

HEALTH FIRST INDIANA
CORE PUBLIC HEALTH SERVICES AGREEMENT

THIS CORE PUBLIC HEALTH SERVICES AGREEMENT (“Agreement”) is entered into by and between the Wabash County YMCA (“Service Provider”) and the Wabash County Health Department (“WCHD”).

WITNESSETH:

WHEREAS, Wabash County Board of Commissioners must approve all contracts brought forth by the Wabash County Health Department utilizing Health First Indiana (HFI) funds in Wabash County, Indiana;

WHEREAS, YMCA is a nonprofit organization that will offer a Total Health Program aimed at Chronic Disease Reduction and Prevention in Wabash County, Indiana;

WHEREAS, WCHD is a government agency providing core public health services to the citizens of Wabash County, Indiana (“Patients”);

WHEREAS, all parties are desirous of entering into this Agreement to promote and protect the health and wellbeing of the citizens of Wabash County;

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties hereby agree as follows:

1. **Purpose.** That the Wabash County Health Department agrees to provide financial support to ensure the successful implementation of the Health First Indiana Initiative (HFI) to Service Provider for the purpose of ensuring core public health services are provided to patients.
2. **Services.** The Service Provider agrees to deliver the following core public health services (“Services”):
 - **Chronic Disease Prevention and Reduction.**
No Services may be provided and no funds may be utilized pursuant to this Agreement to serve individuals who are not residents of Indiana or are not lawfully present in the United States.
3. **Funding Request.** Service Provider shall submit a letter of request for funding each year. The current Request letter is attached hereto as Appendix A.
4. **Reporting.** Service Provider shall submit monthly reports to WCHD in the form attached hereto as Appendix B. Completed forms are due by the fifth (5th) day of each month during the Term of this Agreement. Service Provider shall also provide additional reporting information as reasonably requested by WCHD.
5. **Payment.** The Service Provider agrees that monetary payments will be allocated towards delivery of the Services. Funding for the Services shall be delivered as follows:
 - Total compensation shall be \$15,000.00;
 - Service Provider shall receive \$15,000 towards Chronic Disease Prevention and Reduction;
 - Payments equaling \$15,000 may be made if Service Provider can provide data on the Appendix B form.

6. Fee Schedule and Billing. Service Provider shall submit an invoice to WCHD. WCHD shall remit payment to Service Provider within forty-five (45) days of receipt of said invoice.

7. Term and Termination.

7.1 Term. This Agreement shall be effective upon being signed by the Parties (“Effective Date”). The initial term of this Agreement shall commence on the Effective Date and continue for one (1) year.

7.2 Termination. Notwithstanding the foregoing, either party may terminate this Agreement at any time with or without cause, by giving the other party thirty (30) days’ written notice, which notice shall specify the effective date of termination. Upon termination, Service Provider shall be compensated for work performed in furtherance of the Services, not to exceed to the total compensation, or shall reimburse the WCHD for monies received under this Agreement but not yet expended in furtherance of the Services, as of the date of termination.

8. Miscellaneous.

8.1. HIPAA Compliance. The parties agree they will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to privacy, security and electronic transactions, including without limitation, regulations promulgated under Title II Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-191) (“HIPAA”). If, within thirty (30) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties, acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to meet the requirements are not feasible, then either party may terminate this Agreement upon thirty (30) days prior written notice.

8.2. Administration. Each party shall remain responsible for its own administration, financing, staffing, supplies and budget for the Services. The parties shall not jointly acquire, hold, or dispose of real or personal property under the terms of this Agreement. The parties acknowledge and agree that the purpose of this Agreement is not to induce any referrals or to otherwise generate any business between the parties, but instead to contract for commercially reasonable and legitimate services.

8.3. Non-Discrimination. All Services provided under this Agreement shall be provided without regard to race, color, creed, sex, age, disability status, payor source or national origin of the resident requiring such Screening Services. The parties agree to comply with all applicable laws prohibiting discrimination.

8.4. Notices. All notices, records, reports or correspondence between the parties shall be sent to the following locations:

WABASH COUNTY HEALTH DEPARTMENT:

Wabash County Health Department
Attention: Health Officer
89 W. Hill St.
Wabash, IN 46992

Wabash County YMCA:

YMCA
Attention: Patty Lengel
500 S. Cass St.
Wabash, IN 46992

- 8.5. Entire Agreement.** This Agreement shall constitute the entire agreement between the parties and any prior understanding or representation of any kind preceding the date of this Agreement shall not be binding upon either party except to the extent incorporated into this Agreement.
- 8.6. Amendments.** This Agreement may not be amended or modified unless mutually agreed upon in a writing signed by an authorized representative of each party.
- 8.7. Severability.** In the event any provision(s) of this Agreement shall be determined to be unenforceable or otherwise invalid for any reason by a Court of competent jurisdiction, such remaining provision(s) shall remain in full force and effect to the extent permitted by law.
- 8.8. Nonwaiver.** The failure of either party to this Agreement to insist upon the performance of any of the terms and conditions of this Agreement, or the waiver of any breach of any of the terms and conditions of this Agreement, shall not be construed as thereafter waiving any such terms and conditions, but the same shall continue and remain in full force and effect as if no such forbearance or waiver had occurred.
- 8.9. Governing Law.** This Agreement has been executed under and shall be governed by the laws of the State of Indiana, without regard to conflict of law principles.
- 8.10. Savings Clause.** Notwithstanding any term contained herein, this Agreement shall not be construed as to require the commission of any act contrary to law, and wherever there is any conflict between any provision of this Agreement and any local, State or Federal statute, regulation, ordinance or resolution, the latter shall prevail, but in the event of such conflict, the provisions of this Agreement affected shall be limited or applied, if possible, only to the extent necessary to be valid and enforceable to the maximum extent possible.
- 8.11. Dispute Resolution.** The parties expressly agree that any dispute concerning this Agreement, or the performance of any of its terms, shall first be reasonably attempted in good faith to be resolved informally. The parties expressly agree that, upon written request of any party, such dispute shall be submitted to mediation within the State of Indiana whereby the parties shall attempt in good faith to resolve such dispute. If such medication does not resolve such dispute, either may commence litigation and hereby agree exclusive jurisdiction and venue of any dispute shall be in the Wabash County Superior Court.

[Signature page follows]

HEALTH FIRST INDIANA
CORE PUBLIC HEALTH SERVICES AGREEMENT
Signature Page

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as their official act by their respective representative(s) on the dates set out below, each of whom is duly authorized to execute the same.

**BOARD OF COMMISSIONERS OF
WABASH COUNTY, INDIANA**

WABASH COUNTY YMCA

Jeff Dawes

By: _____

Print: _____

Cheryl Ross

Title: _____

Date: _____

Tyler Niccum

Attest: _____
Shelly Bauccho, Auditor

Date: _____

Wabash County YMCA

Total Health Challenge Series — 2026 Funding Request

Program Overview

The Total Health Challenge Series is a 12-month, community-based wellness initiative delivered in four 12-week cycles. The program improves chronic disease risk factors through education, habit-formation coaching, biometric tracking, and incentive-based engagement. Each cycle includes required foundational health classes, measurable outcomes, and celebration of participant achievement.

Public Health Purpose

This intervention supports prevention goals by:

- promoting weight loss and visceral fat reduction
- increasing lean muscle mass
- supporting weekly physical activity
- improving health literacy
- reaching both members and non-members through low-barrier enrollment

The quarterly structure provides multiple opportunities per year for adults to enter, restart, or continue behavior change.

How the Program Works

Each 12-week cycle includes:

1. BASELINE AND FINAL SCANS

- InBody biometric scans at the beginning and end of the challenge measuring BMI, visceral fat level, muscle mass, percent body fat, and overall InBody score.

2. REQUIRED HEALTH EDUCATION CLASSES

- Four Fast-Track wellness classes (*a condensed, practical application version of CDC-endorsed Diabetes Prevention Program curriculum*):
 - motivation
 - nutrition
 - movement
 - habit maintenance
- Participants must attend all four classes to be eligible for end-of-cycle prizes.

3. WEEKLY ENGAGEMENT AND ACCOUNTABILITY SUPPORT

- Ongoing support through:
 - weekly classes and check-ins
 - optional mid-point biometric scans
- Designed to keep participants engaged, progressing, and connected.

4. ATTENDANCE-BASED RAFFLES

- Participants earn one raffle ticket each time they check into the YMCA.
- Prize drawings occur at Week 6 and Week 8 to reinforce consistent attendance and mid-cycle momentum.

5. IMPROVEMENT INCENTIVES

- Awards are given separately for male and female participants in the following categories:
 - visceral fat
 - lean muscle mass
 - body fat percentage
 - body weight
- Individuals may win in only one category.
- If a participant leads in more than one area, awards in additional categories move to the next eligible participant - this ensures fair distribution of recognition and maximizes motivation across the participant group.

6. CELEBRATION RALLY

- A closing rally acknowledging progress, recognizing achievements, and awarding prizes.

7. PARTICIPATION RULES AND ACCESS

OPEN TO COMMUNITY:

- Both YMCA members and non-members may enroll.

JOINER FEE SUBSIDY:

- Non-members are welcome to participate. If a participant chooses to join the YMCA during this program, **their joiner fee will be covered through this grant funding** to reduce access barriers. Participants are responsible for their ongoing monthly membership fees.

PARTICIPANT COMMITMENT FEE:

- A modest enrollment fee helps reinforce commitment and is reinvested into engagement incentives and recognition:
 - \$20 for YMCA members
 - \$40 for non-members

MEDICALLY ASSISTED WEIGHT LOSS FAIRNESS:

- To ensure fair comparison of results, participants actively using medical or surgical weight-loss interventions (such as GLP-1 medications or bariatric procedures) are welcome to participate fully but will be eligible for awards only in the Lean Muscle Gain category.
- This is a self-reported fairness guideline designed to support equal opportunity in outcome recognition.

Expected Reach and Participation

We anticipate an average of 40–50 participants per quarter, creating an annual reach of approximately 150–200 residents engaged in measurable behavior-change intervention.

Funding Request — \$15,000

Total Program Need: \$17,360

Estimated Wabash County YMCA contribution (absorbed facility use & additional staff time): \$2,360

Requested County Investment: \$15,000

Budget Summary

1. Incentive Prizes

Quarterly transformation awards & engagement recognition. *These costs support retention, community-building, and positive reinforcement in a*

healthy environment.

4 cycles × \$2,500

2. Celebration Rally

Light, health-focused refreshments (fruit and vegetable trays, water) plus simple recognition items and certificates for finishers.

4 cycles × \$200

3. Program Delivery Labor

Instructor preparation, class delivery (with capacity for 3 class times per cycle), scan administration, and rally facilitation.

Approx. 160 hours/year @ \$15/hr = \$2,400

4. Printing & Participant Materials

Class worksheets, scan summaries, goal trackers, and challenge passports

4 cycles × \$40

5. Marketing & Outreach

Community promotion, flyers, signage, and digital reach

4 cycles × \$250

6. Joiner Fee Subsidy for Non-Members

Subsidy of YMCA joiner fees to reduce cost barriers for non-members

Approx. 40 participants @ \$75 each = \$3,000

Equity and Access Impact

Funding support allows non-members to join without the barrier of a joiner fee, increasing reach to adults who may lack access to structured wellness programs. This aligns with health equity priorities and supports broader prevention impact in Wabash County.

Summary Statement

The Total Health Challenge Series combines the motivational appeal of community transformation challenges with CDC-aligned education, biometric measurement, and quarterly enrollment opportunities, producing sustainable health improvement for Wabash County residents.

We respectfully request \$15,000 in support of this initiative for 2026.

Why the Total Health Challenge Series Works

The Total Health Challenge Series combines the motivational pull of health challenges with the evidence-based benefits of habit education and biometric measurement - resulting in measurable health improvement that is scalable, repeatable, and accessible to a wide segment of the community. County investment amplifies this reach, expands entry for non-members, and produces quarterly data demonstrating real population-level change.

Broad Appeal, Low Stigma, High Relevance

The program name and structure invite participation from adults across a spectrum of health motivations - not just those managing chronic disease - expanding reach and normalizing prevention.

Behavior-Driven Design That Matches How People Change

Rather than one long cycle, the 12-week format mirrors proven habit-formation science: people succeed better with shorter focus windows, scheduled resets, and reinforced wins.

Four Entry Points Per Year Dramatically Increase Community Impact

Quarterly enrollment allows residents to join when motivation is highest - New Year, spring reset, summer wellness, fall back-to-routine - increasing access and accelerating momentum.

Challenges Give People What They Want - Education Quietly Delivers What They Need

Community members respond strongly to transformation challenges. This model leverages that motivation while ensuring all participants receive evidence-based instruction on movement, nutrition, goal setting, and sustaining habits.

InBody Measurement Makes Progress Visible and Measurable

Biometric reporting allows participants to see change beyond a simple scale number - reinforcing healthier priorities like muscle gain, visceral fat reduction, and overall improvement.

Attendance Incentives Solve the #1 Barrier to Wellness: Showing Up

Weekly facility use is rewarded through attendance-based raffles and

milestone recognition, turning engagement into momentum and creating touchpoints that build routine.

Scalable Enrollment and Retention Advantage

More participants can join, more often. The reset cycle encourages repeat enrollment and allows adults to re-enter without shame when life disrupts progress.

Alignment With Current Health Trends, Not Avoidance of Them

The program acknowledges the prevalence of medical weight-management tools, welcomes those individuals, and safely channels them toward strength-preserving goals - an urgent public health need.

Addresses Both Motivation and Sustainability

Participants receive:

- the excitement of a challenge
- the accountability of measurement
- the knowledge of behavioral science
- the repetition required for lifestyle change

Outcomes Are Visible, Reportable, and Meaningful

Each quarter produces:

- measurable biometric change
- engagement indicators
- attendance markers
- behavior data

These give the county short-cycle impact metrics and annual cumulative reach statistics.

CHRONIC DISEASE PREVENTION AND REDUCTION

Wabash County Health Department

ACTIVITY

Start
Date: ____ / ____ / ____ Stop Date: ____ / ____ / ____ Number of Unique People Served: ____

Stakeholders Engaged with this Activity: _____

SCREENING AND REFERRALS

Number of people screened for high blood pressure through LHD or partners _____

Number of people identified with undiagnosed high blood pressure through LHD or partners _____

Number of people screened with a hemoglobin A1c through LHD or partners _____

Number of people identified with elevated hemoglobin A1c _____

Number of people screened for diabetes risk factors through LHD or partners _____

Number of people referred to or enrolled in a diabetic prevention program _____

Number of people referred to or enrolled in a diabetes self-management education support program _____

Number of people screened for high cholesterol through LHD or partners _____

Number of people identified with high cholesterol _____

Number of people screened for cancer through LHD activity (breast, colon cancer, etc.) _____

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 individuals with asthma who receive an in-home trigger assessment _____

Number of people referred for chronic disease preventative care _____

Number of people referred for cancer screening _____

Number of people provided 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	_____

PROGRAMMING

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 care givers)	_____

OTHER SERVICES

Type of other	_____

Number of people receiving other services	_____
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