



HEALTH FIRST KOSCIUSKO

Memorandum of Understanding

THIS AGREEMENT made between the **KOSCIUSKO COUNTY COMMISSIONERS ON BEHALF OF THE KOSCIUSKO COUNTY HEALTH DEPARTMENT**, Kosciusko County, Indiana, ("County") and Live Well Kosciusko, ("Grantee").

SECTION 1.

RECITALS

1.1 The County desires to obtain from the Grantee the core public health related services outlined in Exhibit "A" attached hereto and the Memorandum of Understanding.

1.2 The Grantee desires to provide to the County the core public health related services described in Exhibit "A" and the Memorandum of Understanding for the sum of ninety-five thousand dollars (\$95,000) which shall be provided through the Health First Kosciusko fund.

SECTION 2.

CONSIDERATION

2.1 The consideration for this agreement is the providing of services by the Grantee and the payment to the Grantee by the County of the sum of ninety-five thousand dollars (\$95,000).

SECTION 3.**TERMS**

3.1 The County shall pay half of the total sum within 60 days of the execution of this agreement and the completion of the 30 day public notice period.

3.2 The Grantee shall provide monthly data, success stories, and summary reports in a timely manner. A data, success story, and summary report schedule (attached) will be provided to the Grantee which shall list the dates these items shall be due. Data shall be due monthly. The date the data collection begins shall be determined by the funding period start date. The funding period shall be from the time the Health First Indiana money is dispersed from the Kosciusko County Health Department to the Grantee until the date the agreement is no longer in effect. Success stories and reports shall be due quarterly until the date the agreement is no longer in effect.

3.3 The Grantee agrees to attend a quarterly meeting scheduled by the Health First Kosciusko Coordinator. The purpose of the quarterly meeting is to provide progress updates. A meeting schedule will be provided.

3.4 The second half of the total sum shall only be paid if the Health First Kosciusko Coordinator approves the Grantee has met Health First Kosciusko requirements. This will be executed by the Health First Kosciusko Coordinator analyzing the submission of the Grantee's monthly data, success stories, and second summary report, and determining if the remaining Health First Indiana money is needed to fulfill the requirements listed in Exhibit "A" and the Memorandum of Understanding. If the submission and work does not meet the requirements, the second half of the total sum shall not be distributed to the Grantee. If a portion or full amount of the remaining money is not needed, an addendum listing the change in disbursement, will be created which shall be signed by both the Kosciusko County Health Department Administrator and the Grantee. If the submission and work does meet the requirements and the full amount of the remaining money is needed, the County shall pay the second half of the total sum after the second summary report is approved. The work outlined should include but is not limited to:

- Number of people screened for high blood pressure
- Number of people identified with undiagnosed high blood pressure
- Number of people screened for diabetes risk factors through LHD or partners
- Number of people referred to or enrolled in a diabetes prevention program

- Number of people referred to or enrolled in a diabetes self-management education support program
- Number of people screened for BMI
- Number of people referred to a weight treatment or obesity prevention program
- Number of people identified as having a BMI over 30
- Number of people referred for chronic disease preventative care
- Number of people referred for cancer screening
- Number of people screening positive for food insecurity
- Number of people referred to a food assistance program
- Number of people referred to the IDOH Breast and Cervical Cancer Program
- Number of adults participating in nutrition and physical activity education programming
- Number of seniors participating in nutrition and physical activity education programming
- Number of cancer risk reduction and prevention programs provided by the LHD
- Number of cancer survivorship related services provided (smoking cessation resources, cancer support groups, respite opportunities for caregivers)
- Number of families referred or connected to local food pantries
- Number of individuals referred to insurance navigation resources
- Number of women referred to WIC
- Number of healthy easy-to-make recipes provided to individuals
- Number of children (ages 1-17) provided nutrition and physical activity education through the Chronic Disease and Obesity Coalition
- Number of adults referred to clinical care for:
 - Diabetes
 - Hypertension
 - Obesity
- Number of schools providing education on nutrition and physical activity through the Chronic Disease and Obesity Coalition
- Number of people provided education on Chronic Disease
- Number of schools providing vaping prevention education through local health department
 - List each school name
- Number of school staff who have been trained to provide tobacco education

- Number of schools providing nicotine dependence/tobacco treatment resources through local health department
 - List each school name
- Number of schools with supportive discipline/alternative to suspension policies through local health department
 - List each school name
- Number of youths provided education on the harms of vaping/tobacco
- Number of individuals age 13-17 years referred to Indiana Tobacco Quitline / Quit Now / Live Vape Free Indiana or other cessation resource
- Number of pregnant women referred to tobacco cessation program, including Indiana Tobacco Quitline / Quit Now Indiana)
- Number of women enrolled in Baby & Me Tobacco Free Program
- Number of women referred to prenatal services:
 - Mental health/substance use disorder services
- Number of women referred to postpartum services:
 - Mental health/substance use disorder services
- Number of pregnant women provided education on the harms of tobacco use and vaping
- Number of individuals referred to Parkview Kosciusko Hospital prenatal classes
- Number of women referred to Kosciusko County Health Department's Early Start Prenatal Program
- Number of women referred to breastfeeding education and support
- Other services provided
- Success stories and/or testimonials
- Budget Summary: Detailed list of expenditures to date and detailed list of future expenditures. Include the total amount of Health First Indiana money claimed and to be claimed.

The activity trackers listed are subject to change.

3.5 No later than January 8, 2027, the Grantee shall provide to the Health First Kosciusko Coordinator, remaining data for December 14, 2026 through December 31, 2026.

3.6 The Grantee agrees to expend all monies in the areas specified in the budget plan within the funding period and agrees to refund all unspent monies to the Kosciusko County Health Department.

3.7 As a condition of the partnership with Health First Kosciusko, the Grantee shall incorporate either the Health First Kosciusko logo or name in all correspondence, advertisements, or communications regarding Health First Indiana money or Health First Kosciusko support. All correspondence, advertisements, or communications regarding Health First Indiana money or Health First Kosciusko support must be approved by the Health First Kosciusko Coordinator before publication. Statement to include in all correspondence: "Funding provided by the Kosciusko County Health Department via Health First Indiana, learn more at <https://www.in.gov/healthfirstindiana/>".

3.8 If Health First Indiana funding should stop being provided to Kosciusko County during the term of the Memorandum of Understanding, the Memorandum of Understanding shall be terminated without cause.

The Grantee agrees to explain to any staff hired using Health First Indiana monies that the staff position may be terminated at any time due to budget cuts or elimination of Health First Indiana funding to the County.

3.9 To the fullest extent permitted by law, the Grantee agrees to indemnify, defend, and hold the Kosciusko County Commissioners and Kosciusko County Council, harmless from and against any and all claims, damages, losses and expenses. This clause shall survive the expiration or earlier termination of this agreement.

3.10 This agreement may be changed or modified only in writing signed by both the Kosciusko County Health Department Administrator and the Grantee.

3.11 By providing a signature below, the Grantee agrees to abide by the conditions set forth in this agreement until the date the agreement is no longer in effect.

3.12 This Agreement shall be in effect through December 31, 2026 (month/day/year).

Live Well Kosciusko

"Grantee"

Lisa Harman

Authorized Representative Signature

Lisa Harman, President

Printed Name & Title

Date

Kosciusko County Commissioner

Cary Groninger

Commissioner Printed Name

Kosciusko County Health Department

Robert Weaver

Authorized Representative Signature

Robert Weaver, Administrator

Printed Name & Title

11-18-25

Date

Kosciusko County Commissioner

Cary Groninger
11-18-25

Commissioner Signature and Date

The Parties have executed this agreement this 18th day of November 2025. (Date provided by the County Commissioner or Health Department Administrator)

HEALTH FIRST KOSCIUSKO REQUEST FOR FUNDING

Organization Legal Name: Healthy Community Coalition of Kosciusko County, DBA Live Well Kosciusko

Name of Applicant/Contact Person: Jessica Camarena

Title of Applicant/Contact Person: Vice President of Programs

Phone Number: 574 – 372 – 3514

Email Address: jessica@livewellkosciusko.org

Physical Address: 1515 Provident Drive, Suite 255

Warsaw, IN 46580

Billing Address: Same as above

Board of Directors:

Barbara Ridley – President Marlene Betances – Secretary

Jacolby Maxwell Brandon Stewart

Lorena Olinger Brenda Rigdon

Employee Names:

Lisa Harman – CEO & President Jack Heeter – COO

Sandy Vera – VP of Operations Jessica Camarena – VP of Programs

Vanessa Nigg – Coordinator Alison Weeks – Coordinator

Emily Rodriguez – Coordinator

Mission or Vision Statement: Live Well Kosciusko is a local nonprofit on a mission to transform lives and grow a thriving and healthy community. Live Well Kosciusko envisions a future where every individual has the education and resources to experience a life of health and well-being.

Amount of Request: \$ 95,000

Total Project Cost: \$ 233,516.00

Project Start Date: January 1, 2026

Project End Date (If ongoing, state "Ongoing Project"): December 31, 2026

Executive Summary:

Live Well Kosciusko works to prevent and manage chronic diseases that significantly impact the health of Kosciusko County residents. Chronic diseases such as diabetes, hypertension, obesity, heart disease, and cancer are among the leading causes of illness and death in our community. Many of these conditions are preventable or manageable through evidence-based interventions, early detection, and access to supportive services.

Live Well brings together community partners to address these challenges through education, screenings, and evidence-based prevention programs. We meet monthly, alternating between a chronic disease prevention focus and a cancer-specific focus, ensuring that residents have access to a comprehensive approach to chronic disease management.

With support from Health First Kosciusko, Live Well Kosciusko will expand its outreach, screenings, and education programs to reduce the risk of chronic diseases and improve community well-being.

Programs/Initiatives:

- Education
 - 4-session diabetes education courses
 - 45-minute add-on courses on blood pressure, obesity, chronic condition management, and youth-focused obesity/tobacco prevention.
 - Nutrition education covering food labels, diets, food preparation, and healthy eating strategies.
- Screenings & Assessments
 - Free blood pressure checks at community locations.
 - Work with local libraries to implement the Libraries with Heart program to help with high blood pressure and reduce heart disease
 - Diabetes risk assessments as part of our education programs.
 - Referrals to low-cost or free healthcare services when needed.
- Maternal and Child Health
 - Pregnant mothers supported through the BABY & ME – Tobacco Free Program™, helping them quit tobacco use.
 - Youth education and prevention focused on obesity and nutrition
 - Youth education on vaping/tobacco prevention.
- Management of Meetings
 - Monthly meetings to align community partners.
 - Chronic disease-focused (nutrition, diabetes, hypertension, obesity).
 - Cancer-focused (prevention, screenings, survivorship).
 - Educate members on best practices in education as they relate to chronic disease prevention and management.
 - Conduct ongoing development and maintenance activities to involve participation from all sectors

Local and/or State KPIs Addressed:

- Local KPI: Increase the average age of death related to heart disease being 76.5 from 2020-2024 to 78.5 from 2025-2029.

- KPI: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community
- KPI: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services
- KPI: Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation
- KPI: Number of counties that identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome
- KPI: Number of counties partnering with schools, based on community need, to implement wellness policies and comprehensive strategies to promote student health

Core Services Addressed:

- Chronic Disease Prevention
- Linkage to Clinical Care
- Maternal and Child Health
- Student Health/School Health Liaison

Activity Trackers Addressed:

- Number of unique individuals served
- Number of people screened for high blood pressure
- Number of people identified with undiagnosed high blood pressure
- Number of individuals screened for diabetes risk factors
- Number of individuals referred to or enrolled in a diabetes prevention program
- Number of individuals referred to or enrolled in a diabetes self-management program
- Number of people screened for BMI
- Number of people identified as having a BMI over 30
- Number of people referred to a weight treatment or obesity prevention program
- Number of people referred to chronic disease preventive care
- Number of people referred for a cancer screening

Expected Outcomes:

- Increase access to chronic disease prevention and management education
- Improve early detection and awareness of chronic disease
- Increase the age of death related to heart disease
- Support pregnant women in reducing tobacco use
- Prevent youth obesity and tobacco use
- Strengthen community collaboration

Budget:

Description of Expense	HFI Funding	Total Cost
Personnel		
Salaries and Wages	70,834.57	\$174,115.00
Fringe		
	\$5591.88	\$13,745.00
Contractual		
	\$0	\$0
Supplies		
	\$5106.74	\$12,555.00
Travel		
	\$1273.76	\$3130.00
Other		
Membership dues, event registration fees, business liability insurance, rent, telephone, internet, postage, IT, paid media	\$12,193.79	\$29,971.00
Total Budget Request	\$95,000.00	\$233.516.00

Additional Information:

Live Well Kosciusko collaborates to deliver evidence-based programs aimed at prevention, education, early detection, and support. These initiatives directly align with state and local public health priorities, including the Indiana Cancer Control Plan and CDC strategies for chronic disease prevention.

- Number of people referred to the IDOH BCCP Program
- Number of individuals screening positive for food insecurity
- Number of families referred or connected to local food pantries
- Number of individuals referred to a food assistance program
- Number of adults and seniors participating in nutrition and physical activity education.
- Number of cancer risk reduction and prevention programs provided
- Number of cancer survivorship-related services provided (smoking cessation, resources, cancer support groups, respite opportunities for caregivers)
- Number of individuals provided education on chronic disease
- Number of easy-to-make recipes provided to individuals
- Number of adults referred to clinical care for diabetes, hypertension, and obesity
- Number of children (1-17) provided nutrition and physical activity education
- Number of schools providing vaping prevention education
- Number of school staff who have been trained to provide tobacco education
- Number of schools providing nicotine dependence/tobacco treatment resources
- Number of schools with supportive discipline/alternative to suspension policies
- Number of youth provided education on the harms of vaping/tobacco
- Number of individuals age 13-17 years referred to Indiana Tobacco Quitline/Quit Now/Live Vape Free Indiana or other cessation resource
- Number of women enrolled in Baby & Me Tobacco Free Program
- Number of women referred to prenatal services: mental health/substance use disorder services
- Number of women referred to postpartum services: mental health/substance use disorder services
- Number of women referred to breastfeeding education or support
- Number of families referred to insurance navigator or Medicaid
- Number of women referred to WIC

Plan for Measurable Outcomes:

- Educate 1000+ individuals with our diabetes course, education, and screenings
- Offer free blood pressure checks and diabetes risk assessment at community events
- Enroll mothers in Baby & Me Tobacco Free
- Deliver education on nutrition, obesity prevention, and vaping/tobacco risks to schools and youth-serving organizations

Glossary of Terms and Abbreviations:

- **Indiana Breast Cancer and Cervical Cancer (IN-BCCP):** Program that provides access to breast and cervical cancer screenings, diagnostic testing, and treatment for underserved and underinsured women who qualify for services.
- **Chronic Disease:** Long-term health conditions such as diabetes, hypertension, and obesity that require ongoing management
- **Risk Assessment:** Screening process to identify individuals at higher risk for chronic diseases or cancer, guiding further care or education

