeline and deliverables:

10.1.4
July 15-August 5, 2022 – Provide draft evaluation plan for Phase 2 (October 2022-September 2023) grant timeframe
- Collaborate with CDH/WICHC staff to receive and incorporate at least one round of feedback
- Deliverables:
  - First draft evaluation plan for Phase 2 due July 15, 2022
  - Final draft evaluation plan for Phase 2 due August 5, 2022

September 5, 2022 – Submit final evaluation report
- Deliverable: Submit formal report, including completed annual evaluation plan scorecard for this Phase 2 (funding period through September 2022) and other relevant information.

Please describe how you will meet 10.1.4 timeline and deliverables:

10.1.5
Phase 2: October 1, 2022-September 30, 2023
Subject to minor changes per feedback provided by Contractor during Phase 2 of funding period.

October 2022-May 2023 – Develop, deploy, and close surveys for relevant Project Goals, compile and share out results from surveys to CDH/WICHC staff. Conduct key informant interviews as needed.

May-August 2023 – Conduct follow-up interviews as necessary with stakeholders
July 15-August 5, 2023 – Provide draft evaluation plan for Phase 3 (October 2022-September 2023) grant timeframe
   • Collaborate with District to receive and incorporate at least one round of feedback

October 1-September 5, 2023- Attend GHI workgroup meetings (virtually or in-person as necessary), schedule and attend monthly check-ins with CDH/WICHC staff

September 5, 2023 – Submit final evaluation report
   • Deliverable: Submit formal report, including completed annual evaluation plan scorecard for this Phase 3 (funding period through September 2023) and other relevant information.

Please describe how you will meet 10.1.5 timeline and deliverables:

10.1.6
Phase 3: October 1, 2023

Subject to minor changes per feedback provided by Contractor during Phase 3 of funding period.
   • October 2023-May 2024 – Develop, deploy, and close surveys for relevant Project Goals, compile and share out results from surveys to CDH/WICHC staff. Conduct key informant interviews as needed.
   • May-August 2024 – Conduct follow-up interviews as necessary with stakeholders

July 15-August 5, 2024 – Provide draft evaluation plan for Phase 3 (October 2022-September 2023) grant timeframe
   • Collaborate with District to receive and incorporate at least two rounds of feedback
   • October 1-September 5, 2024- Attend GHI workgroup meetings (virtually or in-person as necessary), schedule and attend monthly check-ins with CDH/WICHC staff

September 5, 2024 – Submit final evaluation report
   • Deliverable: Submit formal report, including completed annual evaluation plan scorecard for this Phase 3 (funding period through September 2024) and other relevant information.

Please describe how you will meet 10.1.6 timeline and deliverables:

Provide a preliminary timeline for implementation. A kick-off meeting will be scheduled with the Contractor within a week of the contract award.

10.2 Training
Contractor must have completed some form of cultural competency training. Contractor must have training/education in process evaluation, as well as understanding and utilizing qualitative and quantitative data.
10.3 **Agency Responsibilities**

Central District Health will be responsible for:

- **10.3.1** CDH/WICH will share staff availability for monthly check-in meetings
- **10.3.2** CDH/WICH staff will provide GHI-related documentation as needed
- **10.3.3** CDH/WICH staff will invite Contractor to agreed-upon GHI meetings
- **9.4.4** CDH/WICH staff will respond to Contractor’s draft evaluation plans within two business days
- **9.4.5** CDH/WICH staff will provide a list of potential key informants to be interviewed as well as network contacts to assist in survey dissemination
ATTACHMENT 1 – OFFEROR QUESTIONS
HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County

Instructions:

DO NOT IDENTIFY YOUR NAME OR YOUR COMPANY’S NAME OR PRODUCT NAMES OF INTELLECTUAL PROPERTY IN YOUR QUESTIONS.

ADD ROWS BY HITTING THE TAB KEY WHILE WITHIN THE TABLE AND WITHIN THE FINAL ROW.

The following instructions must be followed when submitting questions using the question format on the following page.

1. DO NOT CHANGE THE FORMAT OR FONT. Do not bold your questions or change the color of the font.
2. Enter the RFP section number that the question is for in the “RFP Section” field (column 2). If the question is a general question not related to a specific RFP section, enter “General” in column 2. If the question is in regards to a CDH Term and Condition or a Special Term and Condition, state the clause number in column 2. If the question is in regard to an attachment, enter the attachment identifier (example “Attachment 1”) in the “RFP Section” (column 2), and the attachment page number in the “RFP page” field (column 3).
3. Do not enter text in the “Response” field (column 5). This is for CDH use only.
4. Once completed, this form is to be e-mailed to ccschuur@cdh.idaho.gov. The e-mail subject line is to state the RFP Number: HPP22 0506 followed by “Questions.”
5. Compiled form with answers to all questions will be posted on CDH website, amendments will be made as needed and will be announced on CDH website.
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<th>Question</th>
<th>RFP Section</th>
<th>RFP Page</th>
<th>Question</th>
<th>Response</th>
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</table>
**ATTACHMENT 2 – MODIFICATION AND EXCEPTION FORM**

**HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County**

**Instructions:** Complete this form and submit with your RFP submittal if you are proposing modifications or taking exception to any of the requirements, terms, or conditions included in the RFP, including any documents incorporated by reference (such as the Standard Contract Terms and Conditions.) See RFP Section 2.4 for a full explanation of the process surrounding vendor-proposed modifications and exceptions.

Offerors must specifically address any and all proposed modifications and exceptions. Blanket requests to negotiate requirements, terms, or conditions will not be considered. Offerors must provide an explanation as to why the requirement, term, or condition should be considered non-material. Offerors must also provide a reason for the proposed modification or alternative language, specifically addressing the issues itemized in RFP Section 2.4.1.

The determination of materiality will be made at CDH’s sole discretion. Non-material modifications or exceptions may be negotiated with the apparent successful Offeror, at the discretion of the CDH and as otherwise provided in RFP Section 2.4.4.

<table>
<thead>
<tr>
<th>RFP Section</th>
<th>RFP Requirement, Term, or Condition</th>
<th>Reason Requirement, Term, or Condition Should be Considered Non-Material</th>
<th>Proposed Modification, Alternative, or Exception</th>
<th>Reason for Proposed Modification, Alternative, or Exception</th>
</tr>
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</table>
**ATTACHMENT 3 – COVER FORM**

HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County

**Attachment 3, Cover Form must be completed, signed, and submitted with your Proposal.** Failure to complete and submit this form may result in your Proposal being deemed non-responsive.

**Instructions:** The Technical Proposal must include a signed copy of this cover form. Copy and paste this form onto your company letterhead, or include the following information: Offeror’s company name, mailing address, phone number, fax number, e-mail address, and name of Offeror’s authorized signer. The cover form must include the RFP Number: HPP22 0506 and Title and must be signed by an individual authorized to commit the Offeror to the contents of the Proposal.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offeror’s corporate or other legal entity status</td>
<td>☐ Corporation</td>
</tr>
<tr>
<td></td>
<td>☐ Limited Liability Corporation (LLC)</td>
</tr>
<tr>
<td></td>
<td>☐ Limited Liability Partnership</td>
</tr>
<tr>
<td></td>
<td>☐ Sole Proprietorship</td>
</tr>
<tr>
<td></td>
<td>☐ Other (specify)</td>
</tr>
<tr>
<td>Offeror’s Tax Identification Number</td>
<td>EIN:</td>
</tr>
<tr>
<td>Offeror’s DUNS Number</td>
<td>DUNS:</td>
</tr>
<tr>
<td>Is Offeror a legal entity with the legal right to contract?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td>Other than modifications/exceptions identified on Attachment 3, in compliance with Section 2.4 of this RFP, does Offeror accept, and is Offeror willing to comply with, the requirements of this RFP and attachments, including but not limited to those identified in Section 1.4 and the Special Terms and Conditions in Appendix?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td>Is Offeror in compliance with applicable equal employment regulations?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td>Does Offeror affirm that it has not employed any company or person other than a bone fide employee working solely for the Offeror or a company regularly employed as its marketing agent, to solicit or secure the Contract, and that it has not paid or agreed to pay any company or person, other than a bone fide employee working solely for the Offeror or a company regularly employed by the Offeror as its marketing agent, any fee, commission, percentage, brokerage fee, gifts, or any other consideration contingent upon or resulting from the award of the Contract?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
</tbody>
</table>
Does Offeror understand and agree that for breach or violation of the above term, CDH has the right to annul the Contract without liability or, in its discretion, to deduct from the offered price the amount of any such fee, commission, percentage, brokerage fee, gifts, or contingencies.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Firm(s) and/or staff responsible for writing the Proposal**

<table>
<thead>
<tr>
<th>Names:</th>
</tr>
</thead>
</table>

**Does Offeror affirm that it is not currently suspended, debarred, or otherwise excluded from federal or state procurement and non-procurement programs?**

Note: vendor information is available at https://sam.gov.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Does the Offeror affirm that the Proposal will be firm and binding for ninety (90) calendar days from the Proposal opening date?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**Does Offeror warrant that it does not knowingly and willfully employ persons who cannot legally work in this country; and that Offeror takes steps to verify that it does not hire persons who have entered our nation illegally or cannot legally work in the United States; and that any misrepresentation in this regard or any employment of persons who have entered our nation illegally or cannot legally work in the United States constitutes a material breach and will be cause for the imposition of monetary penalties up to five percent (5%) of the Contract price, per violation, and/or termination of the Contract?**

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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Signed By: ________________________________

Printed Name: ________________________________

Date: ________________________________
Attachment 1, Cost Proposal must be completed and submitted with your Proposal. The Offeror must provide a fully-burdened rate which must include, **but not be limited to**, all operating and personnel expenses, such as: overhead, salaries, administrative expenses, travel, profit, and supplies.

<table>
<thead>
<tr>
<th>Description</th>
<th>Fully-burdened Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation (including all services detailed in Sections XXX)</td>
<td>$</td>
</tr>
<tr>
<td>Year 1 (2022) Service</td>
<td>$</td>
</tr>
<tr>
<td>Year 2 (2023) Service</td>
<td>$</td>
</tr>
<tr>
<td>Year 3 (2024) Service</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL 3-YEAR COST</strong></td>
<td>$</td>
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</table>

Provide cost information for any and all positions you anticipate using for development of a describe project, as described in RFP Section. (You may add as many positions as you need.)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Anticipated Number of Hours</th>
<th>Fully-burdened Hourly Rate</th>
<th>Extended Cost</th>
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<tbody>
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<td>$</td>
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| Project Total | $                         |

Company Name: ____________________________________________

Name of Individual submitting bid: ________________________

Phone: ___________________________ Fax: __________________

E-mail: ____________________________________________
APPENDIX A – TERMS AND CONDITIONS BACKGROUND AND LIMITATIONS
HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County

Should a contract be granted with an offeror, the following Terms and Conditions will apply:

1. Upon default, the District (CDH) or Contractor may cancel this Agreement without any notice and may pursue any and all legal, equitable, and other available remedies. Default occurs if the District or Contractor fails to perform any of the covenants, conditions, or services of this Agreement and such defects in performance are not cured within ten (10) working days after receipt of written notice of default.

2. District and Contractor expressly agree (a) that Contractor is an independent Contractor; (b) that there exists no employer-employee relationship between the District and Contractor; and (c) that there exists no principal-agent relationship between the District and Contractor.

3. As compensation for the services to be performed pursuant to this Agreement, District agrees to pay Contractor at such times and in such amounts as is set forth on Exhibit “B” attached hereto, and by this reference incorporated herein. Contractor acknowledges that as an independent contractor, Contractor is not entitled to overtime compensation or any other additional compensation pursuant to the Fair Labor Standards Act.

4. Contractor acknowledges that Contractor is not eligible to participate in or to be covered by the District with regard to the following programs:
   
   (a) Unemployment compensation
   (b) Social Security
   (c) Group life insurance
   (d) Public employees retirement
   (e) Worker’s compensation
   (f) Malpractice liability insurance
   (g) Withholding for state and federal tax purposes

5. Contractor agrees to defend, indemnify, and hold the District harmless from any claim, cause of action, loss, cost, or damage arising out of or in any way connected with or incidental to any occurrence associated in any way with Contractor’s performance of the Contracted Services.

6. Contractor agrees to maintain confidentiality of all information utilized or gained in performing the Contracted Services. Contractor also acknowledges that Contractor is bound and shall abide by all provisions of the Equal Opportunity Employment Act in performing the Contracted Services.

7. Contractor agrees to maintain an adequate system of accounting and internal controls to meet all appropriate federal and state requirements and such conditions and provisions as the District may deem necessary. Contractor acknowledges that Contractor is bound and shall abide by all federal and state provisions in performing the Contracted Services. Contractor is not excluded, suspended, or debarred from any government services or payments.

8. Contractor agrees to maintain all fiscal records, including its books, audit papers, documents, and any other evidence of accounting procedures and practices, which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this contract.

9. Contractor agrees to maintain all records and documents relevant to this contract for three years from the date of final payment. These records shall be available for and subject to inspection, review, or audit and copying by the District and any person duly authorized by the District at all reasonable times.
10. When federal or state audits indicate that payments to the Contractor do not meet the applicable federal regulations or state rules, the Contractor shall refund and pay to the District any payments made, plus costs, including audit costs, arising from the Contractor’s ineligible or improper receipt or use of federal financial participation funds, and the District must refund such payments to the applicable federal funding agency.

11. If a suit or action is instituted to enforce any of the terms of this Agreement, the prevailing party shall be entitled to recover all costs and attorney’s fees from the non-prevailing party.

12. If notices shall be required to be given by Contractor to the District or from the District to the Contractor, notices shall be sent by certified mail to the address on file.
## APPENDIX B – Deliverables

**HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County**

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Required by RFP Section #</th>
<th>Description</th>
<th>Submitted to</th>
<th>Frequency</th>
<th>Date Due</th>
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<tbody>
<tr>
<td>Schedule check-in meetings</td>
<td>Section 9</td>
<td>Schedule recurring meetings with CDH/WICHC staff to provide project updates and other information as necessary throughout the contract timeline.</td>
<td>Alexis Pickering (Laura Smith) and Danielle Beaudre</td>
<td>Monthly, with additional meetings as necessary</td>
<td>June 15, 2022</td>
</tr>
<tr>
<td>Attend GHI Action Plan Workgroup meetings</td>
<td>Section 9</td>
<td>CDH/WICHC staff will share calendar invites to relevant GHI-related meetings for Contractor to attend for evaluation purposes.</td>
<td>Danielle Beaudre</td>
<td>As necessary, likely multiple times a month</td>
<td>Entire contract</td>
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<tr>
<td>Submit draft evaluation plan for Phase 2</td>
<td>Section 9</td>
<td>Incorporate at least one round of feedback with CDH/WICHC staff.</td>
<td>Alexis Pickering (Laura Smith)</td>
<td>Submit at least one first and a final draft</td>
<td>Final draft due August 5, 2022</td>
</tr>
<tr>
<td>Submit final evaluation report for Phase 3</td>
<td>Section 9</td>
<td>Submit formal report, including completed annual evaluation plan scorecard for this Phase 3 (funding period through September 2023) and other relevant information.</td>
<td>Alexis Pickering (Laura Smith)</td>
<td>Once</td>
<td>September 5, 2023</td>
</tr>
<tr>
<td>Submit final evaluation report for entire project</td>
<td>Section 9</td>
<td>Submit formal report, including completed annual evaluation plan scorecard for this Phase 3 (funding period through September 2024) and other relevant information.</td>
<td>Alexis Pickering (Laura Smith)</td>
<td>Once</td>
<td>September 5, 2024</td>
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APPENDIX C – PERFORMANCE METRICS
HPP22 0506 Get Healthy Idaho Action Plan Implementation for Elmore County

Operational

• Contractor meets deliverables described in Section 9
• Contractor meets timelines described in Section 9
• Contractor communicates with CDH/WICHIC effectively and in a timely fashion
• Contractor develops survey tools that are approachable and accessible to a variety of participants in Elmore County and account for reading level, different languages, etc.

Strategic

• Contractor is able work with and establish trust with key informants in Elmore County
• Contractor is able to provide feedback on existing plan and inform the next phases of the evaluation

Cost/Billing

• Contractor bills monthly by the first of each month
• Contractor is able to complete the work at or under budget
DISCLAIMER
The views expressed by RNA Consulting in this publication do not necessarily reflect the views of the Department of Health and Welfare, Central District Health Department, the Western Idaho Community Health Collaborative, or the Elmore County Health Coalition.
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<td>Western Idaho Community Health Collaborative</td>
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<td>Elmore County Health Coalition</td>
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<td>Evaluation Design</td>
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<td>Evaluation Methods</td>
<td>8</td>
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<td>Key Informant Interviews</td>
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<td>Coalition Survey</td>
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<td>Findings, Conclusions, and Recommendations</td>
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<td>Key Informant Interviews</td>
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<td>Meeting Observations</td>
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<td>Conclusions</td>
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<td>Organization</td>
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<td>Shared Vision</td>
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<td>Structure</td>
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<td>Attachment C</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<td>CI</td>
<td>Collective Impact</td>
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<td>Elmore County health coalition</td>
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<td>GHI</td>
<td>Get Healthy Idaho</td>
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<td>GHIEC</td>
<td>Get Healthy Idaho Elmore County</td>
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<tr>
<td>WICHIC</td>
<td>Western Idaho Community Health Coalition</td>
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</table>
EXECUTIVE SUMMARY

Get Healthy Idaho Elmore County is the first project for a broader approach to addressing improved community health outcomes through the Department of Health and Welfare’s Get Healthy Idaho program. The Western Idaho Community Health Collaborative applied for and received funding to implement a multi-year project, Get Healthy Idaho Elmore County.

To organize the project and partners, the Collective Impact (CI) framework is being used. CI strategically aligns resources and partners to improve communities.

This first evaluation focused on the following questions:

- Are partner organizations aligned with a shared vision of change?
- Does the partner organization’s purpose align with the grant work?
- Is the backbone support coordinated and structured to manage the initiative?
- Is there consistent and open communication across the partners?
- What are other learning, continuous improvement opportunities?

The evaluation design used three different data collection strategies to find consistent trends or themes within the results. The three strategies were structured around key constructs of the CI (organization, shared vision, structure, and communication) to answer evaluation questions by using:

- Key informant interviews
- Coalition survey and
- Meeting observations

Eighteen key informants were identified from the Get Healthy Idaho Elmore County partners. Twelve participated in a structured interview with fourteen questions and averaged 25 minutes. Transcripts of the interviews were coded for alignment with key words (organization, shared vision, structure, resources, and communication).

Get Healthy Idaho Elmore County partners not solicited for an interview, were invited to participate in the Coalition Survey. The survey asked a total of 37 questions or statements and was sent to eighteen participants. Eleven participants completed the survey with an average time of six minutes.

A total of five meetings were observed as a final data collection strategy.

Organization

Key informant interviews and the coalition member survey asked questions related to the Get Healthy Idaho Elmore County’s ability to:

- Meet the needs of members
- Have diverse agencies participate
- Feel positive about participating
- Reflect the diversity within the community

Interviews, survey responses, and meeting observations found that organizations were participating because of a natural alignment to improve the Social Detriments of Health in Elmore County. With over 35 organizations participating in the grant work, demonstrated is the diverse participation needed to address a range of community issues. Two areas that could be strengthened as the grant work continues are:
• Orienting new coalition members to the grant work and
• Evaluating the need to bring on additional members to ensure/maintain diversity of the community

Shared Vision
Key informant interviews and the coalition member survey asked questions focused on:
• Commitment to improving health outcomes
• Ability to achieve goals
• Attracting the right partners

Responses to both interviews, surveys, and meeting observations found that partners are committed to improving health outcomes and at this stage, the right partners have been attracted. Enthusiasm was shared that as the project moves to implementation, partners will be able to share knowledge, resources, information, etc. to assist with community identified activities. This is one of the principles of the CI, partners sharing their knowledge, resources, etc. As the grant work moves forward, outward communication of the progress towards goals and evaluating the need to attract new partners is recommended.

Structure
Interview and coalition member survey questions addressed:
• Communication
• Working well together
• Utilizing member strengths
• Having enough time to participate in meetings
• Staying focused during meetings
• Ability to ask questions when there is a lack of understanding
• Differences are recognized and resolved

Confirmed through interviews, survey responses, and meeting observations were:
• Organized communication
• Partners have built trust and work well together
• Meetings show high participation and engagement where necessary
• Partners comfortably ask questions to ensure clarity for making informed decisions

Meeting observations demonstrated that partners have created an environment that allows for open and honest communication to learn about community needs. While partners may not always agree, each is valued by being heard.

Finally, through interviews and survey comments, partners are excited to be moving to implementation. This is two-fold: 1) there has been a lot of data gathering and the grant is finally moving to the implementation of community driven activities to address health outcomes; and 2) partners can now share their resources, skills, training, etc. to assist with implementing activities.

Communication
Overwhelming feedback from interviews and meeting observations documented the importance of community feedback. As important as receiving information, is the sharing of information with the progress of grant activities. Survey and interview comments validated the importance of ensuring that the community is updated of progress in languages that are represented. To date, websites for WICHC and Get Healthy Idaho provide updates with information being translated into Spanish.
Recommendations

This first evaluation existed to understand the backbone structure of the Get Healthy Idaho Elmore County grant, through four constructs. Data collected by threeen different methods (interviews, survey, and observations) found that at this stage:

- Partner organizations are aligned with a shared vision of change.
- Partner organization’s purpose align with the grant work.
- The backbone support is coordinated and structured to manage the initiative.
- There is consistent and open communication across the partners.
- Partners have identified additional learning and continuous improvement opportunities.

Recommendations for consideration as Get Healthy Idaho Elmore County moves into the implementation of community identified activities are provided in no particular order:

- Orienting new coalition members to the grant work
- Evaluating the need to bring on additional members to ensure/maintain diversity of the community
- Continue to update the community about the progress to date (in English and Spanish)
- Collecting partner resources, trainings, skills that can be leveraged as activities move forward

While not a trend in the data, but a recommendation worth considering is the ability to host meetings and/or activities during times that those most likely to access the activities would be able to participate. This may include later evenings and/or weekends.

A final construct of the Collective Impact (CI) is the importance of evaluating activities. As Get Healthy Idaho Elmore County (GHIEC) is in the “early years,” evaluation should focus on the process of activities implemented. This level of evaluation ensures that activities are implemented according to plans, thereby increasing the likelihood of improving long-term health outcomes through the Social Determinants of Health in Elmore County. Further, given the limited number of CI initiatives in rural communities; GHIEC provides a framework inclusive of evaluation tools and activities that may guide other rural communities looking to address community change.
EVALUATION PURPOSE

Get Healthy Idaho Elmore County is the first project for a broader approach to addressing improved community health outcomes through the Department of Health and Welfare’s Get Healthy Idaho program. The Western Idaho Community Health Collaborative applied for and received funding to implement a multi-year project, Get Healthy Idaho Elmore County.

Get Healthy Idaho Elmore County is using the Collective Impact (CI) framework for the grant work. CI strategically aligns resources and partners to improve communities. The grant is currently in the “early years” which evaluates the effectiveness of partners and process of implementing activities. The early years can also be described as the “planning” or “formative stage” of a project.

This first evaluation focused on the following questions regarding the backbone support.
- Are partner organizations aligned with a shared vision of change?
- Does the partner organization’s purpose align with the grant work?
- Is the backbone support coordinated and structured to manage the initiative?
- Is there consistent and open communication across the partners?
- What are other learning, continuous improvement opportunities?

Project Background
The Western Idaho Community Health Collaborative (WICH) is a regional, multi-sector collaborative that works to align resources, partners, and to address the social determinants of health. Assessments since 2017 identified persistent health challenges in Elmore County that could be addressed through a collaborative framework. Data from the Get Healthy Idaho dashboard demonstrated Elmore County has:
- 7th highest diabetes prevalence
- 5th highest diabetes risk score
- Highest suicide rate in the WICH region

Despite these health challenges, Elmore County boasts assets that are poised to improve the aforementioned health conditions. The Elmore County Health Coalition (ECHC) developed a shared vision for health, prioritizing efforts around physical activity.

To date ECHC has:
- Built a ninja-style playground for all ages at Mountain Home Junior High
- Conducted walkability workshops that have mobilized residents to use the built environment for physical activity
- Coordinated and supported multiple grants from various partners
- Added behavioral health services at Desert Sage Health Center
- Improved water access for Elmore County and

1 Central District Health Department (2021), Get Healthy Idaho Elmore County (Phase 1) Program Evaluation RFQ Background.
2 Western Idaho Community Health Collaborative (2020) Get Healthy Idaho Elmore County Application.
- Provided supplemental food access for Bennett Mountain High School families struggling with food insecurity

**Collective Impact**

The organizing of people to address community needs is not new. Kadushin, Lindholm, Ryan, Brodsy, & Saxe (2005) analyzed what makes community coalitions ineffective: a lack of structure, broadly defined “community”, histories of collaboration, different organizational forms brought to partnerships, and outcomes that are based on “accidental mixes of partners ideas, and resources on hand at any given time” (pg. 257).

Collective Impact (CI) is an organized approach to social change, by bringing people together in a structured manner. Turner, Merchant, Kania, & Martin (2012), highlight the importance of the backbone structure as:

- **Common agendas** – all participants have a shared vision for change including understanding of the problem and a joint approach to solving it through agreed upon actions
- **Continuous communication** – consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation
- **Backbone support** – creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participation organizations and agencies
- **Mutually reinforcing activities** – participants activities must be differentiated while still being coordinated through a mutually reinforcing plan of action
- **Share measurement system** – collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

CI provides tools, strategies, and resources to assist community partnerships (regardless of size or scope) to make social change. A principal foundation is to focus on “continuous learning” and feedback. A CI initiative has three phases:

- **Early years** – partners are focused on design and implementation with a set of early performance that identify if the initiative is on track for success (process or developmental evaluation)
- **Middle years** – the initiative has achieved some significant success related to its intermediate outcomes
- **Late years** – understanding the initiatives accomplishments and long-term impact on targeted issues or populations

A review of formally registered CI initiatives is minimal in states that have a population with over 25% living in rural areas. Of the nine (9) identified states (with over 25% of the population living in rural) and a registered CI initiative (12 total); only one initiative was in a rural area with a population less than Elmore County. Initiatives in other rural states are founded in the metropolitan areas.

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**Get Healthy Idaho**

Led by the Department of Health and Welfare, *Get Healthy Idaho* is a “community-driven, place-based health initiative striving to improve health outcomes, lower healthcare costs, reduce health disparities and improve healthy equity across Idaho.” (n.d.) This approach allows communities to assess needs, develop, implement, and evaluate action plans over a longer period of time; thereby increasing the likelihood of addressing the root causes of health disparities, in a collaborative, sustainable approach.

**Western Idaho Community Health Collaborative**

The Western Idaho Community Health Collaborative (WICHC), established in 2019, is a ten-county (Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington) regional partnership that aligns health care, public health, and social services to improve the social influences of health. WICHCs goal is, “Unite local leaders in the common cause of improving health through upstream, strategic efforts.” (n.d.). WICHC “enables organizations and people across multiple sectors to work together across urban, rural, and frontier communities, creating solutions.” (n.d.)

**Elmore County Health Coalition**

Representing the health of those living in Elmore County, the Elmore County Health Coalition (ECHC) is one of forty-four regional healthcare coalitions5. The ECHC has been actively participating in assessments to prioritize strategies that prevent:

- The rates obesity and diabetes
- Mental health and reduce suicide
- Tobacco use and reduce rates

**Get Healthy Idaho Elmore County**

The first community collaborative funded by the Department of Health and Welfare’s *Get Healthy Idaho* grant program. Get Healthy Idaho Elmore County is a four-year initiative bringing committed federal, state, and local resources to implement activities identified for residents of Elmore County.

There are three phases to the development of Get Healthy Idaho Elmore County:

- Qualitative Community Assessment (Year 1)
- Action Plan Development (Year 1)
- Implementation (Years 2-4)

**Summary**

Community organizations have been a primary tool to address local priorities. With enhanced tools to assist collaboratives in building a realistic framework, the Collective Impact focuses on the backbone infrastructure and supports before the development of activities. Get Healthy Idaho Elmore County, with the partnership of the Western Idaho Community Health Collaborative and Elmore County Health Coalition, have responded to and received funding from the Department of Health and Welfare to address root causes of barriers to health. Get Healthy Idaho Elmore County has just completed the first year (of four) and is ready to begin implementation of activities.

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5 Accessed online: Idaho’s Regional Healthcare Coalitions

EVALUATION QUESTIONS, DESIGN, METHODS, AND LIMITATIONS

Evaluation Questions
This first evaluation of Get Healthy Idaho Elmore County is focused on the Collective Impact (CI) backbone partners (Western Idaho Community Health Collaborative and Elmore County Health Coalition). Measuring and evaluating the partners will inform “how the initiative is developing and adapting, what is working well, and what elements require greater attention.”

The specific evaluation questions include:
- Are partner organizations aligned with a shared vision of change?
- Do partner organization’s purpose align with the grant work?
- Is the backbone support coordinated and structured to manage the initiative?
- Is there consistent and open communication across the partners?
- What are other learning, continuous improvement opportunities?

Evaluation Design
To evaluate the partners, a mixed-methods evaluation design was established, using:
- Key informant interviews
- Coalition survey and
- Meeting observations

Using three strategies was intentional to triangulate data results, thereby increasing the confidence of results and recommendations.

Evaluation Methods

Key Informant Interviews
Key informants were identified by the Western Idaho Community Health Collaborative (WICHC) Health Strategist. Of the 37 WICHC and Elmore County Health Coalition (ECHC) partners, 18 were identified to participate in a one-on-one structured interview, via Zoom™ or telephone call.

Individual emails were sent to key informants for scheduling interviews via DoodlePoll™ on May 24, 2021. A group follow-up email was sent to non-respondents on June 2, 2021. Additional one-on-one outreach was provided by the WICHC Health Strategist to Elmore County non-respondents. Fourteen responded to participate in the interview.

Structured interview questions (Attachment A) were developed using examples from the Collective Impact Evaluation Toolkit to understanding how the partnership is working. Prior to conducting interviews, the questions were piloted, evaluating the ease of reading, understanding, and information to be collected. Questions were updated to increase the validity of responses. A total of fourteen questions were asked.

Eleven (11) interviews were conducted June 7-11, 2021; one June 24, 2021 (n=12). Interviews averaged 25 minutes in length.

6 Accessed online:
Interviews were recorded via Zoom™, transcribed and analyzed using NVivo™. Responses were then coded to key words that represented the backbone structure constructs. Keywords were selected to align with themes of the coalition survey (organization, shared vision, structure, communication and resources).

**Coalition Survey**
Coalition members who were not selected for structured one-on-one interviews, were solicited for participation of a survey. Questions were adapted from the California Department of Health Services Community Challenge Grant Program (n.d.) and organized against themes from the Civic Canopy’s Community Learning Model Rubric (2020).

The survey (Attachment B) contained:
- Five questions for basic demographic information;
- Three Likert-scaled questions with 20 statements regarding the coalition’s organization, shared vision, and structure to rank from **Strongly Disagree to Strongly Agree**;
- One question to retrospectively (before and now) rank on a Likert-scale (**Strongly Disagree to Strongly Agree**) the coalition’s resources, community membership, trust, and involvement in planning; and
- Four open ended questions.

The survey questions were piloted prior to deployment, evaluating the ease of reading, understanding, and information to be collected.

SurveyMonkey™ is an on-line platform that was used for the survey data collection and analysis. Email invitations were sent from SurveyMonkey™ to eighteen (18) Get Healthy Idaho Elmore County partners on June 30, 2021. Get Healthy Idaho Elmore County partners are comprised of WICHC and ECHC members. The survey was originally set to close on July 15, 2021.

Follow-up emails were sent to:
- 13 non-respondents on July 7, 2021, and
- 11 non-respondents on July 15, 2021.

The survey remained open until July 22, 2021, with a final email solicitation from the WICHC Health Strategist providing a weblink for participation. This yielded four (4) additional responses for a total of 11 participants.

Response to the survey was an average of six (6) minutes and had a 100% completion rate.

**Meeting Observations**
Meetings were observed via Zoom™ on:
- May 26, 2021 (Get Healthy Idaho Action Planning Workshop)
- June 1, 2021 (WICHC)
- July 20, 2021 (Get Healthy Idaho Action Planning Session)
- August 3, 2021 (WICHC)
- September 7, 2021 (WICHC Funding Council)

Meetings were evaluated using the distributed agendas and communication by partners during meetings.
Evaluation Limitations

The first-year evaluation is limited to a convenience sample of coalition members (survey). The WICHC and ECHC partnership is comprised of 37 organizations, with 11 (30%) participating. Key informant interviews represented a purposeful sample. Of the 18 informants, 12 (67%) participated with the majority (83%) from outside of Elmore County. To triangulate data and strengthen findings, conclusions, and recommendations; observations of meetings were used as a data collection tool. Given the small number of partners in both methods, findings are not statistically significant. No other significant limitations are found to impact the results of this evaluation.
FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Findings

Key Informant Interviews

Demographics
Respondents (83%) were primarily female and represented organizations based in Ada County.

Summary
Interview transcripts (12) were coded for alignment with keywords (organization, shared vision, structure, resources, and communication) that represent the four constructs of the backbone structure. Themes of responses to questions are reported out in aggregate form to ensure confidentiality.

<table>
<thead>
<tr>
<th>Code</th>
<th>Number of Coding References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>44</td>
</tr>
<tr>
<td>Organization</td>
<td>64</td>
</tr>
<tr>
<td>Resources</td>
<td>69</td>
</tr>
<tr>
<td>Shared Vision</td>
<td>56</td>
</tr>
<tr>
<td>Structure</td>
<td>61</td>
</tr>
</tbody>
</table>

The following word block demonstrates the counts from most to least (as illustrate by the size of the block).

Organization
Three questions were asked of partners to understand the reason of involvement with the Get Healthy Idaho Elmore County grant. All respondents expressed that participating in the grant aligned with their organization’s mission/vision/purpose. Examples of organization alignment consisted of:

- Sharing resources
- Collaborating to address community issues
Partners interviewed represented:

- Healthcare
- Transportation
- Treasure Valley wide non-profits
- Elmore County stakeholders
- Elmore County Commission
- Central District Health

No organization felt that being a part of the grant work created issues for their organization.

**Shared Vision**

Three questions addressed the shared vision for participating in the Get Healthy Idaho Elmore County grant. Responses primarily highlighted sharing resources to address the Social Determinants of Health through community led solutions; and building off the existing work of the Elmore County Health Coalition. Further, partners hope to see sustainable, community led change that impact the well-being of future generations.

**Structure**

Five questions were focused on the structure of the coalition. Strengths of the coalition are the organized meetings, flow of the communication to members, and importance of collaboration to achieve community-level change.

Two of the five questions asked partners to rate on a scale of 1-10 (1=low; 10=high) their level of involvement with the grant and communication/information sharing to improve health conditions. Partners averaged a seven (7) for being involved the grant and an eight (8) for communication/information sharing. Outliers indicated that they were either new to organization or direct involvement may increase with implementation of activities. As for communication/information sharing, while it is strong within the coalition; expressed was the need to share outwardly (with the community) on how the work is progressing.

A final question (of the five) evaluated the understanding of roles between the Western Idaho Community Health Collaborative and Elmore County Health Coalition. Most (73%) understood the difference between the two; the other 27% did not feel they had enough information to definitively answer.

**Resources**

One question asked partners to identify the on-going resources/training/etc. that will be needed as the grant work continues. This question had the highest number of coded responses (69) and widest range of responses, including:

- Leveraging the collaborative
- Using/understanding/collection data
- Organization providing training (in areas that are their wheelhouse)
- Community empowerment
- Succession planning
- Communication to keep community aware of activities/resources
- Collective impact

**Communication**

One question asked members to identify a success to date. Overwhelmingly, the response shared was the community participation in the assessment and follow-up conversations. Expressed was the difficult
nature of the community members responses. Elmore County Health Coalition members were praised for their asking clarifying questions, understanding why the community felt the way they did, and honest reflection of how this can be improved moving forward.

**Words of Wisdom**
All partners were asked to provide “words of wisdom” to another community looking at Get Healthy Idaho grant funding. Noted was the:
- Need for patience, change takes time
- Be organized
- Slow and steady is okay
- Having trust
- Start where you are at, don’t wait for funding

**Other Learning**
Coalition members were also asked to “if there is anything else they would like to share?” The most common response (42%) was acknowledgement and praise to the Department of Health and Welfare for changing the funding approach to a community-centered, longer cycles of guaranteed funding to address health outcomes.

Expressed was the desire to ensure that as activities are implemented, there is a conscious effort to engage with the local community. Examples included:
- Hiring individuals who live in Elmore County,
- Sharing information with the community about the grant, and
- Identifying alternative days/times that coalition meetings could be held to attract engagement from those who could most benefit from the work.

**Coalition Survey**

**Demographics**
Partners in the Get Healthy Idaho Elmore County grant coalition survey represented the following:
- 54% are Western Idaho Community Health Collaborative members
- 82% female
- 79% were between the ages of 30-49
- 64% have 10+ years of experience working with partners to improve health
- 36% have attended 76-100% of meetings
- 36% have attended 0-25% of meetings

**Organization**
Most members agree/strongly agree the coalition meets the needs of its members (82%); partners represent diverse agencies (92%); members feel positive about participating (100%); and there is high trust with each other (82%).

Coalition members had lower agreement with the membership reflecting the diversity within the community it serves (36%). Table 1 provides all responses to questions reflecting the organization of the coalition.
Table 1: Coalition member survey: Organization of the coalition

<table>
<thead>
<tr>
<th>Organization of the Coalition</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The coalition meets the needs of members</td>
<td>18% (n=2)</td>
<td>64% (n=7)</td>
<td>18% (n=2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverse agencies participate in the coalition</td>
<td>9% (n=1)</td>
<td>73% (n=8)</td>
<td>18% (n=2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New coalition members are oriented to the Get Healthy Idaho Grant work</td>
<td>9% (n=1)</td>
<td>36% (n=4)</td>
<td>45% (n=5)</td>
<td>9% (n=1)</td>
<td></td>
</tr>
<tr>
<td>Members feel positive about participating in the coalition</td>
<td>18% (n=2)</td>
<td>73% (n=8)</td>
<td>9% (n=1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The coalition’s membership reflects the diversity within the community it serves</td>
<td>27% (n=3)</td>
<td>36% (n=4)</td>
<td>18% (n=2)</td>
<td>18% (n=2)</td>
<td></td>
</tr>
<tr>
<td>Coalition members trust each other</td>
<td>18% (n=2)</td>
<td>73% (n=8)</td>
<td>9% (n=1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Shared Vision**

Responses to questions with respects to the shared vision, members agree/strongly agree (91%):
- With a commitment to improving health outcomes
- Sharing a vision for improved health outcomes and
- Attracting the right partners to achieve the goals.

Eighty-two (82%) agree/strongly agree the coalition is likely to achieve its goals.

Table 2. Coalition member survey: Shared vision of the coalition

<table>
<thead>
<tr>
<th>Shared Vision of the Coalition</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coalition members are committed to improving health outcomes</td>
<td>9% (n=1)</td>
<td>18% (n=2)</td>
<td>73% (n=8)</td>
</tr>
<tr>
<td>The coalition is likely to achieve the goals it sets</td>
<td>18% (n=2)</td>
<td>36% (n=4)</td>
<td>45% (n=5)</td>
</tr>
<tr>
<td>The coalition has a shared vision for improved health outcomes in communities</td>
<td>9% (n=1)</td>
<td>36% (n=4)</td>
<td>55% (n=6)</td>
</tr>
<tr>
<td>The coalition has attracted the right partners to achieve its identified goals</td>
<td>9% (n=1)</td>
<td>64% (n=7)</td>
<td>27% (n=3)</td>
</tr>
</tbody>
</table>

**Structure**

Members responded with high agreement on the structure of the coalition:
- Communication (91%)
- Working well together (100%)
- Strengths utilized to improve health outcomes (91%)
- Keeping focus during meetings (82%)
- Asking questions for clarification (91%)
- Shared decision making (100%)
- Being well organized (91%)
Thirty-six percent (36%) of members agree that there is enough time to participate in meetings and 73% agree/strongly agree that responsibility is shared amongst the coalition.

Table 3. Coalition member survey: Structure of the coalition

<table>
<thead>
<tr>
<th>Structure of the Coalition</th>
<th>9%</th>
<th>55%</th>
<th>36%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication flows well within the coalition</td>
<td>(n=1)</td>
<td>(n=6)</td>
<td>(n=4)</td>
</tr>
<tr>
<td>Members of the coalition work well together</td>
<td></td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>(n=8)</td>
<td></td>
<td>(n=3)</td>
<td></td>
</tr>
<tr>
<td>Coalition members strengths are utilized to achieve improved</td>
<td>9%</td>
<td>55%</td>
<td>36%</td>
</tr>
<tr>
<td>health outcomes</td>
<td>(n=1)</td>
<td>(n=6)</td>
<td>(n=4)</td>
</tr>
<tr>
<td>Members have enough time to participate in coalition meetings</td>
<td>9%</td>
<td>55%</td>
<td>36%</td>
</tr>
<tr>
<td>(n=1)</td>
<td>(n=6)</td>
<td>(n=4)</td>
<td></td>
</tr>
<tr>
<td>Coalition members have a hard time keeping focus during meetings</td>
<td>9%</td>
<td>73%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=1)</td>
<td>(n=8)</td>
<td>(n=2)</td>
<td></td>
</tr>
<tr>
<td>When there is a lack of understanding, coalition members feel</td>
<td>9%</td>
<td>55%</td>
<td>36%</td>
</tr>
<tr>
<td>free to ask questions</td>
<td>(n=1)</td>
<td>(n=6)</td>
<td>(n=4)</td>
</tr>
<tr>
<td>Differences within the coalition are recognized</td>
<td>45%</td>
<td>36%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=5)</td>
<td>(n=4)</td>
<td>(n=2)</td>
<td></td>
</tr>
<tr>
<td>Difference within the coalition is resolved</td>
<td>45%</td>
<td>36%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=5)</td>
<td>(n=4)</td>
<td>(n=2)</td>
<td></td>
</tr>
<tr>
<td>Decision making is shared amongst the coalition</td>
<td></td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=9)</td>
<td></td>
<td>(n=2)</td>
<td></td>
</tr>
<tr>
<td>Responsibility is shared amongst the coalition</td>
<td>18%</td>
<td>9%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=2)</td>
<td>(n=1)</td>
<td>(n=2)</td>
<td></td>
</tr>
<tr>
<td>The coalition is well organized</td>
<td>9%</td>
<td>73%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=1)</td>
<td>(n=8)</td>
<td>(n=2)</td>
<td></td>
</tr>
</tbody>
</table>

**Retrospective Questions**

Members were asked four questions to evaluate the level of agreement “before the coalition received the Get Healthy Idaho Elmore County grant” and “now, as action plan activities are being finalized.”

**Resources**

Prior to the grant, 60% of members disagreed/strongly disagreed that the coalition had enough resources to achieve its goals. At the current time, 70% are neutral and 30% agree/strongly agree that the coalition has enough resources. Resources are defined as: people, financial, training, etc.

**Planning**

Coalition members agreed/strongly agreed that before the grant, 70% felt coalition members were involved in the planning of priorities/activities to address health outcomes. Now, 60% agree that coalition members are involved in the planning of priorities/activities to address health outcomes.

**Support**

Before the grant, 60% of members agreed/strongly agreed that community members supported the coalition work. Now, 70% of members agreed/strongly agreed that community members support the coalition work.

**Open-ended Feedback**

Coalition members were provided an opportunity to give feedback through four open-ended questions.
What excites you about the coalition work?
Members were consistent with being part of a group to address health disparities through collaboration and shared resources, in an organized manner. A word cloud depicts the most commonly used words as part of the answer.

health improve work resources community

What is going to keep you (or your organization) engaged as the Get Health Idaho Grant work continues to the implementation of action plans?
Expressed was the desire to use plans with focus on outcomes to improve the community and assist in ways that are helpful.

From your perspective, what is the most pressing community health outcome that needs to be addressed by the Get Health Idaho Grant?
Responses ranged from access to education/housing/healthcare/basic needs to ensuring communication is provided for all to understand and reaching out to populations that are least likely to access information/resources.

Anything else you would like to share?
Members expressed appreciation for the mutual respect, collaboration, time, being heard, and focusing on rural health.

Meeting Observations
A final data gathering strategy was to observe coalition meetings. Observations consistently found:
• Adherence to time allocation and meetings communicated updates about the grant
• Questions are encouraged to ensure understanding and/or clarification
• Consistency of members participating in meetings
Conclusions
The Collective Impact (CI) framework emphasizes that the backbone support be in place before the development of activities. Get Healthy Idaho Elmore County partners have responded to and received funding from the Idaho Department of Health and Welfare to address root causes of barriers to health. Get Healthy Idaho Elmore County has just completed the first year (of four) and is ready to begin implementation of activities. Evaluating the backbone support is timely to ensure readiness for implementation of activities within the next six months. It also supports the continuous feedback and learning that is part of CI.

Evaluation questions strived to answer:
- Are partner organizations aligned with a shared vision of change?
- Does the partner organization’s purpose align with the grant work?
- Is the backbone support coordinated and structured to manage the initiative?
- Is there consistent and open communication across the partners?
- What are other learning, continuous improvement opportunities?

Organization
The purpose and intent of asking questions around “organization” were to understand if partners were participating because of their organization’s natural alignment with the common agenda of Get Healthy Idaho Elmore County.

Key informant interviews and the coalition member survey asked questions related to the Get Healthy Idaho Elmore County’s ability to:
- Meet the needs of members
- Have diverse agencies participate
- Feel positive about participating
- Reflecting the diversity within the community

Interviews, survey responses, and meeting observations found that organizations were participating because of a natural alignment to improve the Social Detriments of Health in Elmore County. With over 35 organizations participating in the grant work, demonstrated is the diverse participation needed to address a range of community issues. Two areas that could be strengthened as the grant work continues are:
- Orienting new coalition members to the grant work and
- Evaluating the need to bring on additional members to ensure/maintain diversity of the community

Shared Vision
Questions were developed to ensure that all partners involved understood the vision of Get Healthy Idaho Elmore County. This is important as the grant work shifts from organizing and planning to implementation of community-based activities.

Key informant interviews and the coalition member survey asked questions focused on:
- Commitment to improving health outcomes
- Ability to achieve goals
- Attracting the right partners

Responses to both interviews, surveys, and meeting observations found that partners are committed to improving health outcomes. At this stage, the right partners have been attracted. Enthusiasm was
shared that as the project moves to implementation, partners will be able to share knowledge, resources, information, etc. to assist with community identified activities. This is one of the principles of the CI, partners sharing their knowledge, resources, etc. As the grant work moves forward, outward communication of the progress towards goals and evaluating the need to attract new partners is recommended.

**Structure**
The structure of the coalition focuses on how well the backbone support is functioning. Understanding how the backbone support works, provides insight as to the likelihood of success (as the grant work moves to implementation).

Interview and coalition member survey questions addressed:
- Communication
- Working well together
- Utilizing member strengths
- Having enough time to participate in meetings
- Staying focused during meetings
- Ability to ask questions when there is a lack of understanding
- Differences are recognized and resolved

Confirmed through interviews, survey responses, and meeting observations were:
- Organized communication
- Partners have built trust and work well together
- Meetings show high participation and engagement where necessary
- Partners comfortably ask questions to ensure clarity for making informed decisions

Given the current situation (global pandemic) and use of virtual meetings, an ability to concretely validate “staying focused” and “having enough time” is difficult. Virtual meetings allow for easier access of partners (vs driving to/from meetings), however, with muted cameras and microphones; it is difficult to measure.

Meeting observations demonstrated that partners have created an environment that allows for open and honest communication to learn about community needs. While partners may not always agree, each is valued by being heard.

Finally, through interviews and survey comments, partners are excited to be moving to implementation. This is two-fold: 1) there has been a lot of data gathering and the grant is finally moving to the implementation of community driven activities to address health outcomes; and 2) partners can now share their resources, skills, training, etc. to assist with implementing activities.

**Resources**
While resources are addressed in the structure, it was also the most coded word from interviews. From the surveys, prior to being awarded the Get Healthy Idaho Elmore County grant, partners did not agree (60%) that there were enough resources to achieve its goals. After being awarded the grant, partners (30%) agree/strongly agree that there are enough resources to achieve goals; with 70% remaining neutral. Resources are not just financial but can include the partner resources/skills/training that can achieve its goals.

To highlight the wealth of resources between the partners, it may be timely to identify what each can offer as the grant moves forward. This helps to build the strength and power behind what WICHIC can
leverage; not only internally, but externally. Get Healthy Idaho Elmore County can assist this effort by documenting what partners provided for internal resources as activities are implemented.

Communication
Overwhelming feedback from interviews and meeting observations documented the importance of community feedback. As important as receiving information, is the sharing of information with the progress of grant activities. Survey and interview comments validated the importance of ensuring the community is updated of progress in languages that are represented. To date, websites for WICH and Get Healthy Idaho provide updates with information being translated into Spanish.
Recommendations
This first evaluation existed to understand the backbone structure of the Get Healthy Idaho Elmore County grant, through four constructs. Data collected by three different methods (interviews, survey, and observations) found that at this stage:

- Partner organizations are aligned with a shared vision of change.
- Partner organization’s purpose align with the grant work.
- The backbone support is coordinated and structured to manage the initiative.
- There is consistent and open communication across the partners.
- Partners have identified additional learning and continuous improvement opportunities.

As provided in the conclusion’s section, identified are key recommendations for consideration as Get Healthy Idaho Elmore County moves into the implementation of community identified activities. These are listed in no particular order.

- Orienting new coalition members to the grant work
- Evaluating the need to bring on additional members to ensure/maintain diversity of the community
- Continue to update the community about the progress to date (in English and Spanish)
- Collecting partner resources, trainings, skills that can be leveraged as activities move forward

While not a trend in the data, but a recommendation worth considering is the ability to host meetings and/or activities during times that those most likely to access the activities would be able to participate. This may include later evenings and/or weekends.

A final construct of the Collective Impact (CI) is the importance of evaluating activities. As Get Healthy Idaho Elmore County (GHIEC) is in the “early years,” evaluation should focus on the process of activities implemented. This level of evaluation ensures that activities are implemented according to plans, thereby increasing the likelihood of improving long-term health outcomes through the Social Determinants of Health in Elmore County. Further, given the limited number of CI initiatives in rural communities; GHIEC provides a framework inclusive of evaluation tools and activities that may guide other rural communities looking to address community change.
Thank you for taking time out of your day to participate in this interview. The Western Idaho Community Health Collaborative applied for and received the Get Healthy Idaho grant for Elmore County. I'm going to ask you questions about how the Get Healthy grant program and WICHC is working with the Elmore County Health Coalition to address health outcomes and build capacity. Your answers will help me evaluate how this partnership and grant is working. As some of the questions are lengthy, I will read the question to you and then have the questions shared with you on my screen.

1) Why did you or your organization choose to participate in the Get Healthy Idaho grant in Elmore County?
2) How does your personal mission or your organizations’ mission align with the Get Healthy Idaho grant in Elmore County?
3) On scale of 1-10; how involved have you or your organization been to date with the Get Healthy Idaho grant in Elmore County?
4) On scale of 1-10; to what extent does the Get Healthy Idaho grant support open communication and information sharing to improve health conditions in Elmore County?
5) Do you feel roles are differentiated between WICHC and the Elmore County Health Coalition partners? If yes, why? If no, why?
6) What impact has the Get Healthy Idaho grant had with you or your organization’s ability to improve health in Elmore County to date?
7) Are there success stories you or your organization have experienced as a result of the Get Healthy Idaho grant in Elmore County?
8) Has your or your organization’s participation in this grant created any challenges?
9) What actions, if any, are gaining momentum for addressing root causes to improve health conditions at this point in time?
10) When you or your organization look forward to the next three years, what changes do you hope to see in Elmore County?
11) If you were to offer words of wisdom to another Idaho community about this collaborative work, what would it be?
12) If there was one thing you would change about this grant to date, it would be
13) As the Get Healthy Idaho grant in Elmore County continues its work, what are some of the ongoing resources/trainings/etc. that you believe will be needed?
14) Anything else you would like to share with me?
Collaborative Partners Survey

Thank you for taking time to complete this survey. The information is to help understand how the Elmore County Health Coalition (ECHC) and the Western Idaho Community Health Collaborative (WICH) are working together to achieve the Get Healthy Idaho Grant goals of improving health outcomes in Elmore County. Your feedback is important as the grant work moves into the action planning stages. All information gathered from this survey will be reported in aggregate form with no identifying information. The survey should take no more than 15 minutes.

Should you have any questions about this survey or the results of the survey, please do not hesitate to contact:

Rhiannon Avery
RNA Consulting
ravery@rnaconsulting.org

Alexis Pickering
Western Idaho Community Health Collaborative
apickering@cdh.idaho.gov

Demographic Questions (select all that apply)

Which coalition(s) are you or your organization a part of?
WICH
ECHC
Both
Neither

Sex:  M  F  Other  Prefer not to say

Age:
19 and under
20-30
31-40
41-50
61-70
71 and older

How many years have your worked with partners to improve the health of a community?
0-2
3-5
7-9
10+

What percent reflects your level of participation in the coalition meetings?
0-25%
26-50%
51-75%
76-100%
The first set of questions are related to the organization and structure of the coalition. If you participate in both coalitions (WICHC and Elmore County Health Coalition), please pick the one that you currently spend the most time with. Please rate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Organization of the Coalition</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The coalition meets the needs of members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverse agencies participate in the coalition</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>New coalition members are oriented to the Get Healthy Idaho Grant work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members feel positive about participating in the coalition</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The coalition’s membership reflects the diversity within the community it serves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shared Vision of the Coalition</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coalition members are committed to improving health outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The coalition is likely to achieve the goals it sets</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The coalition has a shared vision for improved health outcomes in communities</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The coalition has attracted the right partners to achieve its identified goals</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure of the Coalition</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication flows well within the coalition</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Members of the coalition work well together</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coalition members strengths are utilized to achieve improved health outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members have enough time to participate in coalition meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coalition members have a hard time keeping focus during meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When there is a lack of understanding, coalition members feel free to ask questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differences within the coalition are recognized</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference within the coalition are resolved</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision making is shared amongst the coalition</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility is shared amongst the coalition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The coalition is well organized</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
The next four statements are going to ask you to think back to **before** and **after** the Get Healthy Idaho Grant. Your response to each question will be on a scale of 1-5 (1=low; 5=high).

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before</strong> the Get Healthy Idaho Grant, the coalition had <strong>resources</strong> (people, financial, training, etc.) to achieve its goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>After</strong> the Get Healthy Idaho Grant, the coalition has <strong>resources</strong> (people, financial, training, etc.) to achieve its goals?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Before</strong> the Get Healthy Idaho Grant, community members supported the coalition work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>After</strong> the Get Healthy Idaho Grant, community members support the coalition work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Before</strong> the Get Healthy Idaho Grant, coalition members had <strong>trust</strong> with each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>After</strong> the Get Healthy Idaho Grant, coalition members have <strong>trust</strong> with each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Before</strong> the Get Healthy Idaho Grant, coalition members were involved in the planning of priorities/activities to address health outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>After</strong>, the Get Healthy Idaho Grant, coalition members are involved in the planning of priorities/activities to address healthy outcomes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The final three questions are a space for you to share your thoughts.

What excites you about the coalition work?

What is going to keep you (or your organization) engaged as the Get Healthy Idaho grant work continues to the implementation of action plans?

From your perspective, what is the most pressing community health outcome that needs to be addressed by the Get Healthy Idaho Grant?
Q10 What excites you about the coalition work?
Answered: 9    Skipped: 2

<table>
<thead>
<tr>
<th>#</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To improve environmental factors and providing resources to improve community health and overall wellbeing.</td>
</tr>
<tr>
<td>2</td>
<td>To see the different background or people coming together to build a better community for us to all live, work and play together in for the long haul.</td>
</tr>
<tr>
<td>3</td>
<td>Thought of improved health outcomes in Elmore County.</td>
</tr>
<tr>
<td>4</td>
<td>Possibly getting multiple different agencies on the same page and sharing resources, training, etc.</td>
</tr>
<tr>
<td>5</td>
<td>Addressing health disparities.</td>
</tr>
<tr>
<td>6</td>
<td>Providing entities that care about health and wellbeing to engage, learn, and network</td>
</tr>
<tr>
<td>7</td>
<td>The ability to see work being done collectively and without duplication of work/services in order to make healthy changes in the community. Making money/work go further in identified priorities.</td>
</tr>
<tr>
<td>8</td>
<td>Having variety of members that want for the betterment of Elmore County</td>
</tr>
<tr>
<td>9</td>
<td>The opportunity to leverage individual resources into something larger and able to serve multiple communities</td>
</tr>
</tbody>
</table>

Q11 What is going to keep you (or your organization) engaged as the Get Healthy Idaho Grant work continues to the implementation of action plans?
Answered: 9    Skipped: 2

<table>
<thead>
<tr>
<th>#</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assisting in anyway we can within our agency’s grant guidelines; continued work on diversity and inclusion.</td>
</tr>
<tr>
<td>2</td>
<td>To use the action plan and share it with others who life here.</td>
</tr>
<tr>
<td>3</td>
<td>Focused and tangible outcomes for identified focus areas.</td>
</tr>
<tr>
<td>4</td>
<td>Making a difference in the lives of the youth in our community.</td>
</tr>
<tr>
<td>5</td>
<td>A desire to see the outcomes projected and to lift what we can to assist.</td>
</tr>
<tr>
<td>6</td>
<td>evidence of judicious use of funds; evidence of impact</td>
</tr>
<tr>
<td>7</td>
<td>N/A from me.</td>
</tr>
<tr>
<td>8</td>
<td>Self motivation wanting to see improvements in the community.</td>
</tr>
<tr>
<td>9</td>
<td>Clear ability to participate</td>
</tr>
</tbody>
</table>
Q12 From your perspective, what is the most pressing community health outcome that needs to be address by the Get Healthy Idaho Grant?

<table>
<thead>
<tr>
<th>#</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access to essential resources and affordable/compassionate healthcare.</td>
</tr>
<tr>
<td>2</td>
<td>Communication in multi language to include EVERYONE in our community</td>
</tr>
<tr>
<td>3</td>
<td>Reaching out, and providing resources, to hard to reach populations.</td>
</tr>
<tr>
<td>4</td>
<td>Providing mental health services to our community.</td>
</tr>
<tr>
<td>5</td>
<td>Basic needs, housing.</td>
</tr>
<tr>
<td>6</td>
<td>access to quality education for children - pre-K and beyond</td>
</tr>
<tr>
<td>7</td>
<td>N/A from me.</td>
</tr>
<tr>
<td>8</td>
<td>enough resources available for the community.</td>
</tr>
<tr>
<td>9</td>
<td>Not sure- our organization has not been as involved in the grant due to immediate needs related to COVID19</td>
</tr>
<tr>
<td>10</td>
<td>Housing</td>
</tr>
</tbody>
</table>

Q13 Anything else you would like to share?

<table>
<thead>
<tr>
<th>#</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>I think this has been well spent time and the group although we don't always agree 100% have listened to each other and shared our ideas and everyone was give respect and their opinion was really heard.</td>
</tr>
<tr>
<td>3</td>
<td>Thank you Central District Health and all the participants for your commitment to Elmore County and its residents.</td>
</tr>
<tr>
<td>4</td>
<td>I've only attended two meetings, so I selected neutral on all of the Before/Now questions above, not as a negative, but because I don't know what took place before the two meetings.</td>
</tr>
<tr>
<td>5</td>
<td>No.</td>
</tr>
<tr>
<td>6</td>
<td>So glad to see work being done in one of our rural counties! And the participation of stakeholders.</td>
</tr>
</tbody>
</table>
In order to develop and implement strategies, objectives, and mobility, are supported, and to health care access improve health outcomes in WICHC counties, leaders work together to address various health initiatives and services for ALICE threshold.

<table>
<thead>
<tr>
<th>1. Commitment from community partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Honest communication</td>
</tr>
<tr>
<td>3. Readiness to accept change</td>
</tr>
<tr>
<td>4. Motivation and commitment of the communities and community members</td>
</tr>
</tbody>
</table>

**Assessment tools**

- Funding
- Knowledge about advocacy and planning
- Knowledge of high priority, high impact strategies to address need and gaps

**Current resources**

- Situation: external partners
- Many opportunities to leverage WICHC resources such as WICHC staff
- Transportation

**External challenges**

- Staffing changes
- Capacity of public health workers
- Chaos/disruption - COVID-19 pandemic

**Identify partners and support**

- Engage stakeholders and partners
- Approach communities to expand partnerships and external funding opportunities

**Identify any barriers or opportunities**

- Workgroups for additional in-depth assessment and strategy development
- Engagement of stakeholders and partners to connect

**Identify any barriers or opportunities**

- Current resources needed and gaps available
- Understanding of barriers and priorities
- Partnerships with communities and community assets, and barriers for implementation:

- Policies/policy ideas for priority area definition
- List of possible approaches to community engagement
- Roadmap for additional in-depth assessment of opportunities and evidence or service delivery:

**Workgroups**

- Health
- Environment
- Data
- Community

**Outputs**

- Intermediate outcomes: We expect that if behavior will occur
- Long-term outcomes: We expect that if behavior changeablility will improve

**Indicators listed below show progress towards meeting the stated outcomes**

- Percent of population at or below the ALICE threshold by county
- Rental vacancy rate by affordable housing types by county
- Healthcare access ratios by county
- Percent of income spent on housing and transportation

**Annual resources**

- Resources needed to accomplish these activities

**Contributors**

- Various stakeholders
- Community partners
- Funding

**APPROACHES TO SUPPORT COMMUNITIES AND COMMUNITY MEMBERS**

- Detailed strategies to address need and gaps and execute an action plan for improving health care access and economic stability for ALICE threshold

**Indicators**

- Short term -<
- Intermediate -
- Long term -

**Outcomes**

- Community members and health care providers will create an action plan to address health initiatives and services for ALICE threshold by county

**ADOPTION**

- Short term outcomes: We expect that if a certain percentage of households are able to achieve
- Long-term outcomes: We expect that if a certain percentage of households are able to achieve
APPLICATION CHECKLIST

Name of Applicant Organization: Western Idaho Community Health Collaborative

0 Proposal format meets required specifications, as listed on page 19 and adheres to the outline below:
  0 Title Page
  0 Cover Letter
  0 Project Summary

0 Project Narrative
  [2] Part A: Statement of Need and Target Population(s)
  0 Part B: Collaborative and Community Readiness
  0 Part C: Project Timeline and Action Plan
  0 Part D: Project Administration, Management, and Staffing Plan

0 Budget/Cost Proposal
  0 Budget Narrative

0 Required Attachments
  [2] Attachment 1: Map of identified community/neighborhood boundaries
  [2] Attachment 2: Examples of prior work, including needs assessments, outcomes of community focus groups or interviews, plans the collaborative has conducted
  [2] Attachment 3: Organizational Chart
    • From partner organizations, agencies, or individuals
    • From potential subcontractors
  [2] Attachment 7: CVs of staff within lead agency dedicated to this project
  [2] Attachment 8: Completed Budget Template
  2 Attachment 9: DUNS Number and registration confirmation in SAM (System for Awards Management)

Acknowledgement:

0 By checking this box, should this proposal not be awarded the Get Healthy Idaho funding opportunity, the applicant agency hereby acknowledges its approval for the Idaho Department of Health & Welfare to share this proposal with other funding partners in Idaho for consideration of alternative funding, resources, or support.
1. **APPLICANT AGENCY INFORMATION:**

   Name of Agency: Central District Health (Western Idaho Community Health Collaborative)

   Agency Address: 707 N. Armstrong Place, Boise, ID 83704

   Phone Number: 208-375-5211

   Name of Community Agency is Representing: Elmore County, ID

2. **NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF CONTACT PERSON:**

   Name: Alexis Pickering

   Address: 707 N. Armstrong Place, Boise, ID 83704

   Phone Number: 208-327-8619

   Email Address: apickering@cdh.idaho.gov

3. **NAME AND TITLE OF PERSON COMPLETING APPLICATION:**

   Name and Title: Russell A. Duke, District Director

   Signature: [Signature]

   Date: 11/12-12

4. **FEDERAL EMPLOYMENT IDENTIFICATION NUMBER (FEIN #):**

   82-0335015

5. **TOTAL GRANT FUNDING REQUESTED:**

   $155,000.00
November 10, 2020

Elke Shaw-Tulloch  
Division Administrator  
Division of Public Health  
Idaho Department of Health & Welfare  
450 W State Street, 4th Floor  
Boise, ID 83720

Dear Ms. Shaw-Tulloch:

I am writing on behalf of the Western Idaho Community Health Collaborative (WICHC) effort in Elmore County. Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity. In alignment with Get Healthy Idaho’s vision, our proposal includes the following strategies to be completed in the communities of Elmore County:

• Through cross-sector collaboration, the WICHC in partnership with the Elmore County Health Coalition will work upstream to address behavioral health and unintended injury.
• This effort will include engaging residents through human-centered activities (i.e. traveling town halls, focus groups), increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations to be completed in Elmore County.

The Western Idaho Community Health Collaborative will be responsible for carrying out the strategies of this proposal.

Our community contact person for this project is:  
Alexis Pickering, Health Strategist  
apickering@cdh.idaho.gov  
208-327-8619

Thank you for your consideration of our grant proposal.

Russell A. Duke  
District Director  
rduke@cdh.idaho.gov  
208-375-5211
Valley County
703 1st St.
McCall, ID 83638
208-634-7194
Project Summary

The Western Idaho Community Health Collaborative (WICHC) is a regional, multi-sector collaborative that works with these communities to align resources, work upstream, and address the social influencers (determinants) of health. WICHC serves the ten-county region within the boundaries served by Central and Southwest Districts of Health, including Ada, Adams, Boise, Canyon, Elmore, Gem, Payette, Owyhee, Washington, and Valley Counties. Considering the intersection of disease burden, community readiness and interest, and impact on health disparities, Elmore County became an obvious choice to collaborate with on the proposed program. Collaborative partners will leverage collective resources and expertise to support Elmore County and the Elmore County Health Coalition in addressing persistent health challenges, such as diabetes, mental health and behavioral health.

Elmore County, with a population of 27,511, includes remote small mountainous communities and stretches south to include suburban and rural agricultural communities. Elmore County has a unique mix of populations, with 16.7% identifying as Hispanic/Latinx and the highest percentage of veterans in Idaho at 23.6% (United Way 2020). Elmore County residents face urgent health challenges. According to the Get Healthy Idaho data dashboard, Elmore County is the 7th highest in the state for diabetes prevalence, with the 5th highest in Diabetes Risk Score and the highest suicide rate in the WICHC region. At the same time, Elmore County has many assets that could help address these systemic challenges, including a resilient spirit and strong city and county leadership.

The proposed program will leverage WICHC resources, expertise, and network to fully support the Elmore County Health Coalition in creating a Community Action Team to assess the social influencers through a qualitative assessment and implement an action plan. The community collaboration will be essential to the effort as English- and Spanish-speaking residents will be invited to provide input through traveling town halls, focus group interviews with high need populations, and an online survey. Town halls will target populations including students, parents of school-age kids, veterans and seniors residents, Hispanic/Latinx, and Asset Limited, Income Constrained, Employed (ALICE) households.

Leveraging this regional multi-sector collaborative, and combining their subject matter expertise with the local insights and experiences of the Elmore County Health Coalition, will save time and money, while realizing larger scale, more sustainable changes in healthcare access and community health outcomes. The proposed program will also serve as a pilot for this model and allow Collaborative partners to scale the effort to address challenges in other communities within the WICHC region.
Part A - Statement of Need and Target Population(s)

Identify, define and describe the "community" which will be impacted through this funding opportunity by the geographical area it covers.

The southwestern Idaho region is home to 45% of the state’s population (750,000 people) and is experiencing rapid growth. That growth is widening income disparities and exacerbating health inequities, particularly those associated with social determinants of health such as housing, transportation, and access to care. The Western Idaho Community Health Collaborative (WICHC) serves the ten-county region within the boundaries served by Central and Southwest Districts of Health. Attachment 1 illustrates the geographic boundary to include Ada, Adams, Boise, Canyon, Elmore, Gem, Payette, Owyhee, Washington, and Valley counties. WICHC is a regional, multi-sector collaborative that works with these communities to align resources to work upstream and address the social influencers (determinants) of health. For this particular opportunity, WICHC will be convening and leveraging its collective resources and expertise to partner with Elmore County to address persistent health challenges.

Elmore County, like most counties in Idaho, is unique. It includes remote small mountainous communities like Pine and Featherville, and stretches south to include suburban and rural agricultural communities like Mountain Home, Hammett and Glenns Ferry. The overall population in Elmore County is 27,511. Mountain Home, with a population of 14,562, is the largest city in Elmore County.

Mountain Home hosts the Mountain Home Air Force Base and is 44 miles from Boise, ID. Even though this commute is only 45 minutes, residents feel isolated and do not have ready access to healthcare services, such as behavioral health, and struggle with poverty, housing, and educational attainment. Proximity to services, health, and opportunity seems to stop at the county line, with health outcomes and county health rankings lagging behind. It is one of the few counties in Idaho that saw a decrease in population over the last year (United Way of Treasure Valley (IWTV), 2020). In terms of education, assessment scores remain relatively consistent, but only 45% of students 'go on' to post-secondary educational opportunities right after high school (UWTV, 2020).

After completing the 2017 CHANGE Tool assessment, Central District Health (COH) and the Elmore County Commissioners convened the Elmore County Health Coalition to address the adverse health outcomes by collaborating and communicating amongst the various leaders across the county. The Coalition is facilitated by CDH staff and because of this effort, cities, Elmore County, the Glenns Ferry Senior Center, and school districts have received numerous grants, updated comprehensive plans,
considered tobacco-free park policies, and increased overall collaboration. They've built trust, momentum and have realized the benefits of working together to address community needs. A persistent challenge of the Coalition is engaging the Hispanic/Latinx community, which makes up nearly 17% of the county population (UWTV 2020). Currently there is a lack of representation from that population in the Coalition. Another persistent challenge is addressing and understanding upstream barriers that are resulting in the high suicide rate and chronic diseases like diabetes. Without a standalone effort to address the lacking representation and focusing on the social influencers of health, members are concerned progress won't occur.

Despite these challenges, Elmore County has many assets that could help address these systemic challenges; a resilient spirit, strong city and county leadership. With the local expertise and support of the Elmore County Health Coalition and WICHC serving as the backbone infrastructure providing resources, subject matter expertise, technical assistance and ongoing support, the proposed program will significantly impact access to mental and behavioral health services for Elmore County citizens.

Include the demographic characteristics of residents within the defined community and whether there are specific population groups of interest within this area, such as specific racial or ethnic groups, children, older adults, low income families, etc.

Elmore County is designated as a rural county by the Health Resources and Services Administration (2020). According to the Get Healthy Idaho data dashboard, Elmore County is ranked 7th highest in the state for diabetes prevalence and the 5th highest in Diabetes Risk Score. The County is the 6th highest in obesity prevalence with the highest rate of suicide in the ten-county WICHC region. According to the Saint Alphonsus and United Way of Treasure Valley's 2020 Community Health Needs Assessment (CHNA), Elmore County is home to the highest percentage of veterans in the state (23.6%). They are typically older, with 45.3% of them being 65 years or older. Mental health and stress among veterans was of high concern to CHNA focus group participants (60.2%).

In focus groups and interviews hosted by United Way of Treasure Valley and Saint Alphonsus for their 2020 CHNA Report, participants described "Idaho as veteran friendly and indicated that there are a lot of resources for veterans. However, they explained that veterans are not aware of these resources and, even if they are, they do not know how to navigate them. Participants reported that veterans diagnosed with Post-Traumatic Stress Disorder (PTSD) also face stigma in the community. PTSD is

1 Rural Health Grants Eligibility Analyzer, https://data.hrsa.gov/tools/rural-health
difficult under any circumstance, but was described as common and particularly hard for those veterans who are parents."

According to the 2020 United Way of Treasure Valley ALICE Report, cost of living is outpacing wage growth and the ALICE (Asset, Limited, Income Constrained, Employed) population is growing. The ALICE population includes individuals and families that make too much to qualify for benefits, but not enough to get by. Elmore County is affected by poverty and ALICE in unique ways, with different communities with higher rates of ALICE. For example, in the Glenns Ferry Census Tract, 49% of households are below the ALICE threshold, versus 41% for Mountain Home.

| Elmore County, ID Demographics - 2020 United Way of Treasure Valley CHNA/ALICE Report |
| Population                               | 26,433 |
| Race                                     |       |
| White                                    | 73%    |
| Hispanic or Latino                       | 16.7%  |
| Black or African American                | 2.6%   |
| Age                                      |       |
| Under the Age of 18 Years                | 25.6%  |
| Aged 65 Years or Older                   | 12.9%  |
| Education                                |       |
| Residents with a Bachelor's Degree or Higher | 16.4%  |
| Poverty                                  |       |
| Percent of Population Under 100% Federal Poverty Level or ALICE | 41.0% |
| Percent of Population at or Below 200% Federal Poverty Level Under 18 | 54.5% |
| Percent of Population at or Below 200% Federal Poverty Level Over 18 | 42.3% |
| Miscellaneous                            |       |
| Percentage of Veterans Among Total Population | 23.6% |
Include results of local/regional community needs assessment efforts completed to-date; how community members were engaged; known assets, barriers, opportunities and challenges identified by prior assessments; and known gaps in policies, systems, and environmental strategies identified.

Regional and local assessments have been completed across the WICHIC region. A collaborative, regional CHNA was completed by Saint Alphonsus and the United Way of Treasure Valley in 2020 (Attachment 2). This assessment involved five of WICHIC’s counties and included Elmore. For the Treasure Valley CHNA, there were 2,526 Resident Surveys, 16 Focus Groups, and 25 Key Informant Interviews. In this assessment, community members reported that they believe Elmore County is a nice place to raise a family, benefitting from tight-knit communities. Residents also felt that growth has been both good and bad. Elmore County has more primary health care providers than the Idaho average, but non-white Idahoans have significantly less access to care. Areas of concern in the assessment included: highest suicide mortality rate, highest cancer mortality rate, and highest lung disease mortality rate and smoking rates among adults out of the counties included in the assessment.

Another statewide assessment that included Elmore County is the 2020 ALICE (Asset Limited, Income Constrained, Employed) Report (Attachment 2). The report shows that although 41% of Elmore County is considered ALICE, when it comes to children, nearly 55% in Elmore County are below the Federal Poverty Level (below ALICE). Members of the Elmore County Health Coalition are all too familiar with that reality and the stressors poverty puts on children. With COVID-19, unemployment has increased from 2% to 9.3% (April 2020). Even with it's close proximity to Ada County, wages are still stagnant and housing costs are rising.

Several community needs assessments have been conducted specifically in Elmore County. Two of the most recent are the CDH 2017 CHANGE tool assessment and the 2019 St. Luke's Elmore CHNA. The 2017 CHANGE Tool (Attachment 13) was conducted by CDH, with a team from the community from various sectors including St. Luke's, Desert Sage Health Center, Mountain Home Police Dept., and community leaders. Participants in the interviews were identified and selected by the team and invited to participate. The assessment measured the policy, systems, and environmental supports in place to support health. 37 interviews were conducted amongst five different sectors.
In the assessment, the healthcare sector had the most policy, environment and systemic supports for health. Unfortunately, the County overall has little to no policy, system and environmental supports for physical activity, nutrition, tobacco use, chronic disease management and leadership. When facilitating interviews, participants overwhelmingly talked about lack of communication and leadership to spearhead complex health issues. Vulnerable populations such as older adults, veterans, rural households, and the Hispanic community feel isolated and have challenges with mental health. As a result of the assessment, the Elmore County Health Coalition was created in 2018, resulting in great strides in communicating about challenges, aligning resources, and bringing leadership together to address health issues.

St. Luke’s Elmore routinely completes a CHNA every three years, its most recent edition being in 2019 (Attachment 2). In that assessment, St. Luke’s Elmore analyzed more than 60 health factors and needs. Researchers assessed health behaviors, clinical care, social and economic factors and the physical environment. The top three health priorities for the health system are:

- Improve the prevention and management of obesity and diabetes
- Improve mental health and reduce suicide
- Prevent and reduce tobacco use

There are several themes that cut through these assessments. Overall, progress has been made, but there’s not many sustainable health supports in place and coupled with prevalent high-risk behaviors, it is resulting in poor health outcomes and higher mortality rates. WICHC members and communities often share that they are data rich, but information poor. A lot of data is compiled and shared, but there’s very little data that goes deeper into the social influencers of health, and stories behind these outcomes. In order to truly bring about sustainable, long-term change, WICHC and the Elmore County Health Coalition must understand the barriers and underlying causes of these behaviors, and address the social influencers of health specific to the region.

Describe whether community leaders share a vision and strong sense about what people need to improve health and build a resilient and connected community.

Much work has been done in the last three years in Elmore County to move the needle on physical activity and create a shared vision for health. The County has been working hard and has realized success through the Elmore County Health Coalition. With the support of multiple, local grants, they have built a playground at Mountain Home Junior High School to support increased physical activity and serve as an environmental support addressing behavioral health issues. Walkability workshops have mobilized residents of Mountain Home and Glenns Ferry to take a holistic view of their built
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environment. Parks have been expanded, Desert Sage Health Center has added behavioral health services, and the County is working towards improving the water access. Currently, Bennett Mountain High School is partnering with Central District Health and Eat Smart Idaho to increase supplemental food access for students and families in the surrounding area. The Elmore County Health Coalition, led by Central District Health, Desert Sage and St. Luke’s Elmore is also working towards a program to embed a community health worker into the Community Schools Model for Elmore County.

Elmore County has made great strides in a few short years, but they have struggled to move upstream to address behavioral health challenges and diabetes. In every health assessment of Elmore County, mental health is, again, revealed to be a persistent challenge. Leaders have long advocated for change and it will take a more targeted effort to understand the barriers and work collaboratively to bring about solutions.

COVID-19 has put even more strain on an already fragile community. Isolation and lack of resources for mental health has put this community further behind. There's tremendous stigma in reaching out for help, especially for mental health; community pressure to respond to the pandemic in a certain way; and far-reaching effects beyond case counts, including increased anxiety, more limited economic opportunities, and reduced social interactions. Older adults, veterans, and children are the most at risk.

During the strategic planning process, WICHC convened a workgroup to assess the momentum, needs, and readiness of it's ten counties. The group agreed that Elmore County is facing health disparities, however, resources from WICHC would only accelerate the existing momentum and progress that has been made to date. The workgroup presented to the Elmore County Health Coalition, County Commissioner Corbus, and Glenns Ferry City Councilman Galloska for initial approval, ideas, and partnership. With approval from the Coalition, the workgroup presented to WICHC, who approved collaborating on this project and leveraging its resources to improve the health of Elmore County residents.

Describe how this funding opportunity will assist the Community Action Team to expand and localize the existing needs assessment to identify and address local needs.

This funding will provide the opportunity for WICHC to leverage its resources, expertise, and network of organizations to fully support the Elmore County Health Coalition in creating a Community Action Team to assess the social influencers through a qualitative assessment and implement an action plan. WICHC has already formed resources and expertise around addressing the social influencers, with connections to
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healthcare and social service providers, resources, and vast networks. Leveraging this regional multi-sector collaborative to zero-in on Elmore will save time and money, bringing bigger results. Lessons learned from this experience will also be scaled to other WICHC communities.

Members of the Community Action Team will consist of the WICHC Health Strategist, Elmore County Health Coalition facilitator and other Coalition members, as well as a bilingual leader in the Hispanic/Latinx community. There is a deep divide between the Hispanic/Latinx and white communities. This assessment, action plan, and implementation will begin to create a bridge between the two communities, elevating the health of the entire county, and addressing critical issues of health equity. Through multiple mentorship opportunities, WICHC has gained tools and resources on how to improve health equity, especially in vulnerable populations. Those resources will be shared with the Community Action Team to implement as they see fit.

*If a community needs assessment has not been conducted, please describe immediate and known community needs, including factors related to quality of life, health and wellness of community members.*

Clinical and quantitative data has been collected on policies, systems, and environmental (PSE) supports in the community as well as health conditions and outcomes. Conducting a qualitative community needs assessment that captures the social influencer/determinants of health specific to the county will help WICHC and the Elmore County Health Coalition understand the root cause of the behavioral health challenges and high rates of diabetes. To date, there hasn't been a robust effort to dig deep into the community and bring the story behind the challenges to light in a way that brings sustainable health change.

Known community needs are described above through the Get Healthy Idaho data dashboard, CHNA reports, the ALICE report, CHANGE Tool assessment, and others. According to the Robert Wood Johnson Foundation 2020 County Health Rankings, Elmore County residents experience more poor mental and physical health days than the state average.

*If a community needs assessment has not been conducted, describe the process and strategy for completing a local needs assessment.*

The ten-county region of the Western Idaho Community Health Collaborative, including Elmore County, are not lacking in data to support the need for increased access to mental and behavioral health resources. The CHNAs completed by St. Luke’s Health
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Systems and Saint Alphonsus Health System, the United Way of Treasure Valley ALICE Report, Desert Sage Health Center clinic data and the community capacity assessments by Central District Health, plus the YRBS and BRFSS data sets, all indicate the lack of services. What these datasets do not tell us is what this "lack of services" looks like as part of daily life in Elmore County. We can glean the impacts from data, but in order to understand the whole picture and to truly address the need to fill in the gaps with input from the partners and public experiencing those shortages every day.

The proposed program will include five traveling town halls, focus group interviews with target populations, and an online survey, all in both English and Spanish, conducted by members of the combined WICHC and Elmore County Health Coalition Community Action Team. Town halls will target populations including students, parents of school-age students, veterans and seniors residents, Hispanic/Latinx, and ALICE households. Partners, including St. Luke's Elmore, Elmore County school districts, VFW, senior centers, ranchers, faith community and churches, City of Mountain Home, City of Glenns Ferry, Boise State University, Elmore County and other Elmore County Health Coalition members, will be invited to participate in key informant interviews and focus groups. Online surveys will be made available through social media and partner communication platforms to capture general public input.

Qualitative data responses will be coded to identify common themes and relationships. A meta-analysis of qualitative responses and quantitative data will further reveal priorities and opportunities. All gathered information will be presented by the Action Team to city councils, Elmore County Commission, Elmore County Health Coalition, WICHC, and St. Luke's Elmore Community Board, and will be made available online for public consumption.

Describe how your community addresses or has addressed its most pressing health challenges.

WICHC has convened private and public partners across the ten-county region to align and work together to remove systemic, upstream barriers to health. It is through alignment and collective impact, that sustainable change and healthcare cost savings can occur. Multi-sector collaborations like WICHC in other parts of the country have demonstrated success by working together, aligning resources and strategies, and centering around community voice. WICHC is currently addressing its most pressing health challenges by breaking down silos across various sectors, working towards a shared data platform, strengthening the community health worker workforce, and supporting community strategies that include expanding telehealth, community health...
workers, and colocation of services. WICHC provides a regional infrastructure that builds community health capacity across the region, while simultaneously collaborating on PSE strategies. WICHC's Theory of Change model demonstrates how it uses blended and braided resources, fused with collective impact, how it addresses our region's and it's communities most urgent, complex health challenges (Attachment 14).

Elmore County has addressed it's most pressing challenges most recently through the Elmore County Health Coalition. After the CHANGE Tool was completed in 2017, the Coalition was formed with diverse representation. Due to the nature of this coalition and communicating challenges and resources, great strides have been made in serving people in Elmore County. Mountain Home and Glens Ferry have improved their parks and built environment, schools have improved their parks and playgrounds through new structures, equipment and stencils. There is more collaboration and communication amongst the various government entities and as described above, are currently working together to increase food access and other supports necessary during the COVID-19 pandemic.

Describe proposed outreach, engagement and mobilization strategies the Collaborative will conduct to reach target sectors and populations within their selected community or neighborhood.

In an effort to activate the Collaborative membership and utilize their strengths most effectively, WICHC has established three workgroups - Data, Policy/System/Environmental Change, and Community Engagement. These three workgroups have allowed WICHC to be more nimble in its approach to community-tailored efforts and leveraged the skills and resources unique to each organizational member. The Collaborative will again leverage those workgroups and their strategies to reach the target populations of the proposed program in Elmore County.

The Data Workgroup, comprised of representatives from Saint Alphonsus, St. Luke's, United Way, Central District Health, Regence Blue Shield, and Our Path Home, collaborates to understand and leverage the wide variety of data resources throughout our community. The workgroup provides insight to the Collaborative about the needs defined by community health needs assessments (CHNA) and identifies the gaps in shared data through the region. For the proposed program, the ALICE Report served as a main source of insight into the gaps and needs in Elmore County and mobilization around mental and behavioral health services. The CHNAs led by Saint Al's and St. Luke's will also be used to inform our work throughout the collaboration in Elmore County.
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The Policy/Systems/Environmental Change workgroup strategies include outreach to community partners through the Elmore County Health Coalition to identify policy, systems, and environmental factors creating barriers to and opportunities for improving healthcare access in the target population. Collaboration with the target population, through town hall-style conversations, on social media and other active outreach will also inform the strategies to mobilize towards strengthening Community Health Worker workforce, improving availability and use of telehealth, and identifying opportunities for co-located and mobile services.

The Community Engagement workgroup will support efforts to identify organizations that are working within Elmore County and how their expertise can be leveraged to make the Collaborative’s efforts be more effective. For the proposed program, targeted outreach and engagement efforts will also include focus groups, key informant interviews, and surveys of community leaders, community members and organizations to gather their input and buy-in with mobilization and sustainability strategies with an emphasis on health equity and engaging the Hispanic/Latinx population.

Provide examples of needs assessments, health risk assessments, focus group interview outcomes, or plans the collaborative has conducted or participated in the proposal attachments.

WICHC completed the Results-Based Accountability (RBA) Framework process to identify priorities and metrics to address the social influencers/determinants of health. The Community Strategies (Attachment 11) identified through the RSA framework was applied to all ten counties and was completed by members. After the RBA framework was completed, three workgroups completed Action Plans, with the Community Engagement workgroup (Attachment 12) identifying Elmore County as one of the first communities it wants to partner with. Lessons from this opportunity and partnership will be scaled to other WICHC communities.

Additionally, Elmore County has been a participant in the following recent assessments and plans:

- 2020 CHNA focus group interviews and survey
- 2020 UWN ALICE Report
- 2017 Elmore County CHANGE Tool (Attachment 13)
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Please also describe any prior work completed or conducted in the community that positions the collaborative and this initiative for success. This can include cross-sector partnerships with shared health missions, support or involvement of local leaders or elected officials, decision-making processes that include diverse community voices, etc.

Since it was established in 2019, WICHC has cemented many partnerships, worked collaboratively to identify upstream solutions to the social influencers of health, and is working towards supporting and aligning resources, funding, and expertise in its ten counties. WICHC’s diverse membership, each with their own expertise, resources, and networks, can be applied to Elmore County in a tailored fashion so as to best respond to the needs of the community. Leveraging WICHC as the backbone provides existing structure and expanded resources that would not otherwise be available to the small, rural Elmore County communities because grants alone cannot drive lasting transformation. WICHC also brings experience in how to collaborate, think strategically about interventions that have the most impact, bringing a social influencer lens whilst giving voice to the community. WICHC has demonstrated viability through its diverse funding partners, with the Idaho State Legislature funding WICHC’s infrastructure for two years. Through the proposed program, WICHC will be able to continue to build on its success, add capacity, apply its framework, expertise and experience to Elmore County, and scale lessons from Elmore to WICHC’s other communities.

Implementing and refining a process that WICHC can replicate and adapt in other communities will allow the Collaborative to support capacity building and generate momentum in the creation of a systemic approach to solving upstream challenges. Not only will WICHC be able to guide and support Elmore County in this opportunity, it will build WICHC into a more robust resource and build trust amongst its members. The work that will come from this Elmore County partnership will help WICHC build its toolkit.

The Elmore County Health Coalition has built a vision around the importance of addressing the social influencers of health and have momentum and buy-in of their members. Unfortunately, just like many rural communities, Elmore doesn't have the resources to do a deep dive into the social determinants of health. They have made tremendous progress in the built environment, but need help and guidance from WICHC to go further upstream.

Part B - Lead Applicant Agency, Collaborative and Community Readiness

Part 81: Lead Agency
**Lead Agency**
Western Idaho Community Health Collaborative at Central District Health

**Mission**
Partnering to promote and protect health in our communities

**Vision**
Healthy People in Healthy Communities

**Current Activities**
CDH's emphasis is on decreasing risk factors for chronic disease, improving quality of life and increasing the years of healthy life among residents.

- Reproductive Health Care
- Immunizations
- Women, Infants and Children (WIC) Program
- Environmental Health - including food establishment and child care inspections
- Health Policy & Promotion - including tobacco cessation programs, Fit & Fall Proof™ classes, physical activity and nutrition, mental/behavioral health, and more
- Communicable Diseases
- Public Health Preparedness
- Oral Health Programs
- Parents as Teachers
- Infant and Early Childhood Mental Health

**Service Area**

Description of how the agency has historically served or plans to serve vulnerable populations in the identified community, including history of outreach to, mobilization and involvement of the community in decision making processes that impact the community

Central District Health (CDH), the lead applicant, has an extensive background addressing rural, underserved populations as one of seven public health districts in
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Idaho. The health districts were established in 1970 under Idaho Code to ensure essential public health services are made available to protect the health of all citizens of the state - no matter how large or small their county population.

- In 2018, CDH established the Elmore County Health Coalition, convening public agencies, private businesses and community members to collaboratively address health priorities including mental health, substance use, tobacco and obesity.
- The Elmore County Health Coalition has successfully completed grant programs supporting built environment improvements, increased access to supplement food resources for high school families, health equity among underserved populations, youth substance use diversion programming, as well as developing a resource manual specific to the county.
- GOH successfully established the Valley County Opioid Response Program with support from the HRSA RCORP Planning Grant (2018), and subsequently received the HRSA RCORP Implementation Grant (2020) for work in Valley County, Idaho, another HRSA-designated rural community.

History of facilitation and leadership with committees, coalitions, or Collaboratives

Central District Health
Central District Health convenes a variety of committees, coalitions and Boards. Some were established to meet a requirement for a grant agreement, while others developed organically based on community need. Within the Health Policy & Promotion section of CDH, staff facilitate the Region 4 Behavioral Health Board and four subcommittees; Region 4 Citizens Review Panel; Cancer Awareness, Screening & Prevention Alliance; Valley County Opioid Response Project Consortium; and of course, the Elmore County Health Coalition and Western Idaho Community Health Collaborative.

WICHC
Established in 2019, Central District Health and Southwest District Health deserve equal credit for the idea and implementation of the Western Idaho Community Health Collaborative. Born out of the community-driven need to address the social influencers (determinants) of health, WICHC serves as the catalyst for collaboration among a wide variety of public and private agencies. After meeting monthly to get work started, Collaborative members meet every other month with three workgroups meeting during the off months. Led by Health Strategist Alexis Pickering, this new model allows for Collaborative members to focus on different parts of the community building process.

Staffing assigned to this project

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
</table>

Western Idaho Community Health Collaborative
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Please refer to Attachment 7 for key personnel resumes.

Governing structure (boards, advisory committees, etc.)

CDH Board of Health

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Representing</th>
<th>Term Expiration</th>
<th>Occupation</th>
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<tr>
<td>Betty Ann Nettleton, R.N.</td>
<td>Board Chair</td>
<td>Elmore County</td>
<td>2021</td>
<td>Retired Nurse</td>
</tr>
<tr>
<td>Megah Bl hksma</td>
<td>Vice Chair</td>
<td>Elmore County</td>
<td>2023</td>
<td>State Representative</td>
</tr>
<tr>
<td>Ett Hasbrouck</td>
<td>Member</td>
<td>Valley County</td>
<td>2025</td>
<td>Valley County Commissioner</td>
</tr>
<tr>
<td>Ryan Stirm</td>
<td>Member</td>
<td>Boise County</td>
<td>2024</td>
<td>Boise County Commissioner</td>
</tr>
<tr>
<td>Ted Epperly, M.D.</td>
<td>Member</td>
<td>Ada County</td>
<td>2021</td>
<td>Family Practice Physician</td>
</tr>
<tr>
<td>Diana Labriundo</td>
<td>Member</td>
<td>Ada County</td>
<td>2025</td>
<td>Ada County Commissioner</td>
</tr>
<tr>
<td>Jane Young, CRN-P, DNP</td>
<td>Member</td>
<td>Ada County</td>
<td>2022</td>
<td>Family Nurse Practitioner</td>
</tr>
</tbody>
</table>
Prior experience working with the Idaho Department of Health and Welfare

Central District Health receives several subgrants from the Idaho Department of Health and Welfare (DHW) each year. Programs including Cancer Control; Heart Disease, Stroke Prevention and Diabetes; Drug Overdose Prevention; Fit and Fall Proof™; Early Childhood Mental Health; Oral Health; Parents as Teachers; Physical Activity+ Nutrition; Regional Behavioral Health Board; Regional Citizen Review Panel; Reproductive Health; Suicide Prevention; and Tobacco Prevention and Cessation are run in collaboration and with funding from DHW.

Statement of organization’s understanding of the social determinants of health; health equity; and evidence-informed policy, systems, and environmental change strategies and how these concepts fit with organization’s mission and vision

The Western Idaho Community Health Collaborative (WICHC) is aligning healthcare, social services, and public health to work together and invest in communities towards a common goal of improving health outcomes and saving costs. WICHC creates and sets the table for groundbreaking collaboration across multiple sectors. The social influencers of health are non-medical factors that affect health such as housing instability, food insecurity, and transportation. WICHC is a groundbreaking model for collaboration across multiple sectors to address these complex community health issues.

Objective 1.2 of the 2020-23 Central District Health Strategic Plan: "Support and staff the Western Idaho Community Health Collaborative (WICHC) to transform the social
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determinants of health through 2023*, including leveraging and aligning existing partnerships through other CDH programs to achieve greater impact.

*Description of the political and economic climate in the community, history of support for community health initiatives, and how this project may be impacted, positively or negatively, given the current political/economic climate; and how the agency will overcome potential obstacles*

Elmore County has supported community health initiatives when they involve physical activity, the built environment, schools, food access, and behavioral health. Tobacco-free initiatives have been introduced, but have faced obstacles. Political will and interest is critical to realize PSE health initiatives in all communities, and Elmore County is no different. The Elmore County Health Coalition and the WICHC Health Strategist have strong political buy-in and credibility amongst elected officials in Elmore County.

COVID-19 has brought political and economic challenges to communities. Public health strategies to minimize the impact of COVID-19 have been politicized, making rural communities wary of implementing strategies like mandating face coverings/masks. However, elected officials and communities in Elmore County are driven to support their citizens even more so given the economic and social impacts COVID-19 is having on people’s lives.

**Organization understanding of cost-reimbursement model of payment**

CDH has experience and a thorough understanding of the cost-reimbursement model of payment for this opportunity. CDH has experience and is committed to following DHW reimbursement payment requirements.

**Organizational Chart**

Please refer to Attachment 3 for Operational and Fiscal Organizational Charts.

**Part B2: Community Support**

*Please describe community support from identified partner organizations, including community-based organizations, health care providers or systems, governmental and non-governmental organizations, et al. Include partners who have committed time, funds, or resources to supporting this project and how this project fits within their overall mission.*
In 2019, the Western Idaho Community Health Collaborative (WICHC) was established as a public-private partnership between the two public health districts and private sector funders. This initiative was developed in response to recommendations from the State Health Care Innovation Plan, advocating for alignment and collaboration to improve community health.

Partners include Ada County EMS, Family Medicine Residency of Idaho, Terry Reilly Health Services, Valley Regional Transit, Central District Health, Southwest District Health, Lifeways, Idaho Association for the Education of Young Children, Boise State University, Blue Cross of Idaho Foundation, St. Luke’s Health System, Saint Alphonsus Health System, United Way of Treasure Valley, Idaho Foodbank, RISE, Pacificsource, Our Path Home, Boise County Juvenile Justice, and the Area Agency on Aging. The 21-member Collaborative is driven by these organizational partners, who have all committed to a collective impact model addressing the social determinants (influencers) of health.

Financial contributions from St. Luke’s, Saint Al’s, United Way of Treasure Valley, Blue Cross of Idaho Foundation, the two health districts and the Idaho Legislature have been combined in a Wellness Fund to support infrastructure and activation.

Please refer to the letters of support in Attachment 4 for more about each organization's investment in the proposed program with WICHC's leadership.

Part 83: Existing Community Collaborative Description

Describe the collaborative, including its vision and mission, and statement of purpose for this funding opportunity.

The Western Idaho Community Health Collaborative (WICHC) was established in 2019 to collaborate and align efforts to improve our health system and build a healthier western Idaho. As a community of stakeholders, we aim to transform the health of our communities by collaborating, prioritizing, and collectively supporting the community health needs and healthcare transformation efforts that will have the greatest impact on improving health outcomes and lowering the costs of healthcare.

By bringing together our most valuable community institutions - hospitals, public health, schools, public safety agencies, parks, and local businesses - along with local residents, we can create a new vision for our health system. Our vision is for a health system that is capable of fundamentally changing health outcomes by aligning interventions for maximum impact, promoting prevention, and organizing resources to
Project Narrative

focus on the most effective strategies. Through this effort, we can move closer to making health equity among all community members a reality in our ten-county region that includes Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties.

To realize this vision, WICHC is utilizing the model known as the Collective Impact Model. Collective impact brings people and agencies together in a structured way, to achieve greater impact. It starts with a common agenda, establishing shared measures, working together on reinforcing activities, with consistent communication, and a strong backbone organization. This model requires us to no longer work in isolation from one another and own the shared responsibility of transforming community health. We cannot continue to place most of the responsibility on clinicians to keep us well. Building healthy communities is possible when different sectors work toward a common cause, creating a culture change for a healthier Idaho. However, these sectors, and the various services and programs they provide, often work in isolation of one another-operating as solo efforts, who play their own songs. WICHC seeks to transform these solo players into a highly functioning orchestra.

Describe member roles/responsibilities, agencies they represent and the engagement process and strategy with leaders and members of the community.

From its inception, the membership composition has consisted of representatives from the following stakeholder groups.

- One representative from Public Health District 3
- One representative from Public Health District 4
- 2 primary care clinicians - one from each district
- 1 representing nursing professionals
- 2 hospital system representatives
- 1 independent rural provider
- 2 payer representative members from the Idaho Association of Health Plans
- 1 behavioral health representative
- 1 consumer advocate
- Up to 4 representatives from entities focused on key social determinants of health including but not limited to:
  - Housing
  - Nutrition
  - Transportation
  - Schools
  - Oral health
- 2 representatives from community business or non-profits, one from each region
Project Narrative

- Up to 2 At-Large members
- 1 representative from the funders of WICHC (not represented elsewhere)

The key functions of the Collaborative as expressed in the organizational charter are:

- Serve as a convener of both urban and rural regional partners who are invested in the transformation of healthcare and community health, aligning functions to navigate the intersection
- In partnership with the Healthcare Transformation Council of Idaho (HTCI), agree to a common vernacular and promote broad understanding of population health and community health
- Identify policy, system, and environmental barriers that are negatively impacting community vitality, health outcomes and driving up the cost of healthcare
- Collect, analyze, and consolidate data that helps to identify the greatest drivers of poor clinical quality and community health outcomes
- Collaborate and align efforts amidst regional partners to support healthcare transformation for medical home health neighborhood partnerships
- Coordinate efforts and funding amongst partner organizations to establish a community-wide health improvement plan that looks at both the rural and urban portions of our 10-county region
- Be a trusted source of information and a credible voice for the strategic improvement of community health and a regional advisor to practices in their population health transformation efforts
- Establish a framework for evaluating community health drivers that can help to prioritize investment strategies
- Generate local, regional, and national support for initiatives to transform the health of the community
- Adopt a funding model to coordinate community investments and create scaled transformation for prioritized healthcare delivery and community health drivers
- Develop strategic initiatives, policy statements, and transformative efforts that meet local needs and positively influence or contribute to other health improvement strategies such as those driven by HTCI, the Idaho Department of Health and Welfare, Idaho Medicaid, Legislature and others.

Please refer to Attachment 4 for letters of support from WICHC member organizations.

Additional partners identified or anticipate are needed to support this project, include how these partners were or will be identified and engaged

Additional anticipated partners include the Idaho Foodbank, first responders, City of Mountain Home staff, Elmore County staff, Mountain Home and Glenns Ferry School
Project Narrative

District staff, senior center volunteers and members, pastors/faith-based leaders, Hispanic/Latinx representative, and specific thought leaders in each community. Many of these partners are members or are colleagues of members of the Elmore County Health Coalition and can be engaged immediately. The Elmore County Health Coalition will assist the Community Action Team in identifying and engaging partners that aren’t members of the Coalition and identify the appropriate role and way to connect with them.

*Describe existing projects, partnerships, or initiatives in the community that the collaborative will leverage to increase community impact*

The proposed program will leverage the experience, expertise and leadership of the Elmore County Health Coalition. This community-led coalition was developed in response to the County's interest in addressing health improvements with a focus on prevention and policy, systems and environmental change. The Elmore County Health Coalition has played an important role in the design of the proposed program and will continue to play an instrumental role in guiding and implementing the action plan. Buy-in from Elmore County residents and leadership is essential to the success of this program. The collaboration with the community residents will ensure that culturally appropriate and sustainable changes are implemented.

**Part 83.1: Planned Community Collaborative Description**

Not applicable.

**Part B4: Community Readiness**

*Are there past, current, or ongoing efforts, programs and policies that address community health issues?*

Past efforts and programs include: offering and training first responders, teachers, and community members on Youth Mental Health First Aid, receiving an Idaho Community Fund Grant to increase physical activity through stencils and paint and was applied to early childhood education centers, schools, parks, and pathways in Mountain Home and Glenns Ferry. The Coalition secured a $60,000 grant from the Idaho Women's Charitable Foundation to build a fitness playground for Hacker Middle School, serving all residents and age groups. Elmore County hired a Veterans Office Coordinator and CDH hosted walkability workshops and shared the walkability plan with community and county leadership. Tobacco-free signage was provided to organizations and
governmental entities and behavioral health was expanded at Desert Sage Health Center.

Past policies include adding health data and considerations in the 2019 Mountain Home Comprehensive Plan, discussions and momentum around tobacco-free policies, and adding health to the Elmore County Commissioner vision and mission statement. Current efforts include finalizing a county-wide self-rescue manual, expanding food access and a food pantry in the Mountain Home School District, and finalizing the Elmore County self-rescue manual. Ongoing and future programs include applying for a HRSA grant to expand community health workers into Mountain Home and completing projects related to a Health Equity grant provided by the American Heart Association.

To what extent, do community members know about health issues or challenges, the consequences, and impacts on the community?

Most community members know about health issues and challenges because they are experiencing it for themselves either personally, in their families, and/or in their personal circles. People know the consequences of smoking and physical inactivity, but lack the support and culture to make the healthy choice the easy choice. Elmore County residents often cite the importance of picking oneself up by their bootstraps, and don't know of tangible solutions and the impacts those issues have on the community.

Changing behaviors are difficult, which is why preventing them from starting is even more critical. The Coalition and WICH will be able to connect and leverage these individual stories for wide-spread change and activation of the community. The Community Action Team will be able to uncover, connect, elevate the why behind these health challenges.

To what extent do community members know about local efforts and their effectiveness?

The Elmore County Health Coalition has partnered with churches, city clean-up campaigns, school district events and activities, health fairs, and others. Community members who are connected to those groups likely have some level of awareness around the coalition. The Hispanic/Latinx population likely knows the least about local efforts and the Coalition. Air Force members and their families are also less likely to know about local efforts. Many families and members either live in Boise and commute, or live on base, making it challenging at times to get them plugged into the community and efforts led by the Coalition. ALICE households can be working multiple jobs to make ends meet, so they have less time and attention to give these kinds of efforts.
This opportunity will give the Coalition the ability to go to community members who are likely going to benefit the most and would inform efforts in new and deeper ways. Building sustainable change involves a human-centered approach, building trust over time, and resources. This project will allow the Coalition to begin building that trust with vulnerable populations, with resources to match.

What is leadership's attitude toward addressing community health issues?

Before the Elmore County Health Coalition was created, the attitude of leadership surrounding health issues was, 'it's not my job,' or 'someone else should step up'. Those sentiments were consistent when people and organizations were interviewed for the 2017 CHANGE Tool assessment. Due to the Elmore County Health Coalition, ongoing and persistent conversations, activities, education, and success in securing funding and citizen support, leadership is more open and interested in addressing community health issues than ever before. Instead of shying away from conversations around negative health outcomes, leadership is curious and willing to work with others to solve these challenges. That curiosity has led leadership to work with stakeholders and their communities to improve parks and playgrounds in schools and neighborhoods in both Mountain Home and Glenns Ferry. Leadership realized that when children have opportunities to move, connect with their peers, and keep them busy, they're less likely to get into trouble. Leadership now understands the importance of prevention, moving upstream, and how poor health outcomes in our community negatively impact us all.

Describe the attitude of the community toward health improvement: Is it one of helplessness or of responsibility and empowerment?

The overall attitude towards health improvement is individual responsibility. However, through the Elmore County Health Coalition, organizations and leaders have realized how to empower residents and see how it brings lasting change. Elmore County has begun to shift in how it talks about health. Previous conversations about adverse health outcomes would include victim blaming and viewing challenges as 'not their problem.' Now members see how creating a culture of health is everyone's responsibility and just need help in connecting the challenges to solutions. WICHC will be able to provide the resources that bring about sustainable solutions.

What resources are being used or could be used to address the issue?

Like most rural counties, Elmore County does not have the resources to dive deep into the social influencers of health and seek out the most vulnerable and affected
populations. Elmore County has realized a lot of progress and are at the point now that they need to understand the qualitative factors that are driving the overall adverse health outcomes. WICHC is poised to bring new resources in terms of expertise, perspectives, programs, and connections to Elmore County. WICHC has expertise and experience on addressing the social influencers of health and how to structure and accomplish this project. It will take diverse partnerships to bring about sustainable change, and WICHC has those partners who can help Elmore County expand its existing resources and partners. Trust currently exists between the Coalition and the WICHC Health Strategist, making progress go even faster and further.

Part 85: Community Action Team

Please describe the collaborative members who will comprise your CAT, their organizations/affiliations, and role on the team.

The Community Action Team will consist of members from WICHC, the Elmore County Health Coalition, and other members of the community. Some members are identified and confirmed to be members of the team, but others will be finalized once the grant is awarded.

Elmore Community Action Team (CAT)

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexis Pickering</td>
<td>WICHC</td>
<td>Leading and facilitating the CAT/WICHC liaison</td>
</tr>
<tr>
<td>Tami Cierol</td>
<td>Elmore County Health Coalition/Central District Health</td>
<td>Elmore County Health Coalition facilitator, provide expertise on assessment techniques and structure</td>
</tr>
<tr>
<td>Christy Accord</td>
<td>Elmore County Economic Development, City of Glenns Ferry</td>
<td>Veteran, Glenns Ferry Senior Center Board member, thought leader and well-connected government employee across Elmore County. Has experience on grants and projects.</td>
</tr>
<tr>
<td>N/A</td>
<td>Hispanic/Latinx Leader</td>
<td>Provide insight and expertise on how to connect with other vulnerable</td>
</tr>
<tr>
<td>NIA</td>
<td>Police/Fire/EMSNeteran Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
Please describe any partners who will receive funds (if known) by the lead agency as subcontractors to carry out specific components of the collaborative’s Phase One activities.

WICHC will rely on Central District Health staff to complete the majority of the work. Collaborative and Elmore County Health Coalition members will support activities with in-kind time. Contractors will be hired to support bilingual communication with community members, data entry and analysis, program evaluation, and storytelling. At the time of grant submission, those contracts had not been finalized. It is the expectation of the proposed program that those contractors will be experts within their fields rather than relying on internal would-be experts.

Describe your plans for and commitment to assuring inclusivity and diversity of your collaborative and action team membership, including equitable representation from diverse community groups and vulnerable populations.

Ensuring inclusivity, diversity, and representation of the vulnerable and diverse populations in Elmore County is critical to this project’s success. The Community Action Team will have a Hispanic/Latinx representative and someone who works directly with diverse groups who are facing adverse health outcomes. WICHC is committed to diversity and equity, which was one of the reasons why it chose to partner with Elmore County. The assessment will take a human-centered approach, offering online and in-person assessment opportunities in both English and Spanish and physically going to harder-to-reach populations. In the budget proposal, WICHC will hire and pay for an local Hispanic interpreter for town halls, and train them to facilitate their own focus group interviews with the Hispanic/Latinx community. Seniors and veterans also need a tailor approach, and two of the five members of the Community Action Team will either be veterans/seniors or work closely with them.

Part C - Phase One: Project Timeline and Community Action Plan

Part C1 - Project Timeline (January 4, 2021 - September 30, 2021)

Please refer to Attachment 6.

Part C2 - Goals, Objectives and Strategies for Phase One Action Plan
Project Narrative

The Elmore County Health Coalition and WICHC both have experience in drafting and completing action plans incorporating SMART measures. The WICHC Community Engagement Workgroup drafted and is currently using their own action plan to guide how they support communities (Attachment 12). Please refer to Attachment 6 for the Project Timeline.

Part D - Project Administration, Management and Staffing Plan

Describe plans for administration, supervision, and management of the proposed plan

<table>
<thead>
<tr>
<th>Entity</th>
<th>Role</th>
<th>Key Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central District Health</td>
<td>Lead agency</td>
<td>Convene Western Idaho Community Health Collaborative and the Elmore County Health Coalition</td>
</tr>
<tr>
<td>Western Idaho Community Health Collaborative</td>
<td>Collaborative member organization</td>
<td>Leverage Collaborative partner expertise and resources to expand mental and behavioral health service access and utilization in Elmore County</td>
</tr>
<tr>
<td>Elmore County Health Coalition</td>
<td>Community-based coalition</td>
<td>Empower Coalition and Elmore County community members to implement proposed program in a culturally appropriate and sustainable way to meet the needs of local residents</td>
</tr>
</tbody>
</table>

Role of funded staff and/or subcontractors, including role and responsibilities of each

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director</td>
<td>Alexis Pickering</td>
<td>Health Strategist</td>
<td><a href="mailto:apickering@cdh.idaho.gov">apickering@cdh.idaho.gov</a></td>
<td>208-327-8619</td>
</tr>
<tr>
<td>Elmore County</td>
<td>Tami Cirerol</td>
<td>Health Policy</td>
<td><a href="mailto:tcirerol@cdh.idaho.gov">tcirerol@cdh.idaho.gov</a></td>
<td>208-327-8547</td>
</tr>
</tbody>
</table>
Role of each collaborative member organization and committed partner

<table>
<thead>
<tr>
<th>Member</th>
<th>Organization</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nikki Zogg</td>
<td>Southwest District Health</td>
<td>Public Health District 3</td>
</tr>
<tr>
<td>Russ Duke</td>
<td>Central District Health</td>
<td>Public Health District 4</td>
</tr>
<tr>
<td>Angie Gribble</td>
<td>St. Luke’s Community Health</td>
<td>Hospital System Rep</td>
</tr>
<tr>
<td>Rebecca Lemmons</td>
<td>Saint Alphonsus</td>
<td>Hospital System Rep</td>
</tr>
<tr>
<td>Jacquelyn Hanners</td>
<td>PacificSource</td>
<td>Health Plan Rep</td>
</tr>
<tr>
<td>Ashley Knight</td>
<td>Regence Blue Shield</td>
<td>Health Plan Rep</td>
</tr>
<tr>
<td>Connor Sheldon-Modrow</td>
<td>Blue Cross of Idaho Foundation</td>
<td>Funding Council Rep</td>
</tr>
<tr>
<td>Dr. Kevin Rich</td>
<td>Family Medicine Residency of Idaho</td>
<td>Primary Care Clinician</td>
</tr>
<tr>
<td>Sami Florence</td>
<td>Terry Reilly</td>
<td>Dental/Nursing Rep</td>
</tr>
<tr>
<td>Mark Babson</td>
<td>Ada County EMS</td>
<td>First Responder Rep</td>
</tr>
<tr>
<td>Sarah Andrade</td>
<td>Lifeways</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Amanda Leader</td>
<td>Juvenile Justice</td>
<td></td>
</tr>
<tr>
<td>Kelli Badesheim</td>
<td>Valley Regional Transit</td>
<td>Social Service Provider</td>
</tr>
<tr>
<td>Jonny Carkin/Don Coberle</td>
<td>IAEYC/RISE TVEP</td>
<td>Educational Rep</td>
</tr>
<tr>
<td>Berenice Medina</td>
<td>Idaho Foodbank</td>
<td>Social Service Rep</td>
</tr>
</tbody>
</table>
Project Narrative

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Kenney</td>
<td>United Way of Treasure Valley</td>
<td>Non-Profit Rep</td>
</tr>
<tr>
<td>Luis Lagos</td>
<td>Family Medicine Residency of Idaho</td>
<td>Consumer Rep</td>
</tr>
<tr>
<td>Maureen Brewer</td>
<td>Our Path Home</td>
<td>Non-Profit Rep</td>
</tr>
<tr>
<td>Raul Enriquez</td>
<td>Area Agency on Aging</td>
<td>At-Large Rep</td>
</tr>
<tr>
<td>Dr. Sarah Toevs</td>
<td>Boise State University</td>
<td>At-Large Rep</td>
</tr>
</tbody>
</table>

Governance of the collaborative including decision-making process and oversight of the project

Governance structure per the Western Idaho Community Health Collaborative Charter:

- A chair, vice chair, treasurer, and secretary will be appointed by the Collaborative.
- The chair will convene and preside over the Collaborative meetings.
- The vice chair will convene and preside over the Collaborative in the absence of the chair.
- The secretary will monitor attendance and support the Collaborative.
- The treasurer will monitor and report on Collaborative finances.
- The officers will serve at least three-year terms subject to reappointment.

Describe role, qualifications, and experience in managing federal funds of financial management staff

CDH maintains a Certificate of Cost Allocation Plan certifying how costs would be charged to program personnel, operating expenditures and capital outlay. These processes are followed for all local, state and federal funding sources. A copy of that certificate is available upon request.

E. Evaluation Plan

The WICHC Health Strategist will work with project partners to develop an evaluation plan within the first three months of the grant award. The proposed program allocates $20,000 to hire a contractor to complete the evaluation. Through planned activities existing quantitative data will be leveraged and combined with additional quantitative and qualitative data collected through key informant interviews, focus groups, town halls and surveys. Keyword coding will be used to identify themes, priorities and opportunities.
CDH, the fiscal agency, will put out a request for proposal (RFP) based on the Collaborative’s needs to qualify and synthesize data and generate a publicly shareable evaluation report. The Community Action Team will present a SWOT analysis of the evaluation plan to WICH for confirmation. Once it is confirmed, the process for the RFP process will begin.
Budget Narrative

A. Personnel

Personnel charges for the proposed program consist of time for four Central District Health employees. The Total Personnel charge for this project is $29,065.82.

**Health Strategist** - The Health Strategist, at a rate of $28.32 per hour, will contribute 0.3 FTE (12.5 hours per week) to the proposed program. The Health Strategist oversees and facilitates the Western Idaho Community Health Collaborative (WICHC) and will be responsible for the overall program implementation, facilitation of the Community Action Team, budget monitoring, and coordination with DHW staff. The total Personnel charge for the Health Strategist is $13,452.00.

**Program Manager** - The Central District Health Health Policy & Promotion Program Manager, at a rate of $33.50 per hour, will contribute 0.1 FTE (4 hours per week) to the proposed program. The Program Manager will provide supervision to the Health Strategist and Health Policy Analyst and budget support as needed. The total Personnel charge for the Program Manager will be $5,092.00.

**Health Policy Analyst** - The Central District Health Health Policy Analyst, at a rate of $24.50 per hour, will contribute 0.25 FTE (10 hours per week) to the proposed program. The Health Policy Analyst is the current Chair of the Elmore County Health Coalition. This individual will provide expertise on the assessment processes, community outreach, communicate and represent the Coalition, and assist in the design and implementation of the action plan. The total Personnel charge for the Healthy Policy Analyst will be $9,880.00.

**Administrative Assistant II** - The Central District Health Administrative Assistant, at a rate of $22.52 per hour, will contribute 0.02 FTE (1.5 hours per two-week pay period) to the proposed program. The Administrative Assistant will support the Health Strategist by coordinating supply purchasing, travel and contract development with subgrantees. The total Personnel charge for the Administrative Assistant is $641.82.

B. Fringe Benefits

Fringe Benefits charges for the proposed program consist of health, dental and vision insurance, disability, life insurance, and retirement benefits for four Central District Health employees. The total Fringe Benefits charge is $12,278.56.

**Health Strategist** - The Health Strategist's Fringe Benefits are calculated at a rate of $11.91 per hour. The total Fringe Benefits charge for the Health Strategist is $5,657.25.
Budget Narrative

Program Manager - The Central District Health Health Policy & Promotion Program Manager's Fringe Benefits are calculated at a rate of $13.07 per hour. The total Fringe Benefits charge for the Program Manager is $1,986.64.

Health Policy Analyst - The Central District Health Health Policy Analyst's Fringe Benefits are calculated at a rate of $11.40 per hour. The total Fringe Benefits charge for the Program Manager is $4,332.00.

Administrative Assistant II - The Central District Health Administrative Assistant's Fringe Benefits are calculated at a rate of $10.62 per hour. The total Fringe Benefits charge for the Program Manager is $302.67.

C. Indirect Cost

The approved indirect rate for Central District Health is 36.71% multiplied by the total of Personnel. The total Indirect Costs for the program will be $10,670.06, however the grant program will only be charged $10,500.00 as indicated by the maximum. The remaining Indirect Costs will be donated in-kind by Central District Health.

D. Operations

Traveling Town Halls
Members of the Community Action Team and staff are expected to travel from the Boise office to Pine/Featherville, Mountain Home and Glenns Ferry for Town Hall meetings with residents. The expenses for the traveling town halls include refreshments, bilingual interpreters, mileage reimbursement, and surveys. The total expense for the five Town Halls is $1,783.25.

Focus Groups
Members of the Community Action Team and other community partners will facilitate up to 20 small Focus Group interviews for the assessment. Focus Group interviews will occur in Mountain Home, Glenns Ferry, and Pine/Featherville. The expenses for the Focus Groups include mileage reimbursement. The total mileage expense for the Focus Groups is $1,469.70.

Supplies charges for the proposed program are estimated at $10,000.00. Supplies costs for the Focus Groups, county-wide online and paper survey, and training supplies. Other supply costs may include telephone and computer charges for Personnel, room
Budget Narrative

rentals for meetings, office supplies, event supplies such as flip charts, and other consumable materials essential to the success of the program.

Training
Participants in this project including the Elmore County Health Coalition and other community stakeholders will attend a training on the project and how to conduct the Town Halls and Focus Group interviews. The total Training charge is $3,000.00.

Bilingual Consultant(s)
The Health Strategist will hire a Bilingual Consultant who is fluent in English and Spanish who lives in Elmore County. The consultant will be paid at a rate of $25 per hour, spending 10 hrs/week for 20 weeks. The consultant will facilitate Focus Group interviews, assist at Town Halls, and present results to target populations. The total charge for the Bilingual Consultant is $5,500.00.

Data Entry Contractor
The Health Strategist will hire a Data Entry Contractor to code qualitative data collected during Town Halls, Focus Group Interviews, and online/hard copy (paper) survey results. The contractor will be paid at a rate of $25 per hour for 20 hours/week for 15 weeks. The total charge for the Data Entry Contractor is $7,500.00.

E. Action Planning

Evaluation
Central District Health will release a request for proposal (RFP) for a contractor to complete the evaluation of this project. The total Evaluation charge is $25,000.00.

Expert Consultants
The Health Strategist will coordinate the hiring of Expert Consultants to support the Action Plan and Implementation of this program. The total Expert Consultant Charge is $49,402.67.

F. In-Kind Match
The total In-Kind Match is $5,550.86.

Indirect Costs
Central District Health will provide $170.06 of in-kind to cover the remaining Indirect Costs of the staff.
Budget Narrative

Salary for Health Strategist
The Western Idaho Community Health Collaborative will provide $5,380.80 of in-kind to cover the remaining costs of the Health Strategist.

Total Program Charges: $155,000.00
Attachment 1: Map of identified community/neighborhood boundaries

Elmore County, Image Source: Google Maps 2020
Attachment 1: Map of identified community/neighborhood boundaries
Attachment 2: Examples of prior work

Examples of Prior Work

The Western Idaho Community Health Collaborative (WICH) was established in 2019 by private and public funders seeking to align, invest, and coordinate their efforts to decrease health disparities by addressing the social determinants of health in communities. For more information, visit www.nwichc.org.

Since WICH's inception, WICH has convened partners across the region, completed the Results-Based Accountability Population Framework and developed an action plan and next steps for engaging and supporting it's ten counties. WICH has also been a recipient of two mentorship opportunities; the Data Across Sectors for Health and the Georgia Health Policy Center Wellness Fund Learning Journey. The Data Across Sectors for Health (DASH) involved a joint application with WICH and the United Way of Treasure Valley (UWTV), which included receiving one-on-one mentorship from Elevate Health, guidance from the DASH All-in Network and other mentors and mentees. WICH learned how to strengthen its membership, how to incorporate community voice into action plans, data sharing platforms, and how to braid and blend funding to support the WICH infrastructure and projects. For more information about Elevate Health's work visit www.elevatehealth.org.

The Georgia Health Policy Center (GHPC) convened a cohort of Accountable Communities for Health, Wellness Funds, and other organizations, including WICH to learn from each other on how to develop and implement a wellness fund. Attachment 15 is the published brief on WICH that GHPC completed. It describes the effort to-date and how WICH plans to use and build a wellness to fund projects in communities like Elmore County.

Another partnership and opportunity that WICH has begun is with Build Healthy Places Network (BHPN), a program of the Public Health Institute. BHPN is collaborating with WICH and the Funding Council to help inform the development of a Wellness Fund that advances collaboration with the community development sector, specifically with community development financial institutions (CDFIs) and community development corporations (CDCs). Through this project, BHPN is partnering with the San Francisco Federal Reserve Bank to facilitate a training to introduce the community development sector to the WICH Funding Council, and a follow-up strategy meeting to inform their next steps.

BHPN Project Goals

1. Facilitate a strategy session to introduce the community development sector to the Funding Council.

Western Idaho Community Health Collaborative
Attachment 2: Examples of prior work

2. Inform Funding Council’s next step to partner more intentionally with the community development sector.

The Build Health Places’ mission is to shift the way organizations work across the community development, finance, and health sectors to collectively advance equity, reduce poverty, and improve health in communities across the U.S. They do this through building knowledge across sectors, strategically connecting leaders, and curating and producing resources for effective collaboration. Clients include several national CDFIs and community development organizations, local community development organizations, and national health systems. Based in San Francisco and working nationally, they are a program of the Public Health Institute.

As it relates to the WICHC infrastructure, Central District Health and Southwest District Health both have experience convening diverse partners, elevating and centering around community voice, addressing the social determinants of health, and decreasing health disparities. Both agencies facilitate various boards and committees (Regional Behavioral Health Boards and Citizen Review Panels) addressing pressing health challenges.

Central District Health’s (CDH) Health Policy & Promotion Section has extensive experience convening diverse collaborations to address pressing health needs and "hot spots" within the district. For example, as a result of adverse health outcomes in Elmore County, CDH's Board of Health voted to conduct the 2017 CHANGE Tool (Attachment 13) and to improve health outcomes. CDH provided district dollars for staff to conduct the assessment and action plan. The 2017 CHANGE Tool was used by staff to galvanize the creation of the Elmore County Health Coalition. Because of this assessment and buy-in from the community, the built environment has improved, collaborations across government agencies have increased, and thousands of dollars in grants have been awarded that connect to improving health.

The Southwest District Health (SWDH) Health Policy & Promotion Section facilitates and leads Community Health Action Teams (CHATs) in nearly all of SWDH’s six counties. Staff facilitate diverse coalitions to develop an action plan and work in tandem to solve those challenges. SWDH has deployed resources to improve specific challenges including preventing teen pregnancy, food insecurity, and childhood trauma. WICHC works with the CHATs to understand community needs, fill information gaps, and collaborate on solutions.

Examples of partner work:
Attachment 2: Examples of prior work

St. Alphonsus Regional Community Health Needs Assessment  


United Way of Treasure Valley ALICE Report  
https://www.unitedforalice.org/Attachments/AIIReports/2020ALICEReport_ID_FINAL.pdf
Attachment 3: Organizational Chart

Operational Function

Western Idaho

Elmore County

Health Coalition

Get Healthy Idaho Action Team

Community Health Collaborative

Western Idaho Community Health Collaborative
Attachment 3: Organizational Chart

Fiscal Function

Central District Health Board of Health  District Director

Public Information

Community and Environmental Health Division  Family and Clinic Services Division  Support Services Division

Communicable Disease Control  Environmental Health - Land-Based  Environmental Health Facilities-Based  Public Health Preparedness  Health Policy & Promotion

Western Idaho Community Health Collaborative
November 5, 2020

Elke Shaw-Tulloch  
Division Administrator  
Division of Public Health  
Idaho Department of Health & Welfare  
450 W. State Street, 4th Floor  
Boise, ID 83720

Dear Ms. Shaw-Tulloch,

I am writing to express the support of United Way of Treasure Valley for the Western Idaho Community Health Collaborative (WICHC) to advance mental and behavioral health support and success in Elmore County. Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

In alignment with Get Healthy Idaho’s vision, United Way supports WICHC’s proposal including the following strategies:

- Through cross-sector collaboration, the Western Idaho Community Health Collaborative in partnership with the Elmore County Health Coalition will work upstream to address behavioral health and unintended injury for residents in Elmore County.
- This effort will include engaging residents through human-centered activities (i.e. traveling town halls, focus groups), increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations to be completed in Elmore County.

In our 2020 Treasure Valley Community Needs Assessment, we did in collaboration with Saint Alphonsus Health System, we included Elmore County and found some interesting data points. The most alarming being Elmore County having the highest suicide mortality rates of any county in our footprint. We believe that through this grant opportunity and by carrying out the strategies of this proposal, the Western Idaho Community Health Collaborative, in partnership with the Elmore County Health Coalition, will be able to impact behavioral health in a way that could save lives.

Our community contact person for this project will be myself. My contact information is below in my signature line.

Thank you for your consideration of our grant proposal.

Sincerely,

Nora Carpenter, President & CEO  
n carpenter@unitedwaytv.org  
208-336-1070
November 3, 2020

Elke Shaw-Tulloch,
Division Administrator
Division of Public Health
Idaho Department of Health & Welfare
450 W. State Street, 4th Floor
Boise, ID 837720

Dear Ms. Shaw-Tulloch,

As Mayor of Glenns Ferry I am writing in support of the Western Idaho Community Health Collaborative (WICHC). Many members of our community suffer from health challenges. It is a struggle to provide valuable services to our community.

I have reviewed the action items that WICHC has outlined in their grant request. I find them to be very well thought out and I believe they will provide benefits for Elmore County citizens.

I support all efforts to continue expanding health initiatives and I believe the Western Idaho Community Health Collaborative, in partnership with the Elmore County Health Coalition, will be an excellent vehicle for carrying out the strategies of this proposal.

Our community contact person for this project is:
Christ Accord
Mayor’s Representative
(208) 598-0886

Sincerely,

Monty R. White, Mayor
Glenns Ferry
mayorgf@rtci.net
208 366 7418 ext. 4
November 3, 2020

Elke Shaw-Tulloch
Division Administrator
Division of Public Health
Idaho Department of Health & Welfare
450 W. State Street, 4tl, Floor
Boise, ID 83720

Dear Ms. Shaw-Tulloch,

I am writing in support of the Western Idaho Community Health Collaborative (WICHC). Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

In alignment with Get Healthy Idaho’s vision, WICHC’s proposal includes the following strategies:

- Through cross-sector collaboration, the Western Idaho Community Health Collaborative in partnership with the Elmore County Health Coalition will work upstream to address behavioral health and unintended injury for residents in Elmore County.
- This effort will include engaging residents through human-centered activities (i.e. traveling town halls, focus groups), increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations to be completed in Elmore County.

Food insecurity can profoundly impact the overall well-being of an individual. Recognizing that proper nutrition and food access is critical at every age, food insecurity is prevalent in our communities and it has significant health consequences. Being food insecure limits our ability to thrive and it impacts our mental, behavioral and physical health. As Idaho’s largest distributor of free food assistance, The Idaho Foodbank is committed to providing Idahoans with nutritious food and other resources required for good health. We are committed to doing our part to reduce this source of stress to promote healthy Idahoans. Food insecurity is multidimensional, which is why we provide leadership and subject-matter expertise to new or existing community needs. As a supporter of the Western Idaho Community Health Collaborative, we support their efforts and their leadership in this realm.

The Western Idaho Community Health Collaborative, in partnership with the Elmore County Health Coalition, will be responsible for carrying out the strategies of this proposal.

Our community contact person for this project is:

Amy Mart, Director of Community Initiatives
0: 208.695.4339
E: amart@idahofoodbank.org

Thank you for your consideration of our grant proposal.

Sincerely,

Karen Vauk
President & CEO
kvauk@idahofoodbank.org
(208) 336-9643
Dear Ms. Shaw-Tulloch,

We are writing in support of the Western Idaho Community Health Collaborative (WICHC). Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

In alignment with Get Healthy Idaho's vision, WICHC's proposal includes the following strategies:

• Through cross-sector collaboration, the Western Idaho Community Health Collaborative in partnership with the Elmore County Health Coalition will work upstream to address behavioral health and unintended injury for residents in Elmore County.
• This effort will include engaging residents through human-centered activities (i.e. traveling town halls, focus groups), increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations to be completed in Elmore County.

As the County Commissioners for Elmore County we feel that the mental and physical health of our citizens is important to the vitality of our community. We believe that the efforts of the Elmore County Health Coalition will aid in the goal of ensuring all citizens of Elmore have access to activities to promote their health. The Western Idaho Community Health Collaborative, in partnership with the Elmore County Health Coalition, will be responsible for carrying out the strategies of this proposal.

Thank you for your consideration of our grant proposal.

Sincerely,

Elmore County Board of Commissioners
Albert Hofer, Chairman

Franklin L. Corbus, Commissioner

*ABSENT*

Wesley R. Wootan, Commissioner
October 27, 2020

Elke Shaw-Tulloch  
Division Administrator  
Division of Public Health  
Idaho Department of Health & Welfare  
450 W. State Street, 4th Floor  
Boise, ID 83720

Dear Ms. Shaw-Tulloch,

I am writing in demonstration of Saint Alphonsus Health System’s (SAHS) support of the Western Idaho Community Health Collaborative (WICHC). Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

In alignment with Get Healthy Idaho’s vision, WICHC’s proposal includes the following strategies:

- Work upstream to address behavioral health and unintended injury through social influencers of health for residents in Elmore County.
- Engaging residents through human-centered activities, increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations to be completed in Elmore County.
- Utilizing WICHC’s diverse membership to support and provide technical assistance to Elmore County communities.
- Scoping and scaling tools and processes developed within Elmore County to share and apply with the other nine counties within the WICHC footprint.

SAHS has been a proud supporter of WICHC since its inception. We participate as a funder, member, and strategic thought partner. SAHS is dedicated to improving community health through focused efforts to address the social influencers of health, and WICHC allows us to leverage and maximize our resources at the community level. We are especially supportive of WICHC’s unique proposal that will not only assist the residents of Elmore County in improving health but will result in a toolkit and establish processes that WICHC can leverage broadly across our service area.

Our community contact for this project is Rebecca Lemmons, Director, Community Health & Well-Being Rebecca.lemmons@saintalphonsus.org.

Thank you for your consideration of our grant proposal.

Sin

Jennifer Palagi  DNP, MPH, RN, CIC  
Vice President, Community Health & Well-Being  
Saint Alphonsus Health System
October 22, 2020

Elke Shaw-Tullock
Division Administrator
Division of Public Health
Idaho Department of Health & Welfare
450 W. State Street, 4th Floor
Boise, ID 83720

Dear Ms. Shaw-Tullock,

I am writing in support of the Western Idaho Community Health Collaborative (WICHC). Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

In alignment with Get Healthy Idaho’s vision, WICHC’s proposal includes the following strategies:
- Through cross-sector collaboration, the Western Idaho Community Health Collaborative in partnership with the Elmore County Health Coalition will work upstream to address behavioral health and unintended injury for residents in Elmore County.
- This effort will include engaging residents through human-centered activities (i.e. traveling town halls, focus groups), increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations to be completed in Elmore County.

We support this because we realize the kind of impact this project could have on a rural community such as Elmore County, where mental health issues are often left unaddressed. The Western Idaho Community Health Collaborative, in partnership with the Elmore County Health Coalition, will be responsible for carrying out the strategies of this proposal.

Our community contact person for this project is:
Kimberly Mulkey,
Economic Development Specialist
KMulkey@mountain-home.us

Thank you for your consideration of our grant proposal.

Sincerely,

[Signature]

City of Mountain Home | City Hall & Office of Mayor Sykes
P.O. Box 10, 160 S. 3rd East, Mountain Home, ID 83647 • (208) 587-2104 • www.mountain-home.us
November 9, 2020

Elke Shaw-Tulloch  
Division Administrator  
Division of Public Health  
Idaho Department of Health & Welfare  
450 W. State Street, 4th Floor  
Boise, ID 83720

Dear Ms. Shaw-Tulloch,

I am writing to express my support of Western Idaho Community Health Collaborative's (WICHC) $155,000 grant request to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

My wholehearted endorsement derives from the following observations:

- WICHC has exceptionally strong leadership guided by an executive membership of key Idaho stakeholders in community health improvement.
- The proposed grant fosters collective impact from a cross-sector collaboration of committed, capable partners.
- Elmore Community Health Coalition (ECHC) understands the health needs of Elmore County and is effective in addressing them.
- The grant proposal prioritizes upstream thinking and root cause actions.
- The grant engages a broad spectrum of residents and organizations to help prevent and resolve one of Idaho's and Elmore County's highest health needs—behavioral health.

I submit this letter with a high degree of confidence and familiarity with WICHC and ECHC.

Thank you for your consideration of the observations I brought forward.

Sincerely,

Lyle Nelson  
Community Health Administrator, St. Luke's Health System  
lnelson@slhs.org  
208-315-1528
October 20, 2020

Elke Shaw-Tulloch  
Division Administrator  
Division of Public Health  
Idaho Department of Health & Welfare  
450 W. State Street, 4th Floor  
Boise, ID 83720

Dear Ms. Shaw-Tulloch,

I am writing in support of the Western Idaho Community Health Collaborative (WICHC). Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

In alignment with Get Healthy Idaho’s vision, WICHC’s proposal includes the following strategies:

• Through cross-sector collaboration, the Western Idaho Community Health Collaborative in partnership with the Elmore County Health Coalition will work upstream to address behavioral health and unintended injury for residents in Elmore County.
• This effort will include engaging residents through human-centered activities (i.e. traveling town halls, focus groups), increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations in Elmore County.

Desert Sage Health Centers has witnessed firsthand the need for extended behavioral health services in Elmore county. Desert Sage alone has tripled our behavioral health team to assist in meeting the needs of the community in the past year. The Western Idaho Community Health Collaborative, in partnership with the Elmore County Health Coalition, will be responsible for carrying out the strategies of this proposal.

Our community contact person for this project is:

Mary Ferguson  
CEO of Desert Sage Health Centers  
208-696-7216 mary.ferguson@desertsage.org

Thank you for your consideration of our grant proposal.

Sincerely,

Mary Ferguson
November 3, 2020

Elke Shaw-Tulloch  
Division Administrator  
Division of Public Health  
Idaho Department of Health & Welfare  
450 W. State Street, 4th Floor  
Boise, ID 83720  

Dear Ms. Shaw-Tulloch,

Please accept this letter of commitment from the Elmore County Health Coalition for the Western Idaho Community Health Collaborative (WICHC) application to the Get Healthy Idaho grant opportunity. Please find the enclosed grant request in the amount of $155,000 to the Department of Health & Welfare in response to the Get Healthy Idaho funding opportunity.

In alignment with Get Healthy Idaho's vision, WICHC’s proposal includes the following strategies:

• Through cross-sector collaboration, the Western Idaho Community Health Collaborative in partnership with the Elmore County Health Coalition will work upstream to address behavioral health and unintended injury for residents in Elmore County.

• This effort will include engaging residents through human-centered activities (i.e. traveling town halls, focus groups), increasing access to services through co-location, decreasing stigma by partnering with non-traditional stakeholders, and working to bring sustainable, upstream behavioral health solutions to all ages and populations to be completed in Elmore County.

The work of the Elmore County Health Coalition (ECHC) aligns with the collective impact strategies of WICHC. This is a forward-thinking project that will benefit from Alexis Pickering's leadership and years of expertise. The Western Idaho Community Health Collaborative, in partnership with the Elmore County Health Coalition, will be responsible for carrying out the strategies of this proposal.

Our community contact person for this project is:
Tami Cirerol  
Elmore County Health Coalition, Executive Member  
tcirerol@cdh.idaho.gov  
208-375-5211 x 8547

Thank you for your consideration of our grant proposal.

Sincerely,
The Elmore County Health Coalition Executive Committee

Heather Reynolds  
Elmore County Human Resources  
breynolds@elmorecounty.org  
208-587-2130 x 1202

Ty Larsen  
Lieutenant, Investigations  
City of Mountain Home Police Department  
tlarsen@mhpd.net  
208-587-2101 x 1247

Tami Cirerol  
Health Policy Analyst  
Central District Health  
tcirerol@cdh.idaho.gov  
208-375-5211 x 8547
Project Timeline

Goal Statements:

- Community Action Team completes qualitative community health assessment.
- Develop and complete an action plan based off of the findings from the assessment.
- Begin implementation in partnership with WICHC and the Elmore County Health Coalition.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies/Activities</th>
<th>Timeline (Deadline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convene Community Action Team</td>
<td>Convene Community Action Team to begin assessment planning and implementation.</td>
<td>January 8, 2021</td>
</tr>
<tr>
<td></td>
<td>Team Consists of:</td>
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<tr>
<td></td>
<td>• Alexis Pickering (WICHC)</td>
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<td></td>
<td>• Tami Cierol (GOH/Elmore County Health Coalition Facilitator)</td>
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<td></td>
<td>• Christy Acord (Glens Ferry)</td>
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<tr>
<td></td>
<td>• Latino representation</td>
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<tr>
<td>Begin Health Assessment</td>
<td>Conduct assessment with the following:</td>
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<tr>
<td></td>
<td>1. Traveling town halls - 5 total</td>
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<tr>
<td></td>
<td>• Mountain Home</td>
<td>February 1, 2021</td>
</tr>
<tr>
<td></td>
<td>0 hosted twice at MHSD, anticipate 20-25 participants</td>
<td></td>
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<tr>
<td></td>
<td>• Glenns Ferry/King Hill/Hammett</td>
<td></td>
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<tr>
<td></td>
<td>0 hosted twice at Glenns Ferry School District, anticipate 20-25 participants</td>
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<tr>
<td></td>
<td>• Pine &amp; Featherville</td>
<td></td>
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<tr>
<td></td>
<td>0 anticipate 20-25 participants</td>
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<td></td>
<td>2. Create survey (in English and Spanish) - sent out via social media and through newsletters from members of the Elmore County Health Coalition.</td>
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<td>3. Convene up to 20 focus group interviews with priority populations:</td>
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<tr>
<td></td>
<td>• Desert Sage Health Center patients</td>
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<td>• Veterans</td>
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<td>• Seniors</td>
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<td></td>
<td>• Children</td>
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<td></td>
<td>• ALICE households</td>
<td></td>
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<tr>
<td>Finalize Health Assessment</td>
<td>Compile assessment results</td>
<td>April 1, 2021</td>
</tr>
<tr>
<td>Share Results</td>
<td>Present results to WICHC, Elmore County Health Coalition, City Councils, Elmore County</td>
<td>April 2 - May 31, 2021</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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<td>------------</td>
</tr>
<tr>
<td>Begin Action Planning</td>
<td>Convene Community Action Team and work with the Elmore County Health Coalition and WICHC to develop an action plan.</td>
<td>June 1, 2021</td>
</tr>
<tr>
<td>Submit Draft Community Action Plan</td>
<td>Submit draft Community Action Plan to IDHW.</td>
<td>July 31, 2021</td>
</tr>
<tr>
<td>Submit Proposed Project Timeline for Phase Two-Implementation</td>
<td>The Community Action Team guides the Elmore County Health Coalition and WICHC to complete a proposed project timeline for phase two implementation and submit it to IDHW.</td>
<td>August 31, 2021</td>
</tr>
<tr>
<td>Begin Implementation</td>
<td>Community Action Team, WICHC, and the Elmore County Health Coalition begins implementation</td>
<td>September 15, 2021</td>
</tr>
<tr>
<td>Final Report</td>
<td>Submit final report to IDHW</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Health Strategist - Alexis Pickering

Education
Masters of Health Science, Health Policy Emphasis (2019)
Boise State University, Boise, ID

Bachelors of Arts in English (2014)
Boise State University, Boise, ID

Associate of Arts in English and Political Science (2011)
Walla Walla Community College, Walla Walla, WA

Work Experience
Health Strategist, Western Idaho Community Health Collaborative
Central District Health (July 2019-Present)
707 N Armstrong Pl, Boise, ID 83704
- Facilitate and lead the Western Idaho Community Health Collaborative (WICHC)
- Manage, develop, and grow WICHC budget and funding strategy for both incoming and outgoing funds with public and private funders
- Collaborate with local and state policymakers on WICHC budget requests and provide policy and system recommendations that will improve the wellbeing of Idahoans
- Expand Collaborative funding mechanism through braided wellness fund, integrating public and private partnership funds and grant opportunities
- Manage interns and graduate students to complete WICHC goals

Health Policy Analyst
Central District Health (March 2016-June 2019)
707 N Armstrong Pl, Boise, ID 83704
- Planned and coordinated the Idaho Physical Activity and Nutrition (IPAN) program to increase access to physical activity and nutrition through policy, systems, and environmental change
- Provided staff support and system and policy recommendations to the District IV Citizen Review Panel to improve the Idaho Foster Care System
- Promoted and developed evidence-based prevention programs and policies to county and city governments
- Collected, analyzed, and presented quantitative and qualitative health data to diverse stakeholders
- Completed health assessments and evaluations for counties and public agencies
- Wrote and submitted grant applications to local and statewide funding sources
- Developed action plans, project goals, timelines and objectives for the Blue Cross of Idaho Foundation, IPAN, and CHANGE Tool projects
- Facilitated and led the Elmore County Health Coalition

Western Idaho Community Health Collaborative
Attachment 7: CVs of staff within lead agency dedicated to this project

- Provided policy, strategic planning, and facilitation expertise to the Region 4 Behavioral Health Board

Administrative Assistant
Idaho Division of Career & Technical Education (November 2014-March 2016)
650 West State Street, Suite 324, Boise, ID 83702

Health Policy Analyst - Tami Cirerol

Education
Masters of Health Science, Health Promotion Emphasis (2016)
Boise State University, Boise, ID

Bachelors of Science, Health Science Emphasis, Psychology Minor (2014)
Boise State University, Boise, ID

Work Experience
Health Policy Analyst
Central District Health (March 2016-June 2019)
707 N Armstrong Pl, Boise, ID 83704
- Plan and coordinate the Idaho Physical Activity and Nutrition (IPAN) program to increase access to physical activity and nutrition through policy, systems, and environmental change
- Facilitate and lead the Elmore County Health Coalition
- Implement and coordinate Idaho Healthy Store Initiative with support from Idaho SNAP-Ed
- Promote and develop evidence-based prevention programs and policies to county and city governments
- Collect, analyze, and present quantitative and qualitative health data to diverse stakeholders
- Write grant applications to local and statewide funding sources

Adjunct Faculty
Boise State University (2015-Present)
- Online Bachelor of Public Health and Health Science, Strategic Planning and Project Management, Research Methods in Health, Health Advocacy and Me, and Health Services Administration courses

Project Manager
Idaho Caregiver Alliance (2020)
Riverside Hall, 1987 W Cesar Chavez Ln, Boise, ID 83725

Leadership Team Member
Attachment 7: CVs of staff within lead agency dedicated to this project

Riverside Hall, 1987 W Cesar Chavez Ln, Boise, ID 83725

Program Planning & Development Specialist
Idaho Commission on Aging (2017-2019)
3380 W Americana Terrace STE 120, Boise, ID 83706

Health Program Specialist
Idaho Department of Health and Welfare (2016)
450 W State St, Boise, ID 83702

Program Manager
Boise Mobile Farmers’ Market (2016)
1500 Shoreline Dr, Boise, ID 83702

Program Manager - Laura Smith

Education
Masters of Public Health (2015)
Colorado School of Public Health, Ft. Collins, CO

Professional Certificate in Performance Management (2011)
Colorado State University, Ft. Collins, CO

Bachelors of Arts in Psychology, Minor in Spanish (2010)
Bates College, Lewiston, ME

Work Experience
Health Policy & Promotion Program Manager
Central District Health (October 2019-Present)
707 N Armstrong Pl, Boise, ID 83704

• Manage eight positions implementing 18 chronic disease programs.
• Support programs including Western Idaho Community Health Collaborative, Rural Integrated Behavioral Health Network, Suicide Prevention Program, Partnership for Success (targeting youth and veteran substance use prevention), Drug Overdose Prevention Program, Elmore County Health Coalition, Valley County Opioid Response Program Planning and Implementation Grants.
• Manage approximately $2M in state, local and federal funds.
• Coordinate CDH Liaison response to COVID-19 for Ada, Boise, Elmore and Valley Counties.

Program Coordinator
Boulder Valley School District School Food Project (November 2015 October 2019)
Attachment 7: CVs of staff within lead agency dedicated to this project

6500 E. Arapahoe Rd., Boulder, CO 80303

Associate Consultant
Royce Arbour, Inc. (June 2010-October 2015)
5390 Manhattan Circle, Suite 101, Boulder, CO 80303

Administrative Assistant - Dawn Irons

Education
Computer Science (1991-93)
Boise State University, Boise, ID

Work Experience
Administrative Assistant 2 (1992-Present)
Central District Health
707 N. Armstrong Place
Boise, ID 83704

- Provide direct administrative support to the Division Administrator, as well as the five programs within the division with primary support to Health Policy & Promotion and Communicable Disease Control.
- Coordinate all non-local division travel; state contracts and back-up for the other divisions.
- Provide back-up support for admin support in the division and Administration Management Assistant.
- Schedule multiple meetings/appointments.
- Take minutes for division/programs/coalitions.
- Assist with grant and budget research, development and contracts.
- Order supplies/office supplies.
- Lead Data Entry for CDH COVID-19 response.
## Budget/Cost Proposal

### A. Personnel + Fringe Benefits

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Hourly Rate</th>
<th>Total # Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexis Pickering, Health Strategist</td>
<td>$28.32</td>
<td>25hr/PPD x 19 PPDs</td>
<td>$13,452.00</td>
</tr>
<tr>
<td>Laura Smith, Program Manager</td>
<td>$33.50</td>
<td>8hr/PPD x 19 PPDs</td>
<td>$5,092.00</td>
</tr>
<tr>
<td>Tami Cierol, Health Policy Analyst</td>
<td>$26.00</td>
<td>20hr/PPD x 19 PPDs</td>
<td>$9,880.00</td>
</tr>
<tr>
<td>Dawn Irons, Administrative Assistant</td>
<td>$22.52</td>
<td>1.5hr/PPD x 19 PPDs</td>
<td>$641.82</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td>$29,065.82</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Fringe Benefits</th>
<th>Hourly Rate</th>
<th>Total # Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexis Pickering</td>
<td>$11.91</td>
<td>25hr/PPD x 19 PPDs</td>
<td>$5,657.25</td>
</tr>
<tr>
<td>Laura Smith</td>
<td>$13.07</td>
<td>8hr/PPD x 19 PPDs</td>
<td>$1,986.64</td>
</tr>
<tr>
<td>Tami Cierol</td>
<td>$11.40</td>
<td>20hr/PPD x 19 PPDs</td>
<td>$4,332.00</td>
</tr>
<tr>
<td>Dawn Irons</td>
<td>$10.62</td>
<td>1.5hr/PPD x 19 PPDs</td>
<td>$302.67</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td>$12,278.56</td>
</tr>
</tbody>
</table>

### Indirect Cost

<table>
<thead>
<tr>
<th>Rate</th>
<th>In-Kind</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect Costs</td>
<td>36.71% x (Personnel)</td>
<td>$170.06</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** $51,844.38
### B. Operating Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Description/Justification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Traveling Town Halls  | 5 Town Hall Meetings with 20-25 people at each (masks required with social distancing in place):  
|                       | • 2 in Mountain Home                                                                       | Total Expense for Town Halls: $1,783.25 |
|                       | • 2 in Glenss Ferry/King Hill/Hammet                                                        |                            |
|                       | • 1 in Pine/Featherville                                                                  |                            |
| Refreshments:         | $150 X 5                                                                                  | Refreshments: $750         |
| Brochures/surveys:    | $100 X 5                                                                                  | Flyers/Surveys: $500       |
| Bilingual Interpreter | $25/hr X 2.5 X2                                                                           | Bilingual Interpreter: $125 |
| Mileage Reimbursement | (57.5 cents/mile):  
|                       | • Boise to Mountain Home: 48 miles X 2 (to and from) X 2 trips                           | Mileage Reimbursement: $408.25 |
|                       | • Boise to Glenss Ferry: 75 miles X 2 (to and from) X 2 trips                            | • Mountain Home: $110.40    |
|                       | • Boise to Featherville: 109 miles X 2 (to and from) X 1 trip                             | • Glenss Ferry: $172.50    |
|                       |                                                                                           | • Featherville: $125.35     |
| Focus Groups          | Facilitate up to 20 Focus Group interviews in Mountain Home, Glenss Ferry area, and Pine/Featherville. | Total Expense for Focus Groups: $11,469.70|
| Mileage Reimbursement | (57.5 cents/mile):  
|                       | • Boise to Mountain Home: 48 miles X 2 (to and from) X 12 trips                          | Mileage Reimbursement: $1,469.70 |
|                       | • Boise to Glenss Ferry: 75 miles X 2 (to and from) X 5                                   | • Mountain Home: $662.40    |
|                       |                                                                                           | • Glenss Ferry: $431.25     |
|                       |                                                                                           | • Featherville: $376.05     |
|                       |                                                                                           | Supplies: $10,000.00       |
## Budget/Cost Proposal

<table>
<thead>
<tr>
<th>Trips</th>
<th>Boise to Featherville: 109 miles X 2 (to and from) X 3 trip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Printed surveys for respondents, other supplies including pens, sticky notes, flip charts, etc</td>
</tr>
</tbody>
</table>

| Training | Conduct assessment training for Community Action Team and other organizations/individuals involved in the project. | $3,000.00 |

<table>
<thead>
<tr>
<th>Bilingual Consultant(s)</th>
<th>Facilitating focus group interviews, town halls, and presenting results.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$25/hr for 10 hours for 20 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Entry Contractor</th>
<th>Compile results from focus groups, town halls, and survey results.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$25/hr for 20 hours/wk for 15 weeks</td>
</tr>
</tbody>
</table>

| Subtotal | $28,752.95 |

### Action Planning

| Evaluation | Send out an RFP for evaluation | $25,000.00 |

<table>
<thead>
<tr>
<th>Expert Consultants</th>
<th>Consultants potentially needed include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subject matter experts to aid in action planning and implementation</td>
</tr>
<tr>
<td></td>
<td>Marketing to assist in telling the assessment ‘story’</td>
</tr>
</tbody>
</table>

| Subtotal | $74,402.67 |

| TOTAL | $103,155.62 |
## Budget/Cost Proposal

### C. In-Kind Match

<table>
<thead>
<tr>
<th>Item</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexis Pickering, Health Strategist</td>
<td>$28.32, 10hr/PPD x 19 PPDs</td>
<td>$5,380.80</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>36.71% x Personnel</td>
<td>$170.06</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$5,550.86</strong></td>
</tr>
</tbody>
</table>

| FUNDING REQUEST TOTAL           | $155,000.00                              |
Central District Health DUNS: 169194768

<table>
<thead>
<tr>
<th>Learn About Registration Status</th>
<th>sam.gov/SAM/pages/public/samStatusTracker.jsf</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do I start a new registration?</td>
<td></td>
</tr>
<tr>
<td>What is Draft status?</td>
<td></td>
</tr>
<tr>
<td>What is Work in Progress status?</td>
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<tr>
<td>What is Submitted status?</td>
<td></td>
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<tr>
<td>What is Active status?</td>
<td></td>
</tr>
<tr>
<td>What is Expired status?</td>
<td></td>
</tr>
</tbody>
</table>

**SAM Status Tracker**

**Check Entity Registration Status**

<table>
<thead>
<tr>
<th>Page Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can quickly check an entity's registration status in SAM by entering the DUNS Number or CAGE Code. The SAM Status Tracker will show you the current status of the entity's most recent record, as well as the steps left to complete based on why they are registering. The SAM Status Tracker only displays the registration status for publicly-assignable registration records. If you are a Federal go, comment wsr, please log into SAJ and use the Search Records link in the main menu to view any ...utilisateur or do to that are not publicly available.</td>
</tr>
</tbody>
</table>

**Use the SAM Status Tracker Now**

- **Check registration status by typing in a DUNS Number:** DUNS Number: 169194768
- **Or, check registration status by typing in a CAGE Code:** CAGE Code: 4

**Status: Active**

Your registration was activated on Jul 07, 2020. It expires on Jul 07, 2021 which is one year after you submitted it for processing.

- Core Data: Completed
- Assertions: Not Required
- Rep & Cert: Not Required
- POCs: Completed
- Submit: Completed
- Processing: Completed
- Active: Completed
Attachment 9: DUNS Number and registration confirmation in SAM

Western Idaho Community Health Collaborative
Central District Health is not a Disadvantaged Business or Small Business Enterprise (DBE/SBE), Women Business Enterprise (WBE), Minority Business Enterprise (MBE), or Edge Certified and Veteran Owned Business (VBE). Similarly, the Western Idaho Community Health Collaborative is not classified as a DBE/SBE/WBE/MBE/BE.
Strategy 1: Build capacity, partnerships, assets and expand access to the full spectrum of healthcare services for ALICE threshold families within each WICHC county.

Potential Activities:

- Develop a tool to assess and document needs, gaps, available community assets, and barriers for improving healthcare access (i.e. understand the supports that may or may not be available in communities for telehealth)
- Develop a menu of approaches, including implementation and funding strategies to address needs and gaps from county-level assessments for communities (i.e. co-location, telehealth, mobile medical clinics, community health workers)
- Approach communities to expand and address strategies and work with them to identify which solutions would best serve them (i.e. expand screenings, provide counseling for family planning to birth and postpartum care)
- Identify policy, systems, environmental factors cutting across the county to address systemic barriers and/or opportunities for improving healthcare access in the WICHC region (i.e. increasing community health worker capacity in rural clinics to improve health outcomes)
- Support communities in developing and executing an action plan for addressing the highest priority PSE issues through WICHC and community partners

Strategy 2: Address the nexus and impact of multiple social influencers/determinants of health within communities through community-led and data driven initiatives.

Potential Activities:

- Assess current needs, gaps, barriers to improving indicators (i.e. around percent of income spent on housing and transportation)
- Engage stakeholders/partners across the key areas (i.e. workforce development, housing, transportation and early childhood education)
- Identify, partner and support community-led initiatives and leverage WICHC resources (i.e. NSF grant(s) and partnership with BSU, City of Caldwell)
- Advocate for policies that improve social influencers/determinants of health in communities (i.e. Medicaid waiver to reimburse for low-income housing)
Social Determinants of Health

- Income & Employment
- Utility Needs
- Family & Social Support
- Education
- Personal Health Behaviors
- Housing Instability
- Transportation
- Food Insecurity
<table>
<thead>
<tr>
<th>Objective/Goal:</th>
<th>Who's responsible:</th>
<th>Target Date(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify communities within the WICH region that are represented and connected to WICH and which ones are not.</td>
<td>All</td>
<td>Oct. 2020 - Completed</td>
</tr>
<tr>
<td><strong>Deliverables:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Complete worksheet in between Aug. and Sept. meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Follow-up with various groups for more information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective/Goal:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify organizations that are working with our communities and identify what WICH can bring to help them be more effective.</td>
<td>All</td>
<td>Dec. 1, 2020</td>
</tr>
<tr>
<td><strong>Deliverables:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Members complete the Community Engagement Worksheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective/Goal:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine which communities are ready for a partnership in the next 2-4 months and apply for grant with them</td>
<td>All</td>
<td>Confirm communities by Oct. 2020 - Completed</td>
</tr>
<tr>
<td><strong>Deliverables:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communities identified: Gem and Elmore</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Brainstorm which strategy/activities that would likely be the most relevant to the communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review ALICE and CHNA data for those communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present/reach out to the communities (who, what, and when)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Apply by Dec. 2020 8/18/20 mtg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sept. 2020 mtg</td>
</tr>
<tr>
<td><strong>Objective/Goal:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify communities that aren't resource-rich that we can bring resources to</td>
<td>All</td>
<td>Dec. 1, 2020</td>
</tr>
<tr>
<td><strong>Deliverables:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Central District Health | Page 68
Members have been assigned to research the following counties:

- Jonny - Boise County
- Alexis - Adams County
- Berenice - Washington County
- Jordan - Payette County
- Sam - Owyhee County

Each member is going to research their respective county using the form as a guide. Begin work in Sept, with a final draft of each county by December 1, WICHC meeting.
## Community Health Assessment and Group Evaluation

### Community-At-Large Summary

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>39.29%</td>
<td>46.43%</td>
<td>31.82%</td>
<td>43.28%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>25.40%</td>
<td>49.25%</td>
<td>24.19%</td>
<td>45.31%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>27.27%</td>
<td>29.09%</td>
<td>28.89%</td>
<td>40.00%</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>20.00%</td>
<td>28.89%</td>
<td>20.00%</td>
<td>20.00%</td>
</tr>
<tr>
<td>Leadership</td>
<td>43.64%</td>
<td>50.91%</td>
<td>32.00%</td>
<td>38.00%</td>
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</table>

### Demographic Information

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Community Density - Population</td>
<td>26,175</td>
</tr>
<tr>
<td>Community Density - Sq Miles</td>
<td>3,101</td>
</tr>
<tr>
<td>Community Setting</td>
<td>Rural</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$1,384.48</td>
</tr>
<tr>
<td>% No High School Diploma</td>
<td>15%</td>
</tr>
<tr>
<td>% Poverty</td>
<td>16%</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>8.30%</td>
</tr>
</tbody>
</table>
RESULT: ALICE households can achieve economic mobility, are supported & safe.

Collaborative Strategy: Provide technical assistance, resources to peer connections, collaborative organizations to 10-county communities

Evaluation:
- Results-Based Accountability metrics
- Capacity Building
- Return on Value

Leverage regional collaborative CHNAs and data sharing to inform strategy and implementation design and evaluate community outcomes

Build capacity, partnerships, assets and expand access to healthcare services (including CHWs, Telehealth and Co-Location) for ALICE threshold families

Address nexus and impact of multiple social influencers of health through community-led, data-driven initiatives

Partnership Evaluation:
- WICHC's contribution to PSE adoption, impact on health
- Which WICHC partnerships were leveraged and how?
- Community contributions and strength
- Predicted or measured impact on behavior change or health:
  - Of individual or combined interventions
  - Based on literature, data collection or modelling
- Other outcomes

Funding Council Strategy: Advance WICHC's strategic aims to address the social influencers of health.
- Financially support WICHC infrastructure
- Invest in WICHC communities

Evaluation:
- Stewardship of funds
- Leveraged partnerships
- Maximize collective impact
Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place. Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how - what are the best practices for effectively aligning systems?

Aligning Systems for Health: Health Care + Public Health + Social Services, sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people’s goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a theory of change that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

In order to get the biggest impact out of investments and community health initiatives in western Idaho, payers, foundations, health systems, and public health came together in early 2019 to form a 10-county collaborative and align each other’s strategies and investments in a coordinated effort. The resulting Western Idaho Community Health Collaborative (WICHC) represents just under half of the state’s population.

LOCAL CONTEXT

Idaho has a decentralized public health district structure, with each health district representing multiple counties. Central District Health, which represents the most populated district, has the longest history implementing cutting-edge projects with respect to policy, systems, and environmental change initiatives. Southwest District Health, representing rural and frontier communities, is transforming the way they work...
with their communities to improve health in innovative ways. Both public health districts have track records of working with insurers, foundations, and health systems on work site wellness, health transformation, and community health improvement initiatives.

"Our partners knew the work that Central and Southwest District Health were able to do and how they can be a great convener and, together, create a backbone organization that can bring all these different players together and overcome conflicting agendas," explains Alexis Pickering, health strategist with WICHC.

Aligning these two public health districts was instrumental in accelerating interest within the legislature.* Together, the two health districts approached the legislature for an unprecedented ask for money targeting these two health districts to transform the way community health was approached.

**PURPOSE**

ALICE (short for Asset Limited, Income Constrained, Employed) is a new United Way measurement that defines and attempts to understand the struggles of the "working poor" - households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget.* ALICE measures such things as the cost of transportation, food, health care, and housing.

The ALICE Report analyzes what it really takes to afford living in certain counties and drills down to the ZIP code level and sometimes census tracts across Idaho. This measurement is of particular importance in Idaho, which has one of the highest percentages of individuals with minimum wage jobs. In recognition of Idaho's high poverty rate and the struggling middle class, WICHC is focused on initiatives that target that population "most at risk of falling off the cliff," says Pickering. WICHC used the Results-Based Accountability process to hone in on specific shared indicators within this population - health care, transportation, food insecurity, housing, wages, and trauma - that will guide the collaborative's work.

**DATA**

"Everybody knows that WICHC needs to have a shared data component, and this is probably the hardest thing," says Pickering.

Traditionally, health systems and public health departments have all done their own needs assessments, but recently United Way and a local health system partnered on a community health needs assessment, which was viewed as a step in the right direction.

WICHC has convened a data work group with the support of a graduate student, and while working toward the macro goal of sharing data, partners shared needed data to complete the Results-Based Accountability process.

Pickering says it was a classic chicken-and-egg conundrum trying to decide if they needed the shared data infrastructure first or if they should start working while building the infrastructure. Pickering and the Executive Committee ultimately whittled down the possible indicators to those reflective of the ALICE population's needs, address social determinants of health, and available at the county level for at least five years.
"The problem is, in Idaho, and I'm sure with a lot of places, we just have so many issues," says Pickering. "We are data rich, but information poor. And there is hardly any qualitative data out there."

On the macro front, WICHC is involved in several ongoing conversations, including with the state health data exchange.

FINANCING

With private funders in hand, WICHC pursued and received matching legislative funding in spring 2019 to help build its infrastructure. In 2020, WICHC received its second round of legislative funding, with reinvestment from all of the original private funders, plus a new one.

Pickering says the big plan is to create a wellness fund based on initial and additional investments from private funders and shared savings dollars as part of Idaho's health care transformation efforts resulting from its $39.6 million State Healthcare Innovation Plan (SHIP) grant. Communities could apply for this funding based on demonstration that their initiative would target both the ALICE population and address an upstream need.

GOVERNANCE

WICHC is a 21-member collaborative that represents the subject matter expertise across the different sectors working within community health - dental, behavioral health, nursing, physicians, public health, hospitals, transportation, local government, and community-based organizations. There is a separate Funding Council made up of the leadership of the funders.

The collaborative's Executive Committee consists of the collaborative's professional staff, a physician, a representative from United Way, and the director of the public transit authority.

Given the collaborative's early stage, governance is evolving and may involve rearranging the Funding Council to incorporate more of the Executive Committee, but being mindful of funders driving the agenda.

INSIGHTS FROM THE COLLABORATIVE

"To be successful in Idaho we need to connect with the conservative part of the health transformation conversation, and that includes reducing costs," says Pickering. "So it is blending improving health outcomes and an intrinsic drive to cut costs."

Pickering says the creation of WICHC is also due to external pressure to do things differently at a broad health system transformation level and also in response to funders who want to see the most impact for their investments.

With a track record of innovation and success as a neutral convener, the local public health departments had the credentials to lead these regional efforts to find cross sector solutions.

INSIGHTS FOR AUGNING

- WICHC is an example where public health takes the lead among sectors as the convener.
- Specific measures galvanize the group to a common purpose.
- WICHC demonstrates how to creatively finance infrastructure using private investment with matching state legislative dollars.
- Trust established over several years served the group well in expanding broadband during the COVID-19 pandemic.
Before WICHC was created, there were smaller collaborations that had started using the local public health district as the backbone organization to align and leverage resources. Elmore County, as an example, has high childhood poverty rates, a lot of mental health issues, as well as high rates of domestic violence and violent behavior. Despite having an Air Force base there, it also has low educational attainment and a lack of physical infrastructure for healthy living - no Complete Streets, limited playgrounds, and disconnected sidewalks.

After completing a countywide health assessment and galvanized by the poor results, Pickering and Elmore County formed a multisector coalition to work together to solve these complex issues. They assembled a diverse group of stakeholders centered around improving the results, specifically targeting the built environment and increasing physical activity, connecting resources, and preventing tobacco use.

Together, the local coalition and Pickering, who was a policy analyst with Central District Health at the time, identified some specific strategies to develop infrastructure that supports physical activity, including building a playground, improving safe routes to school, and hosting walkability workshops. As a result of this collaboration, the county coalition received a grant and coordinated matching dollars from the community to build an all-ages playground that is open to the public after school hours. One city within the county is also adopting a tobacco-free policy in the parks and has nearly completed a new downtown revitalization plan with improved sidewalks and network connectivity.

Counties and collaborations like the one in Elmore County will be able to utilize WICHC as a larger framework to connect with regional stakeholders, access other resources, and receive investments to solve these challenges. WICHC will also provide technical assistance to aid coalitions in tapping into federal and state funding, as well as matching funds, to advance their goals that address the social determinants of health and align with WICHC’s strategies:

"WICHC is developing a playbook of strategies, allowing communities to provide input on the tactics and strategies they will pursue. This allows WICHC to meet communities where they are and empower the communities to make these strategies and impact their own. It is more of this comprehensive community approach," says Pickering. "We have this 21-member collaborative that represent all these different sectors. We will help connect them to these different groups, and then show how communities can also align their resources that are within their own community to also address the same goal."

**Augning During the COVID-19 Pandemic**

Building on the trust that was established over a few years between the Elmore County coalition and the WICHC, the collaborative asked coalition members how they were doing with COVID-19 and if there were any gaps that the collaborative could assist with. Broadband was an existing issue and of urgent importance for people trying to access health care services. WICHC had connections to a state senator who is on the governor’s broadband task force and was able to work with the Department of Commerce to leverage federal and state funding to improve broadband. As a result, Idaho will use $50 million of its federal coronavirus relief money to improve the state’s broadband capacity.

Additionally, the Federally Qualified Health Center needed to borrow a tent to get its testing site up and running. These pieces are able to come together more quickly because of the cross-sector alignment already in place.
Focus Areas:

- Increase Community Health Workers & EMS
- Coordinate and connect community programs
- Improve Cultural Competency
- Increase Active Transportation Opportunities

Proposed Action Plan Objectives:

1. **Connect and Expand Community Health Worker Programs**
   
   **Focus Areas: Community Health Workers | Cultural Competence**

Many Elmore County residents and families struggle navigating the healthcare system and resources. Bilingual community health workers are needed to serve young families, veterans, and older adults throughout the county. Better outreach to the Hispanic community, in particular is needed for awareness of services. Both Desert Sage and St. Luke’s Health Systems in Elmore County are poised to hire CHWs. However, there have been challenges attracting talent and connecting CHWs to other community partners in a way that is accessible, efficient, and culturally sensitive. This action plan item will support existing efforts by our health care partners, while also provide the urgently needed facilitation of collaboration amongst all the relevant community partners to make CHWs successful.

**2022 Action Plan Deliverables:**

- Health Education Specialist hosts community resource referral workshops where partners from healthcare, public health, housing, city, public works, faith leaders, first responders and social services meet to coordinate services, and identify referral processes
  - Host and organize up to 9 (two-hour) workshops will be held in the communities across Elmore County. Each community will have up to three workshops (i.e. Mountain Home, Glens Ferry, and Pine/Featherville)
  - Workshops will walk through case studies and examples from the community
- Elmore County Health Coalition’s assists and provides support in hiring community health workers at St. Luke’s and Desert Sage
- Health Education provides support to St. Luke’s in creating a community health team modeled after the Wood River Valley Hospital.
- CHW training will be provided to the Health Education Specialist and applicable resource partners
- Cultural competency training is provided to providers and partners.
- Print the Elmore County Resource Manual and provide to partners

### Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>Convene relevant partners, begin initial data gathering, host workshops, and define processes for healthcare partners. Support Desert Sage and St. Luke’s in hiring CHWs and identify role Elmore County Health Coalition can do to support those two agencies.</td>
</tr>
<tr>
<td>2023</td>
<td>Implement processes and troubleshoot challenges</td>
</tr>
<tr>
<td>2024</td>
<td>Measure health outcomes and systems changes and increase patient load(s).</td>
</tr>
</tbody>
</table>
2. **Complete CHEMS Pilot to address chronic diseases and behavioral health**

*Focus Areas: Community Health Workers | Cultural Competence | Needed community Programs*

A Community Health EMS (CHEMS) program is needed due to increasing healthcare and EMS costs. In the assessment, focus group interviews, and in the action planning workshops, folks spoke to the fact that the County EMS team is often responding to calls that are preventable. Many callers need assistance with things that a Community Health Worker (CHW) could assist with, along with connections to established community programs. Elmore County is poised to do this pilot, while lessons learned from it can be shared throughout the WICH region.

### 2022 Action Plan Deliverables:

- Health Education Specialist will create a multi-sector team, co-led with Elmore County EMS to define and develop the following:
  - Pilot goals
  - Intended population
  - Patient load thresholds
  - Logistics and data sharing between EMS/Healthcare/Etc.
  - Outcomes
  - Patient reporting logistics
  - Hire Regional Medical Director
- Educate 1-2 Elmore EMS staff in CHEMs practices by enrolling them into the ISU or national curriculum.
- WICHC will begin to pursue financial sustainability opportunities and provide technical assistance.

### Timeline:

<table>
<thead>
<tr>
<th>Year</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>Establish parameters of pilot, compile data, and bring on additional partners. Educate EMS staff on CHEMs practices, and develop processes.</td>
</tr>
<tr>
<td>2023</td>
<td>Implement pilot</td>
</tr>
<tr>
<td>2024</td>
<td>Scaling up and increasing client/patient load</td>
</tr>
</tbody>
</table>
3. **Establish a Regional Mobility Consortium**  
*Focus Areas: Enhance Active Transportation and reduce chronic diseases*

Elmore County is not part of, nor eligible to be a Municipal Planning Organization which may allocate federal transportation funds (i.e. COMPASS which does not include Elmore in its service area). A formalized regional mobility consortium, however, would help to better align planning, projects and to seek funding for range of multi-modal transportation related needs such as transit service to provide better access to healthcare, safe routes to school projects, multi-modal pathway implementation, and roadway system improvements. Existing growth trends for Elmore County indicate that now is an opportune time for both active and vehicular planning and coordination among the jurisdictions and agencies of Elmore. A formal collaborative organization could make recommendations to the Board of the Idaho Transportation Department (ITD), the Local Highway Technical Assistance Council (LHTAC) and the Public Transit Advisory Council regarding roads, active transportation projects and transit opportunities within the Cities and County of Elmore.

**2022 Action Plan Deliverables:**

Establish a regional mobility consortium with membership of all jurisdictions and various agencies in Elmore County to align efforts and support planning and implementation for multi-modal transportation. The Health Education Specialist will hire a facilitator to achieve some of the deliverables below. This Consortium, which could be known as the Elmore County Regional Mobility Team would address the following items:

- Representation of member jurisdictions in conferences, meetings and hearings related to highways, roads, streets, public transit and active transportation infrastructure and services within Elmore County.
- Develop and make available uniform standards and procedures for construction, maintenance, use, operation, and administration of multi-modal transportation systems within County jurisdictions.
- Make recommendations to ITD, LHTAC, and the Public Transit Advisory Council and other transportation funding sources for the distribution of federal and state funds for multi-modal systems within Elmore County jurisdictions.
- Support and technical assistance for the jurisdictions of Elmore County in obtaining grants and other sources of financing.
- Assist the Idaho State Legislature by providing research and data relating to transportation matters affecting multi-modal transportation in the County.
- Maintain and disseminate information to local jurisdictions concerning federal and state legislation, administrative rules, regulations, funding, and application requirements affecting Elmore County jurisdictions.
- Provide a forum and coordination of any regional multi-modal transportation planning and implementation efforts.

**Tentative Timeline and Budget:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity Description</th>
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<tbody>
<tr>
<td>2022</td>
<td>Hire a facilitator to help develop vision, goals, and bylaws for the consortium.</td>
</tr>
<tr>
<td>2022</td>
<td>Hire a part-time (10-15 hours per week) contracted staff member for general secretarial support for year one of consortium operation. Responsibilities would include carrying out of consortium priorities as well as outreach, communications, meeting agendas, minutes, as well as engagement with jurisdictions, agencies, the state legislature, and other duties as prescribed by the consortium.</td>
</tr>
<tr>
<td>2023</td>
<td>Develop sustainability plan along with addressing some of the goals established</td>
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<tr>
<td>2024</td>
<td>Implementation sustainability plan, ensuring team continuation</td>
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</table>
Several natural areas outside of the cities of Mountain Home and Glenns Ferry, Idaho, have significant potential for an expanded primitive trail network for hiking and biking. Robust public engagement and a plan for focused future conservation areas and trails could be created to further expand recreational opportunities and garner public support. Community open spaces may also provide areas for recreational programming such as outdoor education and safety. To support an expanded recreation resource, an “intrinsic landscape” approach would serve to identify the determinators upon which open space areas should be conserved or connected, may or may not be conducive to public access, filters out ecologically sensitive areas, while identifying a network of primitive roads and trails (both existing and proposed) that would create a unified system.

This plan could potentially set high-priority open space acquisition and/or trail initiatives to implement trail improvements, forge new connections, and examine new opportunities.

2022 Action Plan Deliverables:

With assistance from the Coalition, the Health Education Specialist, along with support from the WICHC Health Strategist, will establish the scope and hire a consultant to complete the following:

Phase 1 – Inventory & Analysis: Creating the Foundation
This first phase of work would focus on utilizing a landscape catalog of geospatial information related to the County’s trails environment and working with non-motorized transportation partners to build an open space & trails vision, and then figuring out the roles each partner can play in developing the plan and implementing its recommendations.

Task 1 – Orientation Interviews
Work with the local land trust to conduct a series of stakeholder interviews, in person or by phone, to ensure we develop a comprehensive understanding of the open space and trails environment, understand how these stakeholders see it evolving, and understand the issues advocates face in advancing the provision of an enhanced open space & trails experience.

Task 2 – Visioning Workshop
Compile available open space & trails-related vision statements, comparing them, and identify how they are similar and how they differ. Working with the stakeholders will produce a draft vision based on this information, presented in a summary memo, and run a stakeholder workshop to review the draft vision and refine it to reflect stakeholder expectations, needs, and suggestions.
Task 3 – Outreach Roles & Responsibilities
Work with County staff and the stakeholders to establish a set of roles and potential responsibilities for the various open space & trail stakeholders. This process will identify potential areas of individual responsibility and potential areas of overlap, revealing possible opportunities for partnership and clarifying which stakeholders can take lead roles in plan implementation.

2023 Action Plan Deliverables

Phase 2 – Scenarios & Strategies: Develop an Action Plan
This second phase considers alternative approaches to achieve the identified trails vision, explores how jurisdictional policy and relationships can create a constructive environment for trails development and maintenance, drills down on a preferred strategy and identifies high-level priorities, and seeks commitment from all the partners to share in the mission to implement the plan.

Task 1 – Scenario Development
Share a GIS-based methodology to identify several possible scenarios designed to achieve the open space & trails objectives. These scenarios would explore a variety of open space & trails initiatives and priorities, test political will, identify levels of stakeholder commitment, and begin to understand the possible capital improvement costs and resource investment. After refining the scenarios with the stakeholders, convene another workshop to review them, evaluate the options they present, and produce a preliminary approach that will guide our work from this point forward.

Task 2 – Policy and Collaboration
Compare the preliminary vision to adopted County, State, BLM, Forest Service, and other jurisdictional policies, verifying that the preferred vision and means to achieve it are consistent with directions to which the County’s jurisdictions and agencies have already committed.

Task 3 – Strategy
Convene another stakeholder workshop to refine the preferred strategy & vision and demonstrate its consistency with approved jurisdictional policy and practice. This workshop – potentially formatted as a “open space & trails symposium” – will allow participants to refine the strategy, prioritize its initiatives, and, if appropriate, recommend changes to jurisdictional policies and practices to ensure a more effective, consistent, predictable, and collaborative trails development effort.

Task 4 – Commit to Action
Present the final draft report at a rollout meeting hosted by the local land trust allowing stakeholders and the larger community to weigh-in on the draft plan and offer support for continued investment in time and resources in the creation of a detailed open space & trails master plan.
**Tentative Timeline and Budget:**

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2022</td>
<td>Establish scope of project with Coalition feedback and hire consultant to complete the plan</td>
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<tr>
<td>2023</td>
<td>Consultant to lead effort with buy-in and input from the community and stakeholders</td>
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<tr>
<td>2024</td>
<td>Provide policy recommendations to stakeholders and begin implementation</td>
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