

RESOLUTION OF THE
NAABIK'ÍYÁTI' STANDING COMMITTEE
25th NAVAJO NATION COUNCIL -- First Year, 2023

AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, BUDGET AND FINANCE, AND NAABIK'ÍYÁTI' COMMITTEES; SUPPORTING AND APPROVING NAVAJO HEALTH FOUNDATION - SAGE MEMORIAL HOSPITAL, INC.'S ACCEPTANCE OF THE PRODUCE PRESCRIPTION PILOT PROGRAM (P4) GRANT AWARDED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICES

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council and as such is empowered to oversee all health and social service-related activities of the Navajo Nation and its organizations and enterprises, relating to the delivery of health. 2 N.N.C. §§ 400(A), 401(C)(2).
- B. The Budget and Finance Committee is a standing committee of the Navajo Nation Council and as such is empowered to authorize, review, approve and accept agreements, including contracts and grants, between the Navajo Nation and any federal, state, or regional authority upon the recommendation of the standing committee which has oversight of the division, department, or program which has applied for the agreement. 2 N.N.C. §§ 300(A), 301(B)(15).
- C. The Naabik'íyáti' Committee is as a standing committee of the Navajo Nation Council and as such is authorized to review, approve, and accept any and all contracts, grants, and associated budgets with the United States, its departments and agencies for the implementation of the Indian Self-Determination and Education Assistance Act, as amended upon the recommendation of the standing committee which has oversight of the division, department or program applying for the contract and/or grant. 2 N.N.C. §§ 700(A).
- D. The Navajo Nation has a government-to-government relationship with the United States federal government.

SECTION TWO. FINDINGS

- A. The Navajo Health Foundation - Sage Memorial Hospital, Inc. (the "Corporation") located in Ganado, Arizona (Navajo Nation) is authorized by the Navajo Nation Council as a Tribal

Organization for the purpose of managing and operating contracts with the Indian Health Service under Public Law 96-638 for a period of 10 years (October 1, 2020, to September 30, 2030). See NABIO-44-20.

- B. The Corporation was awarded the Produce Prescription Pilot Program (P4) grant (Award #P4P1IHS0003-01-00) from the Indian Health Services in the amount of \$500,000 annually over the next five years beginning July 1, 2023, and ending June 30, 2028.
- C. The P4 grant is intended to address food insecurity in the Corporation's service area communities.
- D. The Indian Health Services is requiring a signed tribal resolution before funds can be drawn down for program expenses.
- E. The Corporation has provided an information packet of the P4 grant attached as **Exhibit A**. **Exhibit A** includes a Resolution by the Navajo Health Foundation - Sage Memorial Hospital, Inc. Board of Directors (NHF-SMH-2023-08-10) expressing the Corporation's support for the acceptance of the P4 grant.

SECTION THREE. APPROVAL

- A. The Navajo Nation hereby supports and approves Navajo Health Foundation - Sage Memorial Hospital, Inc.'s acceptance of the Produce Prescription Pilot Program (P4) grant (Award #P4P1IHS0003-01-00) from the Indian Health Services in the amount of \$500,000 annually over the next five years beginning July 1, 2023, and ending June 30, 2028.

CERTIFICATION

I, hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 25th Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 12 in Favor, and 00 Opposed, on this 16th day of November 2023.



Honorable Crystalyne Curley, Chairwoman
Naabik'íyáti' Committee

11/21/23

Date

Motion: Honorable Vince R. James

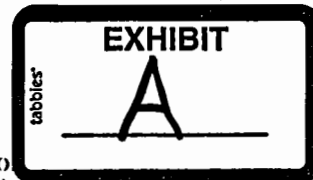
Second: Honorable Danny Simpson

Chairwoman Crystalyne Curley not voting



Sage Memorial Hospital
NAVAJO HEALTH FOUNDATION

Post Office
Ganado, Arizona 86505
Phone (928) 755-4500
Fax (928) 755-4659
www.sagememorial.com



Delores J. Noble, Chair | Aaron Long, Vice-Chair | Veronica Clark, Secretary/Treas. | Andrew Simpson, Member | Maybelle Kelewood, Member

Resolution of the Board of Directors
Navajo Health Foundation – Sage Memorial Hospital, Inc.

NHF-SMH-2023-08-10 – The Board of Directors of Navajo Health Foundation – Sage Memorial Hospital, Inc. ("Corporation"), duly constituted with a quorum in participation, and in accordance with its Bylaws, hereby resolves to accept and support a Produce Prescription Pilot Program (P4) grant awarded by the Indian Health Services, a division of the Department of Health and Human Services.

The undersigned, constituting the Board of Directors of the Corporation, an Arizona non-profit corporation, hereby take the following actions and adopt the following resolution.

WHEREAS:

1. The Corporation was awarded a P4 grant (Award #P4P1IHS0003-01-00) in the amount of \$500,000/year for the next five years beginning July 1, 2023, ending June 30, 2028 to address food insecurity in the Corporation's service area communities; and
2. The federal funder, Indian Health Services, a division of the Department of Health and Human Services, requires a signed tribal resolution before funds can be drawn down for program expenses; and
3. The Corporation, must bring forth a resolution to the Navajo Nation Naabik'iyati' Committee for approval to accept and support the award; and
4. The Board of Directors must approve and support the Corporation's measures to obtain a signed resolution by the Navajo Nation Naabik'iyati' Committee on behalf of the Corporation;

NOW, THEREFORE, be It RESOLVED,

- A. That the Corporation will seek local sponsorship for the P4 resolution, including, but not limited to, tribal delegate support as required by legislative process outlined by the Navajo Nation Naabik'iyati' Committee; and
- B. That the Corporation will present a resolution to the Navajo Nation Naabik'iyati' Committee approval stating their approval and support of the P4 program; and
- C. That the Corporation will submit a signed resolution to the federal funder, Indian Health Services, before funds are drawn on the award.

[SIGNATURES ON FOLLOWING PAGE]

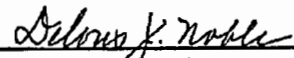
Page 1 of 2

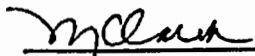
*Navajo Health Foundation - Sage Memorial Hospital, Inc.
provides quality healthcare for the Diné people with respect, unity, beauty, harmony in honor of K'É and the sacredness of life.*

CERTIFICATION

I hereby certify that the foregoing Resolution was duly considered by the Navajo Health Foundation – Sage Memorial Hospital, Inc., Board of Directors by action taken in a special Board meeting, and that the same was passed by a vote of 5 in favor, 0 opposed, and 0 abstaining, and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, I have affixed my name as the Chairperson of the Navajo Health Foundation – Sage Memorial Hospital, Inc. Board of Directors to this Resolution.


Delores Noble, Chairperson


Veronica Clark, Secretary/Treasurer

DATED this 10th day of August, 2023



Sage Memorial Hospital

NAVAJO HEALTH FOUNDATION

Phone (928) 755-4500
Fax (928) 755-4659
www.sagememorial.com
info@sagememorial.com
Post Office Box 457
Ganado, Arizona 86505



August 8, 2023

Navajo Nation
25th Navajo Nation Council, and
Naabik'iyati Committee, an
Health, Education & Human Services, and
All other to whom it may concern.
Window Rock, Arizona

Re: Produce Prescription Pilot Program (P4) Grant (Award #P4P1IHS0003-01-00)

Dear Honorable Members of the 25th Navajo Nation Council:

Yá'át'ééh! It is with great enthusiasm that the Navajo Health Foundation-Sage Memorial Hospital (SMH) received an award notification from U.S. Department of Health & Human Service, Indian Health Services, the Produce Prescription Pilot Program ("P4") grant (HHS-2023-IHS-PPPP-0001). SMH was the sole Navajo-area specific recipient among the five that were awarded; the competition was fierce as there were 60 applicants across the country. The grant awards \$500,000 per year for the next five years.

The purpose of P4 is to:

Establish Produce Prescription Programs through collaborations with stakeholders from various healthcare and food industries in Tribal communities. The P4 will help increase access to fruits, vegetables, and healthy traditional foods for AI/AN people by allowing eligible individuals to receive a fruit and vegetable voucher from a participating health care provider to redeem at a local market. The goal:

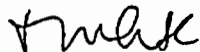
- 1. Reduce food insecurity.*
- 2. Improve overall dietary health by increasing fruits, vegetables, and traditional food consumption; and*
- 3. Improve healthcare outcomes.*

As part of this program, SMH will select 200 community members to participate in the program from four of the following communities: Wide Ruins, Klagetoh, Kinlichee, and Greasewood. The communities were chosen based on their lack of access to fresh produce; located more in food deserts. Since word of the grant, SMH's P4 team is implementing the program and soon recruit those eligible participants.. SMH leadership and management feels this is a great benefit to our Diné people.

Navajo Health Foundation | Sage Memorial Hospital
POST OFFICE BOX 457 / GANADO, ARIZONA 86505 / PH (928) 755-4500 / FX (928) 755-4659

The P4 is the first initiative of its kind for the Indian Health Service and SMH is honored to be the only site selected to represent the Navajo Nation. We are truly excited about this endeavor and appreciate the support of the 25th Navajo Nation Council for this great need and worthwhile program.

Ahéhee',



Melinda White
Chief Executive Officer



Department of Health and Human Services
Indian Health Service

Notice of Award

Award# P4P1IHS0003-01-00
FAIN# P4P1IHS0003
Federal Award Date: 07/06/2023

Recipient Information

- 1. Recipient Name**
NAVAJO HEALTH FOUNDATION-SAGE
MEMORIAL HOSPITAL INC
PO BOX 457
Ganado, AZ 86505-0457
--
- 2. Congressional District of Recipient**
01
- 3. Payment System Identifier (ID)**
1237314364A1
- 4. Employer Identification Number (EIN)**
237314364
- 5. Data Universal Numbering System (DUNS)**
077531697
- 6. Recipient's Unique Entity Identifier (UEI)**
NJKMGPD6V97
- 7. Project Director or Principal Investigator**
Ms. Ernasha McIntosh
Co-Project Director
Ernasha.McIntosh@sagememorial.com
928-755-4922
- 8. Authorized Official**
Ms. Charlotte Seaton
Co-Project Director
Charlotte.seaton@sagememorial.com
928-755-4839

Federal Agency Information

IHS Office of Grants Management

9. Awarding Agency Contact Information

Ms. Paula Acevedo
Grants Management Specialist
paula.acevedo@ihs.gov
301-526-7804

10. Program Official Contact Information

Mrs. Carmen Licavoli
Deputy Director
carmen.licavoli@ihs.gov
301-443-2522

Federal Award Information

- 11. Award Number**
P4P1IHS0003-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
P4P1IHS0003
- 13. Statutory Authority**
25 US Code 13, 42 US Code 2001(a), 25 US Code 1616L
- 14. Federal Award Project Title**
SMH Product Prescription Pilot Program (P4)
- 15. Assistance Listing Number**
93.933
- 16. Assistance Listing Program Title**
Demonstration Projects for Indian Health
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

- 19. Budget Period Start Date** 07/01/2023 - **End Date** 06/30/2024
- 20. Total Amount of Federal Funds Obligated by this Action** \$500,000.00
 - 20a. Direct Cost Amount** \$500,000.00
 - 20b. Indirect Cost Amount** \$0.00
- 21. Authorized Carryover** \$0.00
- 22. Offset** \$0.00
- 23. Total Amount of Federal Funds Obligated this budget period** \$0.00
- 24. Total Approved Cost Sharing or Matching, where applicable** \$0.00
- 25. Total Federal and Non-Federal Approved this Budget Period** \$500,000.00
- 26. Period of Performance Start Date** 07/01/2023 - **End Date** 06/30/2028
- 27. Total Amount of the Federal Award Including Approved Cost Sharing or Matching this Period of Performance** \$500,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Denise Clark
Grants Management Officer

30. Remarks

See Remarks (continuation)



Department of Health and Human Services
Indian Health Service

Notice of Award

Award# P4P1IHS0003-01-00

FAIN# P4P1IHS0003

Federal Award Date: 07/06/2023

Recipient Information

Recipient Name

NAVAJO HEALTH FOUNDATION-SAGE
MEMORIAL HOSPITAL INC
PO BOX 457
Ganado, AZ 86505-0457
--

Congressional District of Recipient

01

Payment Account Number and Type

1237314364A1

Employer Identification Number (EIN) Data

237314364

Universal Numbering System (DUNS)

077531697

Recipient's Unique Entity Identifier (UEI)

NJKMGPMC6V97

31. Assistance Type

Cooperative Agreement

32. Type of Award

Demonstration

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$122,257.00
b. Fringe Benefits	\$37,900.00
c. Total Personnel Costs	\$160,157.00
d. Equipment	\$161,000.00
e. Supplies	\$131,860.00
f. Travel	\$9,576.00
g. Construction	\$0.00
h. Other	\$27,123.00
i. Contractual	\$10,284.00
j. TOTAL DIRECT COSTS	\$500,000.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$500,000.00
m. Federal Share	\$500,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-J94PPPP	P4P1IHS0003A	IHSPPPP	41.4L	93.933	\$500,000.00	75 X 0390



Department of Health and Human Services

Indian Health Service

Notice of Award

Award# P4P1IHS0003-01-00

FAIN# P4P1IHS0003

Federal Award Date: 07/06/2023

Remarks (Continuation)

This Notice of Award approves your cooperative agreement for the Produce Prescription Pilot Program (PPPP) for the budget period 07/01/2023 through 6/30/2024. This cooperative agreement includes substantial agency involvement in the programmatic terms and conditions, and lists reporting requirements for annual progress reports, financial reports and audit reports.

Audit condition: Submit audits for FY2022 to the Federal Audit Clearinghouse by the end of the current calendar year, 12/31/2023.

Any questions regarding these conditions should be addressed to the Grants Management Specialist, Ms. Paula Accvedo (Paula.Accvedo@ihs.gov).

AWARD ATTACHMENTS

NAVAJO HEALTH FOUNDATION-SAGE MEMORIAL HOSPITAL INC

P4P1IHS0003-01-00

- 1. P4 Programmatic Terms & Conditions**
- 2. General Terms and Conditions**
- 3. Audit Report Terms & Conditions**
- 4. P4 Reporting Requirements**

**Indian Health Service (IHS)
Division of Diabetes Treatment and Prevention
Produce Prescription Pilot Program (P4)
2023 Programmatic Terms and Conditions**

Purpose

The purpose of this program is to help establish Produce Prescription Programs through collaborations with stakeholders from various health care and food industries in Tribal communities. The P4 will help increase access to fruits, vegetables, and healthy traditional foods for AI/AN people by allowing eligible individuals to receive a fruit and vegetable voucher from a participating health care provider to redeem at a local market. The goal of this pilot is to demonstrate and evaluate the impact of Produce Prescription Programs on AI/AN people and their families, specifically by:

1. Reducing food insecurity;
2. Improving overall dietary health by increasing fruits, vegetables, and traditional food consumption; and
3. Improving health care outcomes.

Required Activities

- 1) All recipients must implement a P4 in their communities, by:
 - a) Developing the infrastructure to implement and maintain a Produce Prescription Program that fosters ongoing collaboration with one or more Tribal, Federal, or urban health care facilities and local markets/organizations/services that provide fresh fruits and vegetables and/or traditional foods (stores, markets, farmers, mobile unit, etc.);
 - b) Identifying an eligible AI/AN population or Urban Indian Organization (e.g., people with diabetes or individuals with Body Mass Index (BMI)>30) that can be significantly impacted. Indicating how many eligible individuals and their families can be served with the current budget and services available.
 - i) Using the U.S. Adult Food Security Survey Module (<https://www.ers.usda.gov/media/8279/ad2012.pdf>) to identify eligible participants to be enrolled in this program. Participants must be food insecure at baseline to participate, as defined by the U.S. Adult Food Security Survey Module.
 - c) Implementing a nutrition education program that teaches program participants about proper nutrition and the impact it has on disease risk reduction and overall health. A nutrition education program should include information on cultivation and preparation for consumption

of traditional foods; and

d) Developing an evaluation plan that tracks and trends data to demonstrate the Impact P4 has on the community. Data must show:

- i) Measurement of food insecurity over time using the U.S. Adult Food Security Survey Module (<https://www.ers.usda.gov/media/8279/ad2012.pdf>). Did food insecurity rates decrease, increase, or remain unchanged by participating in P4?
- ii) Participant's use of services offered by the program. How is the implementation of P4 measured? What percentage of participants redeem the produce vouchers? How is consumption of produce measured and what percentage of participants consume the produce? How much fruit and vegetables are consumed at baseline and how did that amount change over time, in comparison to the number of vouchers prescribed by the health care provider? Did the participants attend the education program?
- iii) Evidence of improvement in health outcomes. Are healthcare facility records available and accessible, in accordance with privacy laws, to track changes in participant's clinical parameters such as A1C and lipid levels? Are anthropometric measures also available through the healthcare facility or measured in separate facilities and made available for analysis?
- iv) Changes in access to healthy and traditional foods.

2) Recipients must:

- a) Consult with and accept guidance from the IHS Division of Diabetes Treatment and Prevention (DDTP), the IHS Division of Grants Management (DGM), and their Federal Program Officer(s) and/or designated assignee(s);
- b) Attend quarterly conference calls established by DDTP, and provide update on the progress of P4 implementation;
- c) Respond promptly to requests for information;
- d) Provide short presentations on their processes and successes, as requested;
- e) Keep DDTP informed of emerging issues, developments, and challenges that may affect the recipient's ability to comply with the award Terms and Conditions and/or any requirements;
- f) Have an officially approved Project Director (approved by the Grants Management Officer in consultation with the Program Official) to plan/initiate and maintain the P4, who has the

following qualifications:

- i) Relevant health or wellness education and/or experience;
 - ii) Experience with award program management, including skills in program coordination, budgeting, reporting, and staff supervision; and
 - iii) Working knowledge of nutrition and nutrition challenges in AI/AN communities.
- g) Complete and submit an annual progress report to the IHS by attaching it as a Grant Note in GrantSolutions. Instructions, template(s), and other information will be provided;
- h) Submit baseline, semi-annual, and annual/final data to the IHS; and
- i) Participate in trainings provided by DDTP.

STANDARD GRANT CONDITIONS

1. **IHS Program Official:** The IHS Program Official (PO) works in the office sponsoring this assistance program, and is assigned with responsibility for scientific, technical, and programmatic questions from the awardee. This official's contact information is in item #10 on page one of this Notice of Award (NoA).
2. **IHS Grants Management Specialist:** Your assigned Grants Management Specialist (GMS) has responsibility for business/grants administration (non-programmatic) areas of grants administration questions from the awardee. The GMS assigned to this award is listed in item #9 on page one of this NoA.
3. **Liquidation Deadline:** In accordance with 2 CFR 200.344(b), the deadline for liquidating Federal funds is 120 days after the end of the funding (project) period. For example, for awards issued on an annual fiscal year basis, this deadline will be January 28 – 120 days following the end of the fiscal year on September 30.
4. **HHS Grants Policy Statement, Revised, January 2007:** The entire Grants Policy Statement is included in the terms and conditions. Read carefully the following: (1) fraud, waste, and abuse (toll free number 800-424-5454), page I-7; (2) lobbying, page I-15 the awardee must comply with relevant Office of Management and Budget Circular provisions regarding lobbying, any applicable lobbying restrictions provided under other law, and any applicable restriction on the use of appropriated funds for lobbying activities; (3) costs, pages II-30 to II-44; (4) management systems and procedures, page II-61; (5) rebudgeting/prior approval, pages II-50 to II-57; and (6) publications, page II-73.
5. **Code of Federal Regulations:** This grant is subject to the requirements as set forth in the Uniformed Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 45 CFR Part 75 for all awards issued after December 26, 2014.
6. **OMB Cost Principles:** This grant is subject to the requirements set forth in the Uniformed Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 45 CFR Part 75, Subpart E Cost Principles, and 45 CFR Part 75 Subpart F Audit Requirements for HHS Awards for all awards after December 26, 2014.

Appropriate cost principles can be located at: <https://www.whitehouse.gov/omb/information-for-agencies/circulars/>

When issuing statements, press releases, requests for proposals, bid solicitation, and documents describing this project, clearly state: (1) the percentage of the total cost of the project financed with Federal money; (2) the dollar amount of Federal Funds for the project; and, (3) the percentage and dollar amount of the total costs of the project that is financed by nonfederal sources.

This grant is subject to the regulatory requirements of Equal Treatment for Faith-Based Organizations as outlined in 45 CFR Part 75.

Debarment and Suspension as well as Drug Free Workplace 45 CFR Part 75 are now standard terms and conditions of the award. These requirements no longer require separate certifications; however, by signing the application (either electronic signature credentials or face page of the SF-424A) the applicant certifies they are meeting the requirements of 45 CFR Part 75 (Debarment and Suspension) (Drug-Free Workplace).

7. **WHEN AND HOW TO OBTAIN WRITTEN PRIOR APPROVAL FROM THE GRANTS MANAGEMENT OFFICER (GMO):** The GMO prior approval is required for any of the following post award changes (list is not all inclusive, refer to the HHS Grants Policy Statement, January 2007 for the complete list):
 - a. Change in the approved scope of work.
 - b. Change in the Program Director and/or Program Coordinator or a reduction of 25% or more in time and effort devoted to the project; or continuing the project for more than 3 months without the active direction of an approved Program Director and/or Program Coordinator.
 - c. Deviation from grant terms & conditions.

STANDARD GRANT CONDITIONS

- d. Audio visuals & publications in excess of \$25,000 per product.
- e. Carryover of unobligated balances in excess of 25 percent of the total amount awarded or \$250,000, whichever is less.

Requests for prior approval must be submitted in writing to the Grants Management Officer and/or Grants Management Specialist. Responses signed by the Grants Management Specialist and/or Grants Management Officer are valid; therefore, grantees who take action without prior approval obtained from the Grants Management Specialist and/or Grants Management Officer, in writing, will do so at their own risk. The costs may be disallowed.

- 8. **Modular Units:** In accordance with the HHS Grants Policy Statement, II-43, all modular units purchased under this grant are considered equipment and the intended use of the unit is and must be temporary. Any modular units that are charged to the grant may not be designated as real property. Real property denotes that the modular unit is designed to be installed permanently at a given location. Real property is an unallowable cost charged to the grant unless authorizing legislation permits construction costs.
- 9. **HOTLINE INFORMATION:** The HHS Inspector General maintains a toll-free hotline to receive information concerning fraud, waste and abuse under grants/cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Write or call: Office of the Inspector General, TIPS HOTLINE, P.O. Box 23489, Washington, D.C. 20006, Telephone 1-800-447-8477 (1-800-HHS-TIPS).

As an IHS grantee, by drawing down grant funds awarded, you are agreeing to comply with all HHS Policies and regulations.

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

Indian Health Service
Office of Management Service (OMS)
Division of Grants Management (DGM)
5600 Fishers Lane, Mailstop 09E70
Rockville, MD 20857
Email: DGM@ihs.gov
(Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201
Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376).

STANDARD GRANT CONDITIONS

- 10. GRANT PAYMENT INFORMATION:** Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is administered by the Program Support Center, Financial Management Service, and Division of Payment Management, which will forward instructions for obtaining payments.

Once an award is made, the funds are posted in recipient accounts established in the Payment Management System (PMS). Grantees may then access their funds by using the SMARTLINK funds request process.

The SMARTLINK funds request process enables grantees to request funds using a Personal Computer with an internet connection. The funds are then delivered to the recipient via Electronic Funds Transfer (EFT). Inquiries regarding payment should be directed to:

Division of Payment Management
P.O. Box 6021
Rockville, Maryland 20852
<https://pms.psc.gov/>
Josiane Yewawa, Accountant
Email: Josiane.Yewawa@psc.hhs.gov

- 11. FFATA Subaward and Executive Compensation Reporting Requirements Discretionary Awards:** The October 1, 2010 Division of Grants, Action Transmittal 2011-01: Guidance Regarding the Federal Financial Accountability and Transparency Act (FFATA) Subaward and Executive Compensation Reporting Requirement is rescinded. The scope of discretionary grants that must meet the FFATA subaward and executive compensation reporting requirements are (1) New discretionary competitive awards made on or after October 1, 2010 and all subsequent awards, (2) Single source grants awarded as new made on or after October 1, 2010 and all subsequent awards. At this time, the FFATA subaward and executive compensation reporting requirements do not apply to the following types of discretionary awards (1) Non-competing continuation awards*, (2) Competitive renewal awards, (3) Program expansion supplements; or (4) Any other type of discretionary award that is not classified as "new."

The FFATA Subaward Reporting System (FSRS) two basic business rules/reporting requirements are; (1) The project period start date of October 1, 2010 (or after) and (2) The \$25,000 subaward obligation dollar threshold is met for that specific reporting period. Therefore, all new (discretionary) awards issued on or after October 1, 2010 that are now continuation awards (where the project period is made up of more than one budget period) are subject to reporting requirements and will be flagged as such in the FSRS using the aforementioned business rules. If this award does not meet the above reporting requirements, this award action is not subject to the FFATA Subaward and Executive Compensation Reporting Requirements. If this award does meet the above reporting requirements, please visit the IHS Grants Management web site at <https://www.ihs.gov/dgm/policytopics/fsrs/> for additional information on the full text regarding all requirements on the FFATA Subaward and Executive Compensation Reporting.

- 12. Prohibition on certain telecommunications and video surveillance services or equipment:**

As described in 2 CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
 - b. Extend or renew a contract to procure or obtain; or
 - c. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
- i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and

STANDARD GRANT CONDITIONS

telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

- ii. Telecommunications or video surveillance services provided by such entities or using such equipment.

Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

13. Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance

You will administer your project in compliance with Federal civil rights laws, where applicable, that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable Federal religious nondiscrimination laws and applicable Federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.
- Pursuant to 45 CFR 80.3(d), an individual shall not be deemed subjected to discrimination by reason of their exclusion from benefits limited by Federal law to individuals eligible for benefits and services from the IHS.

14. Whistleblower Protections

As a recipient of this award you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Public Law 112-239, 41 U.S.C. 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

AUDIT REPORTS SUBMISSION

1. REGULATORY AND POLICY REQUIREMENTS:

The Recipients and sub-recipients are subject to the Single Audit Act requirements, as implemented by 45 CFR Part 75.501, Subpart F Audit Requirements. In general, OMB requires a state, local, Tribal government that expends \$750,000 or more per year under Federal grants, cooperative agreements, and/or procurement contracts to have an annual audit by a public accountant or a Federal, State, or local government audit organization. The audit must meet the standards as specified in generally accepted government auditing standards (GAGAS).

- A. Pursuant to the Single Audit Act of 1984, Public Law 98-502, and the Single Audit Act Amendments of 1996, Public Law 104-156. It sets forth standards for obtaining consistency and uniformity among Federal agencies for the audit of States, local governments, and non-profit organizations expending Federal awards.
- B. 45 Code of Federal Regulations, Part 75.501 https://www.ecfr.gov/cgi-bin/text-idx?SID=eeb718cfc80d34c4f58626e1a61006fc&mc=true&node=se45.1.75_1501&rgn=div8.
- C. HHS Grants Policy Statement, Revised January 2007, Audit Requirements, II-91 <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

2. FEDERAL AUDIT CLEARINGHOUSE

PURPOSE

What is the purpose of the Federal Audit Clearinghouse (FAC)? To collect and disseminate all information from Form SF-SAC (Data Collection Form for Reporting on Audits of States, Local and Tribal Governments, and Non-profit Organizations) and selected associated audit reports. The project is performed on behalf of the Office of Management and Budget and funded by major grant making Federal Agencies. This program is mandated by the Single Audit Act Amendments of 1996 (PL 104-156).

APPLICABILITY

This requirement applies to entities from State, local and Tribal governments, and non-profit organizations that expend \$750,000 or more in federal awards.

CONTENT

Form SF-SAC contains general information on the auditee and auditor, audit information on the entities' financial statements, and information on federal program compliance. The reporting packages that are delivered with Form SF-SAC contain financial statements, Schedule of Expenditures of Federal Awards, Summary Schedule of Prior Audit Findings, Opinion on Financial Statements, Report on Internal Control, Report on Compliance, Schedule of Findings and Questioned Costs, and Corrective Action Plan.

FREQUENCY

Qualifying auditees must submit Form SF-SAC and the Single Audit reporting package annually, within the earlier of 9 months after their budget period ends, or 30 days after the audit is received from the auditor, where they expended \$750,000 or more in Federal funds.

SUBMISSION METHODS

Entities are required by Federal law to submit Form SF-SAC and the reporting package. Both hard copy and web-based filing options are available (see below for information). The materials are checked-in and data on the Form SF-SAC are keyed or captured electronically. Edits are performed on the data and if the data is incorrect or incomplete, the auditee is contacted to revise or augment their previous submission.

OUTCOME

Form SF-SAC data are collected and disseminated through an Internet Data Dissemination System. Reporting packages are distributed to Federal grant-making agencies when indicated on Form SF-SAC.

2008 Electronic Single Audit Submission Process

The Federal Audit Clearinghouse now requires online electronic submission through the Internet Data Entry System, (IDES) for audit reports being submitted for FY 2008 and later. Please do not submit any Single Audit Packages for 2008 or later to the Federal Audit Clearinghouse through the mail as they will not be accepted. <https://facides.census.gov/Account/Login.aspx>

1. The Form SF-SAC and the Single Audit Reporting packages for fiscal periods ending on or after January 1, 2008 must be **submitted online**.
 1. Create your online report ID
 2. Complete the Form SF-SAC
 3. Upload the Single Audit
 4. Certify the Submission
 5. Click "Submit."
2. You cannot mail the 2008 or later Single Audit Package to the Federal Audit Clearinghouse. Submission of Form SF-SAC and the Single Audit reporting package for fiscal periods ending on or after January 1, 2008 must be submitted using the Federal Audit Clearinghouse's Internet Data Entry System at <https://facides.census.gov/Account/Login.aspx>.
3. You must create a password for in the IDES in order to submit an audit package. <https://facides.census.gov/Account/Login.aspx>.

The following criteria must be used when creating a password:

- Passwords must have at least twelve (12) non-blank characters
- It must contain characters from each of the following four categories:
 - English upper case characters (A...Z)

- English lower case characters (a...z)
- Base 10 digits (0...9)
- Non-alphanumeric special characters (!, \$, #, %)
- Six of the characters must only occur once in the password

A useful method in creating a password to meet these demands is to insert the special character(s) in place of letters they resemble. See the following examples:

MYcompany2%08 Dalla\$Cowboys#1 myFir\$tName08

4. If for some reason you are unable to finish your submission, you can go back into the system to complete it later. You will need to log back into the report using the same password and the information main menu checklist will help you determine what needs to be completed.
5. You are required to upload your complete 2008 Single Audit reporting package in a single PDF file.
6. Once uploaded the **2008 Form SF-SAC will be certified**. The certifying officials for the auditee and auditor will receive emails with signature codes and a link to the website. Both auditee and auditor certifying officials are required to enter their signature codes online to certify the Form.
7. **Once certified the submission will be verified**. The auditee and auditor contacts will receive automated emails from the Federal Audit Clearinghouse as verification of the submission.
8. **Forms can be revised on line**. If a revision to your form is needed, you will need to log back into the previous report ID to make Form changes or upload new Single Audit Reporting packages.
9. **You cannot re-use an online report**. A new Report ID is required for each entity's submission for each fiscal period.
10. **Single audit packages for 2002-2007 cannot be submitted online**.

The 2007 Form SF-SAC must still be created online, but the reporting packages for fiscal periods ending in **2002-2007 must be mailed** to the Federal Audit Clearinghouse.

**Submit Form SF-SAC to:
Federal Audit Clearinghouse
1201 E. 10th Street
Jeffersonville, IN 47132**

FAC CONTACT INFORMATION	
<div style="display: flex; align-items: center;"> <div> <p>For Form SF-SAC and Reporting Package Submission Questions, contact the Federal Audit Clearinghouse by email or phone.</p> <p style="text-align: center;">(866) 306-8779 (toll free)</p> <p>Contact by e-mail via the E-mail link at https://facweb.census.gov/SAContacts.aspx</p> </div> </div>	<div style="display: flex; align-items: center;"> <div> <p>For questions regarding previous submissions, please call the Federal Audit Clearinghouse Processing Unit at (888) 222-9907.</p> </div> </div>



For A-133 technical Audit questions, contact
The IHS Audit Resolution Office:
Mr. James Baker
(301) 443-7301

POST AWARD AUDIT RELATED ACTIONS:

Once your organization has submitted your required audit package and all required forms to the Federal Audit Clearinghouse, your audit will be processed and reviewed by FAC for completeness. If all forms are in order then your audit will be accepted by FAC and forwarded on the National External Audit Review Center (NEAR).

If for some reason your organization has not submitted a complete audit package and all forms needed, you will be contacted by the FAC to complete your audit submission of all missing forms.

What is NEAR?

The National External Audit Review Center (NEAR) is the responsible cognizant office for ensuring compliance and accountability of federal funds for the Department of Health and Human Services (DHHS). The Indian Health Service is an agency directly under the DHHS and as such requires the submission of audit reports that are in compliance with Public Law 98-502 and the Single Audit Act as applicable.

- The NEAR Office is the responsible office for receipt and acceptance of an audit report from the FAC on behalf of the Secretary, DHHS. **(IHS Grantees should not submit audit reports to NEAR, they should submit all audit reports to the Federal Audit Clearinghouse).**
- The NEAR Office will assign a Common Identifying Number (CIN) for tracking purposes to the fiscal year audit report.
- The NEAR Office will process the audit - checking for adequacy of the complete audit report consists of: the original bound audit report that includes all pages, including management letter(s) if prepared, financial statements, Schedule of Findings, Schedule of Prior Year Audit Findings, and corrective action plan(s) (CAPs) and the auditors signature and will then forward the report to the HHS Office of Audit Resolutions and Cost Policy, (OARCP)..
- The Office of Audit Resolutions and Cost Policy, (OARCP) in conjunction with the Office of the Inspector General, (OIG), will further review the entire audit and identify the audit findings, contact the grantee via official letter to submit an corrective action plan and forward the information to the actual awarding agencies Office of Audit Resolution to begin working with the grantee to resolve any audit issues and questions cost while working with their respective Grants Management Officials.

REPORTING TERMS AND CONDITIONS

Reporting Requirements, Due Dates, and Format Information:

Progress Report must be submitted through the Grant Notes into GrantSolutions (GS) with indication of covered period in the subject line field. Federal Financial Reports (FFR) must be submitted in the Payment Management System (PMS).

Annual report due dates are calculated from the Budget Period End Date (item 19 on page 1 of this Notice of Award). Final report due dates are calculated from the Project Period End Date (item 26 on page 1 of this Notice of Award)

<u>Financial & Progress Reports</u>	<u>Period Covering</u>	<u>Due Date</u>
Annual Federal Financial Report	07/01/2023 – 06/30/2024	09/28/2024 (90 days after Budget Period End Date)
Final Federal Financial Report	07/01/2023 – 06/30/2028	10/28/2028 (120 days after Project Period End Date)
Annual Performance Progress Report	07/01/2023 – 6/30/2024	09/28/2024 (90 days after Budget Period End Date)
Final Performance Progress Report	07/01/2023 – 6/30/2028	10/28/2028 (120 days after Period of Performance End Date)
Audit (to Federal Audit Clearing House)	Most recent completed fiscal year	Please see Audit Reporting, below

The **Program Progress Report** format and required content will depend upon the program, and any specific options within the award, which will **determine the data elements to report**. Details will be in the Programmatic Terms & Conditions

Financial Reporting:

The Federal Financial Report (FFR) (SF-425) is a single page form that non-Federal recipients must use to report all expenditures and cash transactions, in accordance with 2 CFR 200.328. The fiscal officer of the grantee organization shall complete and submit the recipient organization's FFR to the Division of Payment, through the Payment Management System (PMS).

Unless superseded by program-specific statute or regulations or by IHS policy the deadline for submitting the required Federal Financial report form varies based on the frequency of the award. For awards issued by IHS, Annual Federal Financial Reports are due 90 days after the end of each budget year. Final Federal Financial Reports, covering the current Document Number (found in item 34, Accounting Classification Codes on page 2 of this Notice of Award), are due 120 days after the end of the period of performance.

In accordance with 2 CFR 200.344(a), a **final expenditure report is due within 120 days after the end of the period of performance. The final report must be submitted thru the Division of Payment Management System unless special conditions outlined in the Notice of Award state otherwise.** Please contact DPM for questions at 877-614-5533 or <https://pms.psc.gov>.

Audit Reporting:

The Audit Report must be submitted online by the grantee organization. One (1) complete copy of the grantee organization's audit report as required by the Single Audit Act and implemented in accordance with 2 CFR Part 200, Subpart F-Audit Requirements *within nine months after the end of the grantee's audit period.* (See attached Audit Requirements)

REPORTING TERMS AND CONDITIONS

Audits are due to the Federal Audit Clearing House the earlier of 30 days after the audit is received from the auditor, or 9 months after the fiscal year ends (the specific date depends on the awardee's fiscal year).

Program Narrative: SMH Product Prescription Pilot Program

Part 1: Needs Assessment

(1) Profile of the community

Navajo Health Foundation † Sage Memorial Hospital (SMH/Sage) Inc., serves seven communities which comprises of its population service area, they include Cornfields, Ganado, Kinlichee, Klagetoh, Greasewood Springs, Steamboat, and Wide Ruins. SMH also servers a small segment of the Nazlini community which belongs to the Chinle Service Unit. SMH's service area stretches 1.16 million acres of rural land and represents 1/3 of the Fort Defiance Agency, one of five on the Navajo Nation. The service area predominantly lies within Apache County, with half of the Greasewood Springs community overlapping into Navajo County. According to the Health Resources and Services Administration (HRSA), the region in which these communities lie is designated as a Health Professional Shortage Area.

The population of the service area is approximately 9,500 community members,¹ with an average of 9,300 patients served at the hospital each year. According to statistics summarized in SMH's 2019 Community Health Needs Assessment (CHNA), approximately 95% of the residents are of AI/AN descent (predominately Navajo), with 52% of community members under the age of forty-four and females (64.5%) outnumbering the males (35.5%) almost 2 to 1. The Navajo language is spoken in 45% of the households and 82% of the population speaks English. Nearly 3/4 of individuals 25 years and older have graduated with a high school degree and 8.6% with a bachelor or graduate degree. Located in rural and often remote areas, the lack of employment opportunities contributes to the unemployment rate which averages at 33.9%, significantly higher than the U.S. national average of 3.7%. Additionally, SMH's has an 40.5% rate of poverty with the U.S. at 11.8%.² A majority of households in the service area have incomes \$10,000 or less. SMH and seven local schools are the area's major employers.

(2) Profile of community diet-related health status and diseases

According to SMH's 2016 and 2019 Community Health Needs Assessment, "Obesity Prevention" was one of the five highest health care priorities in the service area. This was determined through primary and secondary data research which included surveys completed by hospital administration, executive leadership, public health professionals, clinical staff and community members who participated in focus groups. SMH outlined six strategies to focus their efforts to reduce obesity. The strategies are listed below:

- Strategy 1: Continue to educate community members about the importance of exercise and healthy lifestyles through the community outreach efforts.
- Strategy 2: Increase the number of community activities that encourage exercise and healthy lifestyle habits.

¹ Navajo Nation Division of Community Development. (n.d.). *2016 American Community Survey 5-years ESTIMATE*. Navajo Nation Wind. <https://navajoprofile.wind.enavajo.org/Chapter/>

² Navajo Health Foundation-Sage Memorial Hospital Inc. (2020, March 7). *2019 Community Health Needs Assessment and Implementation Plan*.

- Strategy 3: Encourage the Wellness Center for employees and patients referred through the I.H.S. Special Diabetes Program for Indians grant program.
- Strategy 4: Continue to conduct health fairs throughout the community.
- Strategy 5: Recruit/retain a dietician.
- Strategy 6: Recruit/train certified personal trainers.

The 2019 CHNA survey revealed that 16% of individuals were diagnosed with obesity, 24.7% were diagnosed with diabetes, and less than 4% were diagnosed with heart disease and stroke. Respondents indicated their health to be “good” at 36.7% and only 11.4% believed their health was “excellent.” They also recommended that Sage increase community outreach, education about healthy lifestyles and opportunities for community-wide physical activities.³

Data extracted from SMH's EHR system revealed that currently, there are 3,496 patients in the service area who have a BMI ≥ 30 . Of the 3,496 patients, in the last 12 months:

- 1,687 were seen in the Emergency Department,
- 92 had an inpatient visit,
- 71 had a primary care physician visit.

Moreover, in 2021 over 1,097 A1C tests were administered to 885 patients. Of these patients, approximately 236 patients (27%) had an A1C level between 5.7-6.49 indicating they were prediabetic and 363 patients (41%) had an A1C of 6.5 and over showing an indication of Type 2 diabetes. For patients who had diabetes, 49% were women and 51% were men. For all patients who were tested, 68% came back with prediabetes or having diabetes.

(3) Profile of community food resources

In July 2018, the Ganado service area celebrated the opening of the Lok'aah Ni Teel Shopping Center located in Burnside, Arizona, just 5.5 miles west of SMH. The shopping center houses a Lowe's Shop N' Save grocery store. For decades community members had to travel 30-60 miles to obtain fresh vegetables, fruit, and meat from two other grocery stores located in Window Rock, Arizona and Chinle, Arizona. Three communities have convenience stores, but most of the inventory are shelf items sold pre-packaged and mainly processed snack foods.

Community	Approximate distance from community to grocery store		
	Lowe's Shop N' Save Burnside, AZ	Bashas Window Rock, AZ	Bashas Chinle, AZ
Ganado	6.3	28.5	36.7
Comfields	9.6	43.5	40.1
Steamboat	14.5	48.4	44.9
Kinlichee	15	23.4	45.4
Klagetoh	20.6	42.8	51
Greasewood Springs	21.8	63.6	52.5
Wide Ruins	28.1	50.3	58.6
Nazlini*	24.6	43.8	22.5

*Chinle service area community

³ Navajo Health Foundation-Sage Memorial Hospital Inc. (2020, March 7). *2019 Community Health Needs Assessment and Implementation Plan*.

Other food sources include the Navajo Nation Food Distribution Program (NNFDP) located in Fort Defiance, Arizona, approximately thirty-three miles east of Ganado. NNFDP delivers food boxes two times a month to clients who live in two specific communities; unfortunately, those communities are located outside of SMH's service area. For clients who need services but reside outside the organization's delivery location can pick up food boxes at NNFDP's warehouse, but only if food boxes are available. NNFDP makes limited deliveries to elders without transportation; however, it is unknown how many community members in SMH's service area are served by this accommodation.

SMH established a Community Garden as part of the Special Diabetes Program for Indians initiative. Planting begins in the spring and tended by staff and patients throughout the summer. The garden is harvested in the Fall, divided into food boxes, and delivered to 50 patients randomly selected to serve as the target group. The garden generates approximately fifty baskets which are delivered to the target group.

(4&5) Assessment of food resource accessibility, availability, affordability and insecurity

In addition to local grocery stores, SMH operates a cafeteria on its campus from Monday to Friday for patients, visitors, and staff. The café utilizes vendors such as Shamrock to deliver bulk purchases of food on a weekly basis. Unfortunately, wholesale food delivery vendors only deliver to businesses and are not accessible to private households.

According to an article written by Breanna Lameman for SOLVE, "withing the Navajo Nation, the food insecurity rate is 76.7%, which is the highest reported in the U.S. due to structural challenges, high unemployment, geographic barriers, and the limited varieties and quantities of fruits and vegetables." SMH has not embarked on a food insecurity survey, but through this grant opportunity, we will be better able to gauge the need and make a case for additional resources. With an unemployment rate which averages at 33.9%, and a rate of poverty of 40.5%, the cost of food is astronomical.

Part 2: Program Description/Operational Plan

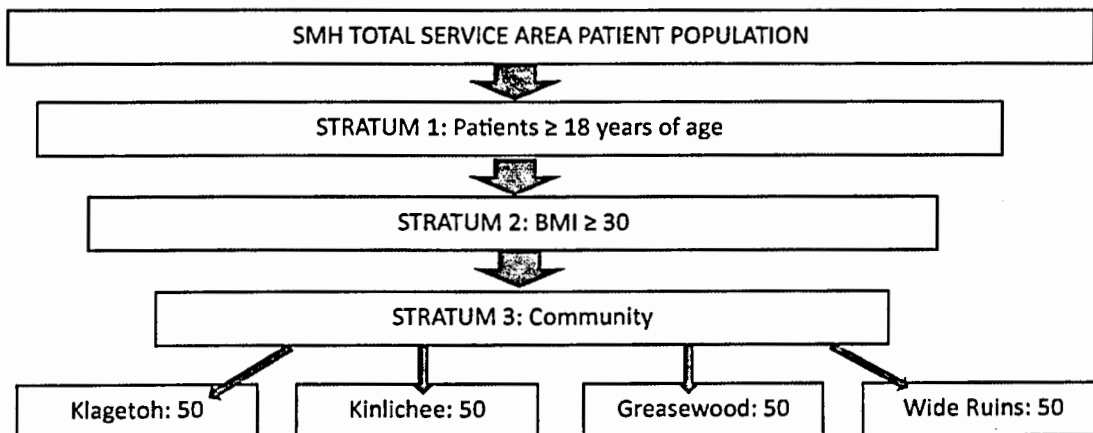
(1) The Healthcare Facility

SMH is a 501(c)(3) not-for-profit, P.L. 638 designated healthcare corporation established in 1978. It operates two healthcare facilities on the Navajo Nation: SMH and the Greasewood Springs Clinic. SMH is a 25-bed critical access hospital located in Ganado, Arizona and provides emergency, outpatient, and behavioral health services. The Greasewood Springs Clinic is a satellite office located 27 miles southwest of SMH and offers outpatient and dental services once a week to meet the healthcare needs of community members residing in outlying areas. Both facilities are located in the Fort Defiance Agency located in the southern region of the Navajo Nation which comprises of 27-chapter communities. Seven of those communities lie within SMH's service area. They include Cornfields, Ganado, Kinlichee, Klagetoh, Greasewood Springs, Steamboat, Wide Ruins with services extended to the Nazlini community.

(2) Local markets/organizations/services/vendors

SMH will collaborate with Shamrock Foods to provide fruit and vegetable (F&V) boxes for this initiative. Invoices will be billed to SMH and paid monthly. P4 staff will collaborate with Lowes Shop & Save and/or Bashas to create a voucher program in Year 2.

(3-9) Providing access to nutritious foods is the primary focus of the program; therefore, recruitment in Year One will focus on patients who reside farthest away from a food resource. Target communities will include Klagetoh, Kinlichee, Greasewood Springs, and Wide Ruins. Utilizing the Meditech electronic health system, the program team will utilize stratified random sampling to select 200 participants. SMH's total service area population will be subdivided into subgroups using three different strata producing 50 program participants from each community: Patients 18 years old and older, BMI equal to or greater than 30, and target community.



Selected individuals will receive a letter and flyer inviting them to participate in the U.S. Adult Food Security Survey online to determine eligibility for P4. Upon eligibility, they will receive a phone call from a Community Health Nursing staff to set up an appointment for a health check-up with a Family Nurse Practitioner in the Outpatient Department who will gather baseline data and prescribe P4. During this appointment, the participant will receive an overview of the program outlining the components, requirements, program benefits, and grounds for termination, i.e., lack of participation. Participants will be required to sign a Participation Contract to ensure their year-long commitment to the program. The contract, at minimum will require participants to complete the following:

- Attend two 45–60-minute educational workshops per month on subjects such as nutrition, diet, healthy living and tips for preparing and keeping fruits and vegetable (F&V) fresh. Workshops will be conducted on SMH campus in a group setting facilitated by a Community Health Nurse Practitioner. Once an MOA has been established with each of the local chapter houses in the community, workshops can be done in the participant's local community. Adult family members and caretakers will be encouraged to attend with the participant. Upon completion of the workshop, participants will complete a survey and sign for an actual F&V box to take home. The F&V boxes will be valued at \$50/box and distributed twice a month.
- Complete a participation workshop survey at the conclusion of each workshop.
- Complete the initial check-up along with ongoing quarterly check-ups to monitor progress in the program.

A brochure and a signed copy of their contract will be given to participants ensuring they understand all the parameters of the program. Participants will be enrolled throughout the grant period with a second cohort added in Year 2. There will be efforts to retain patients for the program including a phone call and/or letter requesting to call so program staff can learn the barriers and challenges participants experience in completing the program. Solutions will be discussed in weekly program staff meetings to address the issues.

Due to the remoteness of the outlying communities, SMH will contract with a wholesale food distributor, Shamrock Farms to fulfill bulk orders of F&V. Food boxes will be distributed at the conclusion of every workshop. In Year One, P4 staff will also work to create a voucher redemption program in collaboration with Lowes Shop & Save or Bashas for participants who will be recruited in Year Two from the remaining service area communities which are located closer to the grocery store (Ganado, Cornfields, Steamboat) and Nazlini community members who get their care from SMH. The form of the voucher (coupon, card, slip) will be decided among the parties. Participants in the Year One cohort have the option to switch to the voucher system once it has been set up. Those with transportation issues can continue to pick up their P&V boxes on workshop days.

P4 staff will include the Co-Project Directors, a Program Coordinator, a Program Assistant, and a Medical Assistant/Patient Care Coordinator. In the first quarter of the program, P4 staff will identify necessary evidence-based training to ensure the integrity of the program. Staff will research obesity prevention and healthy weight programs, hunger and food security programs and programs targeted to diabetes including the National Diabetes Prevention Program.

Anticipated challenges include lack of transportation for participants to get to workshops and/or follow-up appointments, adverse weather conditions, and availability of F&Vs for vendor to fulfill orders due to demand, climate, decrease in production and/or health advisory for recalled produce. In addressing transportation issues, P4 staff will work with Patient Care Coordinators to seek availability of transportation services for patients to attend follow-up appointments and offer recorded workshops virtually. When weather is the main issue, workshops will be re-scheduled for another date. In the event orders cannot be covered, P4 will substitute ordered items or obtain F&Vs from Lowes and/or Bashas.

Part 3: Evaluation

SMH will utilize several quantitative and qualitative methods to evaluate the P4 program on a quarterly basis.

Quantitative Data

SMH utilizes Meditech's electronic health records (EHR) system, to notate, make referrals, and complete triage templates. By the end of July 2023, SMH will have fully integrated Meditech's Diabetes Prevention & Management Toolkit into its electronic health record system. Evidence-based, the toolkit aligns with clinical preventative services recommendations by the American Diabetes Association, Centers for Disease Control and Prevention (CDC), and the U.S. Prevention Services Task Force. It features patient monitoring capabilities allowing providers to guide and track patients through their comprehensive diabetes care plan. The toolkit has a dashboard which will greatly enhance patient monitoring which reports statistics on patient A1C, blood pressure, BMI, etc. SMH will contract with Meditech's Professional Services team to create a dashboard specifically for P4 and add additional templates including the U.S. Adult Food Security Survey Module as a triage template. Patients will be able to take the survey on a tablet/iPad so the system can automatically generate a score flagging providers that an eligibility exist for the P4 program.

While participation in program activities will initially be tracked manually, i.e., workshop sign-in sheets, fruit and vegetable consumption, this information will be transferred to the Meditech system in individual patient records. This will allow program staff to pull reports to ensure there is full participation in workshops, follow-up appointments, and utilization of program services to gauge if retention efforts need to be employed.

Meditech also has a financial module which SMH's Finance department utilizes for all its financial administration, including reporting all revenues and expenditures. Upon award, Finance will create a specific general ledger code for the P4 grant where all expenditures will be coded. Each month on the 15th, the Finance staff closes the accounting books for the previous month. It is during this time all expenditures are monitored. A revenues and expenditure statement will be provided to the Project Director to monitor program costs and ensure the records are in line with the approved budget, this includes payments made to food vendors like Shamrock Farms. Program staff will monitor prices monthly and identify trends in prices for certain items and make adjustments if needed. It allows program staff to determine if another vendor should be researched for reasonable prices.

Qualitative Data

Paper surveys will be distributed to program participants to rate the quality of educational workshops based on a 5-point likert scale. They will rate the workshop on various characteristics such as content, relevancy to their job, delivery, duration, and increase in knowledge, etc. They will also be asked to self-report the percentage of fruit and vegetables consumed from their most recent redemption which will be recorded on their prescription plan. An open-ended question will give participants an opportunity to add suggestions. The qualitative information will be transferred to an online survey software tool such as Survey Monkey so automatic reports can be generated for review on a quarterly basis. Results of the summary will be used to improve training sessions.

Part 4: Organizational Capabilities

(1) Key personnel

Charlotte Seaton, Chief Nursing Officer, and Ernasha McIntosh, Family Nurse Practitioner will serve as Co-Program Directors for P4. Charlotte will ensure that the overall program is implemented smoothly and ensuring support exists in leadership. Ernasha will oversee programmatic activities in the outpatient department and be responsible for prescribing the P4 program and conducting follow-up appointments for participants. The Community Health Nursing Practitioner will be hired to serve as a Program Coordinator the program. This position will be responsible for establishing collaborations, scheduling and facilitation educational workshops, coordinating food orders and deliveries, and keeping program staff informed of any developments. A program support staff will also be hired to assist the Program Coordinator with scheduling activities, administrative duties, and data collection and recording. Trevaia Fowler will serve as the support person as well. She is currently the Lead Patient Care Coordinator and will contact patients regarding eligibility, inform them of the program parameters, and schedule follow-up appointments. Other departments and staff will also assist in different functions to ensure the program is successful.

(2) Structure of the organization

Program implementation will be done under two departments, the Outpatient Department and the Community Health Department which are both under the Chief of Nursing Division. Charlotte Seaton serves as the Chief Nursing Officer; therefore, will serve as the senior contact for the program. Charlotte is supervised by the CEO and meets every week with the leadership committee to discuss operations. As a co-Program Director, Ernasha McIntosh will also be in command under the leadership of Charlotte.

(3) Financial and project management capacity

SMH is currently managing four federal grant programs under the Department of Health. They include the Special Diabetes Program for Indians (SDPI) under Indian Health Services which Sage has been awarded since 2013 and recently awarded for the new competitive cycle for the next four years.

Additionally, SMH has received the Tribal Opioid Grant, Native Connections Grant, and the Mental Health Awareness Grant all under SAMHSA which are all underway addressing opioid prevention, mental health awareness and suicide prevention in the service area communities.

Financial oversight is done by the Project Director, Grant Writer, the Purchasing department and Accounts Payable department. Depending on the amount of each purchase order, a two to four level approval process is in place to prevent against fraud and unnecessary spending. SMH also goes through an independent annual audit and submits its final statements to the Federal Audit Clearinghouse.

(4) Description of national experience

SMH has experience providing results to support a national effort such as the SDPI program through sharing results of patient data of the target group identified for the program. In conjunction with other national grantees, the collective data is used to demonstrate the power of the program in Indian communities across the nation which allows funding to be allocated for diabetes care and prevention.

(5) Description of equipment and space available for use during the proposed project; and

SMH is requesting a refrigerated truck and a walk-in refrigerator to successfully implement program activities. The truck will be parked in the gated fleet yard where all other motor vehicles are parked. The walk-in refrigerator will be placed adjacent to Sage's cafeteria where delivery trucks unload for ease.

(6) Description of specialized experience working with Produce Prescription Programs

SMH does not have any current experience working with a Produce Prescription Program; however, are excited about the possibility of bringing such a worthwhile program to the service area. SMH is an ideal recipient as its service area is small enough to make a big impact and track and report information readily.

NAVAJO NATION

Naa'bik'iyati' Committee Special Meeting

11/16/2023
11:32:57 AM

Amd# to Amd#	New Business: Item A.
MOT James, V	CONSENT AGENDA - #'s
SEC Simpson, D	0234-23; 0246-23; 0243-23;
	0244-23 & 0250-23

PASSED

Yeas : 12	Nays : 0	Excused : 6	Not Voting : 5
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Yea : 12

Arviso, S	Daniels, H	Parrish, S	Tolth, G
Begay, N	James, V	Simonson, G	Yanito, C
Damon, S	Nez, A	Simpson, D	Yazzie, C

Nay : 0

Excused : 6

Begay, H	Crotty, A	Slater, C	Tso, O
Charles-Newton, E	Notah, N		

Not Voting : 5

Aseret, L	Jesus, B	Johnson, C	Nez, R
Claw, S			

Presiding Speaker: Curley, C