

[Put on AAPCHO Letterhead]

## **COLLABORATIVE AGREEMENT GUIDELINES FOR PROJECT: Promoting Breast Health Information in Chinese and Filipinos**

**November 20, 2006**

### **OWNERSHIP OF DATA**

**Ownership of Data.** The data belong to the research team as represented by investigators and community participants from the Association of Asian Pacific Community Health Organizations (AAPCHO), the University of California San Francisco (UCSF), the University of California Berkeley (UCB), the Cancer Information Service (CIS), and the provider, patient, and lay community who participate in the project. Ownership means that the data is available to everyone and can be used for clinical and scientific reports, for community dissemination, and for other legitimate, legal, and ethical purposes. All data will be de-identified and checked for accuracy. Once the dataset has been de-identified and “cleaned” of errors it will be distributed to research team members from AAPCHO, UCSF, UCB, and CIS. Providers, patients, and lay persons who contributed to the project will also have access to the data through research team members from AAPCHO, UCSF, UCB, and CIS. Since conflicts may arise in the dissemination of reports based on the data, coordination of authorship and data dissemination efforts are described below.

**Authorship Guidelines.** All of the project’s key personnel as well as research assistants (i.e. the research team) have the opportunity to serve as authors of any and all reports/presentations based on the proposed project. Authorship is based on: (1) having made a significant and substantial contribution to the study on which the report/presentation is based, and/or to the content or writing of a specific report/presentation; and on (2) having read, approved, and taken written responsibility for the content of the final version of a specific report/presentation, e.g. the report sent to the publisher or abstract sent to a conference committee.

First authorship is awarded to the member of the research team who has taken major responsibility for writing a report. Subsequent authorship is approved by the majority of the members of the research team. After the award is made and prior to the start of the project, key personnel will identify the report/presentation for which he/she will take major responsibility, the journal where the report will be submitted or meeting where a presentation will be made, and the timeline for the report submission and/or presentation. The principal investigator has first choice of paper(s) or presentation(s) and venues, but must share writing and presenting responsibilities so that each person on the team has an opportunity to be a first author of a report or presentation. If a person does not fulfill her/his writing/presenting responsibilities within one year of the date when the paper/presentation was to be completed, that paper or presentation may be taken over by another member of the team.

### **HANDLING OF DISAGREEMENTS**

To avoid conflict, the team has set-up procedures to promote a good working relationship such as the guidelines for authorship. However, differences of opinion are normal in the course of a collaborative arrangement. Disagreements concerning aspects of the project from the research purpose and aims to dissemination of data will be discussed by the team to promote an agreed upon course of action. If no agreement is reached after a reasonable period of time, then outside consultation will be sought and the expert in the aspect of the project under discussion will make the final decision. The research team agrees to abide by this decision. For example, a disagreement about data analysis may need to be settled by the project's statistician or an outside statistical consultant; while a disagreement about a budget issue may require input from an unbiased fiscal consultant.

### **RECIPIENT OF GRANT AWARD**

The research team decided to have the award divided among the two principal investigators' institutions to support the effort that each will contribute to the project. The overall project coordination, data review and "clean up", and statistical analysis and development of tables and charts to reflect the results will take place at UCSF since scientific and statistical expertise reside there. The implementation of the project in the community, the collection of data through focus groups and with patients in a community clinic, the coordination of work to be carried out by the Cancer Information Service on the Train-the-Trainer program, and transcription and transfer of data to a computer will be directed by AAPCHO since community expertise resides with them. Both applicant agencies have the administrative capacity to manage their aspect of the award.

### **PLANS FOR BROADER COMMUNITY INVOLVEMENT**

Individual community members not on the research team will be involved in planning, conducting and disseminating the research. AAPCHO has a Community Board of Directors who oversee the conduct of the organization including the research projects it participates in and carries out. The board has reviewed the research plan and made recommendations for change. It will monitor the progress of the project through regular reports by the PI and Executive Director. The board will also participate in the dissemination of study results through community connections, newsletters, and other information communication strategies. AAPCHO also has a National Research Advisory Committee that reviews, critiques, and makes recommendations for the development and implementation of research, and dissemination of study results. NRAC will provide oversight of this project and the PI's activities.

Filipino and Chinese Community Partner Teams participate in developing interview questions for focus groups, interpreting data, developing a provider Train-the-Trainer program and patient education intervention, interpreting data that emerge from implementing education programs, and planning a broader investigation based on pilot results. The NRAC, a group of scientists experienced in API community health studies, will also participate in these research activities.

Rosy Chang Weir is the community Co-PI. Working with her is the community co-investigator, Nina Agbayani Grewe. In the event that Rosy Chang Weir steps down from the role of community Co-PI, Nina Agbayani Grewe is equally capable of carrying out the duties of Co-PI.

## PLANS FOR DISSEMINATION OF FINDINGS

Sharing of data generated by this project, **Promoting Breast Health Information in Chinese and Filipinos**, is an essential part of our proposed activities and will be carried out in several different ways. We wish to make our results available to the Project's Research Team, to the community of scientists interested in these data, to students and other trainees, and to the lay community, particularly to Asian Pacific Islanders in California, and across the country. The project includes investigators from the University of California San Francisco (UCSF), the Association of Asian Pacific Community Health Organizations (AAPCHO), the University of California Berkeley (UCB), and the Cancer Information Service (CIS).

Our plan includes the following:

**Sharing of database by the Research Team.** Data collected by the Cancer Information Service will remain in their database, with findings pertaining to this project provided as needed. Data collected by project personnel will be sent to the principal investigator who will maintain the database. Participant provider and patient personal identifiers will not be included in this project's database. While data are being collected and added to the database, data will be checked for errors and completeness to maintain the integrity of the database. At the end of the project and completion of planned statistical analyses, the project's database will be shared with members of the research team. Members of the research team will not share the database with outsiders until all planned reports and presentations agreed to by the members of the research team have been published and/or presented.

**Presentations at scientific meetings.** It is expected that three or more presentations at local, regional, national and international meetings would be appropriate. Meetings that address issues pertaining to cancer education and information, Asian Pacific Islander cancer issues, cancer survivorship, health disparities, and minority health would be appropriate, but not exclusive presentation venues.

**Presentations at local academic and community venues.** The Research Team's own academic and community settings offer many opportunities for sharing data. For example, the UCSF Center for Health Disparities holds regular meetings to disseminate research findings. AAPCHO invites investigators to present their findings to interested community members, as does the CIS. The project's community advisory group and their constituents are interested in receiving feedback about the outcome of projects in which they have participated.

**Newsletters, Community and Institutional Reports.** Each participating institution has its own newsletter, magazine or report that is distributed to its constituents. For example, the UCSF School of Nursing publishes an annual research report, the *Science of Caring*, which is distributed to all alumnae, donors, interested persons and Schools of Nursing in the US and abroad. The publication would highlight the progress and outcomes of this CIS project. AAPCHO distributes fact sheets and reports of current projects. Periodically, the CIS distributes a regional bulletin concerned with current projects and resources.

**Scientific and Clinical Publications.** From the project, it is expected that several research and clinical publications would be appropriate. Reports of this pilot study may include, but are

not limited to the following: (1) description of the cancer information needs, sources of information, trust in these sources, satisfaction with information sources and services, perceived availability of cancer information in one's own language, perceived barriers and facilitators to using resources, and need and willingness to access these services on behalf of patients by providers serving primarily Asian Pacific Islander populations; (2) description of the cancer information needs, sources of information, trust in these sources, satisfaction with information sources and services, perceived availability of cancer information in one's own language, perceived barriers and facilitators to using resources, and need and willingness to access these services by Asian Pacific Islander patients attending community health centers; (3) Asian Pacific Islanders' preferred modes of obtaining cancer information comparing CIS telephone communication with the internet, printed material and video material when Asian Pacific Islander patients have immediate access to these modalities, and their satisfaction with, and trust in different types of information delivery modalities; (4) the feasibility of implementing a Train-the-Trainer program focused on cancer information for Asian Pacific Islanders on provider and patient knowledge of CIS information, ways of accessing cancer information, ways of communicating cancer information to patients and other providers, and patient and provider use of the CIS 1-800-4CANCER number. These articles can be published in communication, cancer, nursing, public health, Asian Pacific Islander, and other types of scientific and clinical journals.

#### **PLANS FOR TURNOVER OF PERSONNEL**

This is a pilot project with few personnel. The two half time bilingual (English-Tagalog, English-Cantonese) Research Assistants will be part of the AAPCHO budget, therefore, the hiring and firing of research assistants will reside with investigators from AAPCHO with recommendations from investigators from UCSF. The statistician, Bruce Cooper, is on the UCSF budget. He has worked on a number of projects and is not expected to leave UCSF in the course of this project. If he does leave, he will be replaced with Dr. Steven Paul, who is the second statistician from UCSF who can work on this project. Sharon Davis will coordinate the work conducted by CIS to develop the Train-the-Trainer program. She has a number of specialists working with her should she need to step down. Rosy Chang Weir is the community Co-PI. Working with her is the community co-investigator, Nina Agbayani Grewe. In the event that Rosy Chang Weir steps down from the role of community Co-PI, Nina Agbayani Grewe is equally capable of carrying out the duties of Co-PI. Geraldine Padilla is the Co-PI from UCSF and working with her is Marion Lee. If Geraldine Padilla should step down as Co-PI, Marion Lee will take over that role.

**The Collaborative Agreement Guidelines have been reviewed and approved by the Board of Directors during the meeting on January 16, 2007.**

**COLLABORATIVE AGREEMENT GUIDELINES FOR PROJECT: Promoting Breast Health Information in Chinese and Filipinos are agreed to by:**

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Richard P. Bettini, MPH, MA  
Board President, AAPCHO  
Chief Executive Officer, Waianae Coast Comprehensive Health Center

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Jeffrey Caballero, MPH,  
Executive Director, AAPCHO

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Rosy Chang Weir, PhD,  
Senior Research Associate, AAPCHO, Co-PI of the Project

**MEMORANDUM OF UNDERSTANDING  
BY AND BETWEEN  
THE NATIONAL FRIENDLY ACCESS<sup>SM</sup> PROGRAM OFFICE  
AND  
THE FOUNDING PARTNERS & THE COALITION STEERING COMMITTEE  
OF THE  
COMMUNITY FRIENDLY ACCESS<sup>SM</sup> COALITION**

**PREAMBLE:**

The purpose of this Memorandum of Understanding (MOU) is to clearly delineate the roles and responsibilities of the Founding Partners, the Coalition Steering Committee, the Coalition and the National Program Office in the achievement of Community Friendly Access<sup>SM</sup> Project activities and as a requisite for receipt of project funds, resources or other benefits associated with participation in the National Friendly Access<sup>SM</sup> Program. This is not a legally binding agreement. In order for the Community Friendly Access<sup>SM</sup> Project to succeed, multiple organizations must fulfill their individual project responsibilities as well as those that require collaboration with other member organizations.

The Founding Partners and the Coalition Steering Committee members are the organizing body of the Coalition. They shall consist of executive level representatives of the community institutions responsible for assuring and providing inpatient and ambulatory maternal and pediatric (for ages 0-5) health care for the Medicaid eligible population in the community. The Founding Partners and Steering Committee shall be the signatories of the agreement and shall be responsible for collaborating to achieve the project objectives explained in the body of this document. The membership of the Steering Committee may be revised subsequent to the signing of this Agreement according to the by-laws of the Coalition.

*The National Friendly Access<sup>SM</sup> Program Office enters into this agreement with the Community Friendly Access<sup>SM</sup> Founding Partners and the Coalition Steering Committee to jointly continue to further develop, implement and evaluate a Community Friendly Access<sup>SM</sup> Project Model in \_\_\_\_\_, building on the accomplishments of the first year of the Project.*

**Background:**

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies received a cooperative agreement from the Centers for Disease Control and Prevention to work in partnership with communities throughout the United States to implement the National Friendly Access<sup>SM</sup> Program. The mission of the National Friendly Access<sup>SM</sup> Program is to change the culture of maternal and child health care delivery systems in ways that improve consumer access, utilization, satisfaction and outcomes.

Access to, utilization of and satisfaction with maternal and child health care are critical ingredients in improving maternal and child health outcomes. A preliminary review of the literature indicates three factors that may preclude a woman from seeking or continuing to use prenatal services: the physical distance that she has to travel; the psychological distance that she

may feel from her health care providers, and the confusing and frustrating system itself. Impersonal and sometimes offensive treatment of consumers also contributes to consumer dissatisfaction and under- utilization of important preventive services.

The National Friendly Access<sup>SM</sup> Program will partner with Community Coalitions to develop and implement Community Friendly Access<sup>SM</sup> Projects in accordance with National Friendly Access<sup>SM</sup> Maternal and Child Service Guidelines, mission, values, operating principles and expectations.

**The National Friendly Access<sup>SM</sup> Program has the following objectives:**

1. To create model systems for the delivery of maternal and child health services at the community level in accordance with “Friendly Access<sup>SM</sup> Service Guidelines.” Copies of these guidelines are provided in “Building a Friendly Access<sup>SM</sup> Program at the Community Level.”
2. To build a maternal and child health leadership development and quality service improvement training program for community-based, interdisciplinary teams of service providers addressing the health of mothers, infants, and young children.
3. To implement a technical assistance program for community coalitions developing Friendly Access<sup>SM</sup> demonstration programs.
4. To implement a Friendly Access<sup>SM</sup> research program that defines problems based on experience and data, investigates solutions, designs interventions to address the problems, evaluates results in community settings, and disseminates “best practices” nationally. The National Program will attempt to answer two core questions in addition to specific questions that may arise from the community projects:
  - Does improving customer service to children and pregnant women increase access to and utilization of health services, both preventive and curative?
  - Does increasing access and utilization improve certain health indicators?
5. To develop a holistic approach to the delivery of maternal and child health services by linking health care providers with social, educational, and economic service providers who work with underserved families.
6. To build a national dialogue on quality service through national and regional conferences and information exchange on the Friendly Access<sup>SM</sup> Website.

**ROLES AND RESPONSIBILITIES**

The following roles and responsibilities pertain to the signatory partners of this document.

**The National Friendly Access<sup>SM</sup> Program agrees to:**

1. Provide technical assistance to the Community Friendly Access<sup>SM</sup> Coalition to develop, implement, and evaluate the project.
2. Assist the Community Friendly Access<sup>SM</sup> Coalition in developing and training interdisciplinary teams who will lead the change process within and across their respective agencies and organizations.
3. Assist the Community Friendly Access<sup>SM</sup> Coalition in assessing its maternal and child health service delivery systems to determine their effectiveness with regard to outcomes, availability, access, utilization, quality service, health benefits, and customer satisfaction.
4. Facilitate strategic planning focused on determining root causes of problems and implementing strategies based on successful experiences in similar communities.
5. Assist the Community Friendly Access<sup>SM</sup> Coalition in designing and implementing maternal and child health service delivery systems and interventions that improve access, utilization, quality service, health benefits, and customer satisfaction.
6. Develop and implement competency-based practice curricula to strengthen the skills of practitioners involved in providing the ten essential public health services in support of healthy mothers, infants and young children.
7. Establish research programs that will assist public and private maternal and child health care programs and providers in the effective delivery of preventive health care services.
8. Create and implement a system for the dissemination of policy and practices emanating from Friendly Access<sup>SM</sup> Program research and evaluation.
9. Identify key variables related to quality maternal and child health service delivery and develop tools to evaluate the process as well as intermediate and long term outcomes of the Project.
10. Provide protocols for guiding the Project's research and evaluation studies including a copy of the Data Security Manual of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, University of South Florida
11. Assign a Project Officer to facilitate project implementation and provide technical assistance.
12. Provide National Friendly Access<sup>SM</sup> Communications guidance to assure the appropriate use of the Friendly Access<sup>SM</sup> name, logo and service mark. The Friendly Access<sup>SM</sup> Service mark must be included on all documents made available to the public. The National Program Office will provide communication procedure guidelines regarding press releases and other materials distributed to the public about the program.
13. Provide orientation and training for Coalition chair, and other Coalition members as needed.



14. Provide training for community internal team members as needed.
15. Provide training for a Community Leadership Team of up to seven individuals selected by the Coalition Steering Community. The Team will include the Project Director, the Project Evaluation Coordinator, and five other individuals who will lead and facilitate the community's strategic planning process.
16. Build upon, enhance and establish program partners that will assure ongoing support for the Community Projects as well as the National Program.
17. Collaborate with the Community Coalition to seek and secure resources needed for the continuation of their Community Project and the National Program, as well as expand the program into additional Communities that demonstrate the capacity and desire to do so.

**The National Program Office has created arbitrary labels to distinguish separate structures and processes for assuring critical functions are carried out. It will be the Coalition Steering Committee and the Founding Partners' responsibility to decide if new groups/committee, etc. need to be formed or if existing groups can assume the functions. This document describes the critical functions and responsibilities and the deliverables required.**

**Each Founding Partner, whose organization provides direct maternal and child health care and eligibility services, agrees to:**

- Maintain and support an Internal Friendly Access<sup>SM</sup> Team dedicated to the achievement of the project objectives and activities within their respective organizations. (Examples of support include release time for Friendly Access<sup>SM</sup> activities, meeting space, direct communication with management and executive leaders, etc.)

The internal teams have the following responsibilities:

1. To facilitate the established process for developing, implementing, and evaluating strategies for improving consumer access, use, and satisfaction by building quality service within their organizations.
2. To facilitate the established process for linking and integrating internal planning and intervention with the strategic plan developed by the Community Friendly Access<sup>SM</sup> Coalition.

#### Internal Friendly Access<sup>SM</sup> Teams' Structure

Ideally, Internal teams are comprised of individuals in leadership roles in the following functions within their organizations:

- Human Resources

- Facilities
- Systems/Operations
- Professional Practice
- Communications

#### Internal Friendly Access<sup>SM</sup> Teams' Responsibilities

- Participate in project training provided by the National Friendly Access<sup>SM</sup> Program.
- Facilitate the collection of data required for their organization for Friendly Access<sup>SM</sup> project evaluation.
- To the extent possible, analyze and interpret primary and secondary data specific to their own institutions to identify opportunities for improving consumer access, use and satisfaction.
- Participate in “thinking like a marketer” training of Community Friendly Access<sup>SM</sup> provided by the National Friendly Access<sup>SM</sup> Program at the community level.
- Design and implement a quality improvement plan for their organization to address service issues identified in the internal organizational baseline assessment.
- Implement and evaluate the strategies developed in the internal planning process.
- Instill quality service principles and practices in their respective organizations.
- Share with the Community Coalition and the National Friendly Access<sup>SM</sup> Program strategies developed for improving consumers' access, use, and satisfaction within their organization.
- Share with the Community Coalition and the National Friendly Access<sup>SM</sup> Program activities performed internally within the team and with the Coalition.
- Develop and implement a protocol for linking and integrating internal planning and intervention development efforts with the efforts of the Community Friendly Access<sup>SM</sup> Coalition.

#### **The Coalition Steering Committee agrees to:**

1. Submit required status reports/products to facilitate funds being released to the Administrative Coordinator. All reports and products are to be sent electronically directly to the assigned Project Officer with copies sent to the National Program Office and the Administrative Coordinator.
2. Comply with policies and procedures established regarding the use of the Friendly Access<sup>SM</sup> name and logo.
3. Adhere to previously established procedures for hiring, orienting, and supervising Coalition staff.
4. Utilize an Administrative Coordinator for the Coalition with whom the University of South Florida, on behalf of the National Friendly Access<sup>SM</sup> Program can contract to receive funding on behalf of the Coalition.

5. Maintain a senior project director, evaluation coordinator, and support staff for data collection and evaluation. The Project Director will report to the Coalition Steering Committee, as distinct from any one of the partners and will have the following functions, at a minimum:
  - Serve as a liaison between the Project and the national technical assistance team.
  - Coordinate the activities of the Coalition partners in support of this agreement.
  - Facilitate the ongoing community maternal and child health data collection for project evaluation and outcome measurement.
  - Document the Project's progress in meeting its expectations and the expectations of the National Program.
  - Supervise the Community Friendly Access<sup>SM</sup> Coalition staff.
  - Comply with communication protocols and guidelines.
  - Participate in staff orientation and training.
6. Assist the National Program Evaluation Team in ongoing community maternal and child health data collection for project evaluation as detailed in the "*Preliminary Master Plan for the Evaluation of the Friendly Access<sup>SM</sup> Program.*"
7. Maintain and support the Community Leadership Team to assure the Team's participation in the seminars conducted by the National Program Office. The Community Leadership Team is an interdisciplinary group selected by the Coalition to participate in the Leadership Seminars. The team will consist of the Project Director, the Project Evaluation Coordinator and five other individuals who will lead and facilitate the community's strategic planning process.
8. Facilitate the establishment of a data collection process and database to facilitate project research, evaluation and outcome measurement.
9. Collect and report project evaluation data according to established protocols and timelines.
10. Develop and expand the Coalition as needed for project implementation.
11. Continue to implement an action plan developed for the project period that includes:
  - Vision, mission and value statements that are consistent with those of the National Program.
  - Structure and processes for interagency strategic planning to design and implement interventions that will improve access to, utilization of and satisfaction with maternal and child health services in the Project's community.
12. Engage Community Quality Service Team members who attended the *Disney* Program in the development of the Friendly Access<sup>SM</sup> strategic plan.
13. Implement a process to conduct root cause analysis and how it might influence the design of interventions and submit a report on the result of that process.

14. Report on analysis and interpretation of baseline primary data from consumers and providers.
15. Submission of a “community analysis profile” that incorporates analyses of baseline primary data that identifies priority populations and links institutional issues related to service delivery, and detail specific successes and challenges in the access, use, and satisfaction of maternal and child healthcare consumers.
16. Draft research plan to learn more about the community priority populations and the issues they confront in accessing care.
17. Provide regular reports on work-to-date within Community Friendly Access<sup>SM</sup> Coalitions to plan additional research and interventions.
18. Draft strategic plan for addressing changes to the MCH care delivery system at the community and institutional levels.
19. Collaborate with the National Program Office to seek and secure resources needed for the continuation of their Community Project and the National Program, as well as expand the program into additional Communities that demonstrate the capacity and desire to do so.

**Data Management:**

Signatories shall agree that all data will be managed in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Founding Partners, the Coalition Steering Committee, and Coalition members and staff will comply with policies and procedures as outlined in the Data Security Manual of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, University of South Florida and in accordance with federal and state regulations. Unauthorized disclosure shall be deemed a breach of this Agreement and Agreement will be subject to termination as detailed below.

**Intellectual Property Rights:**

Publishing of results that relate strictly to a Community Friendly Access<sup>SM</sup> Project shall not be subject to approval or restriction by The University of South Florida (USF). However, the Community Friendly Access<sup>SM</sup> Coalition agrees to deliver to USF any analyses or reports prepared on the results of the Project for scholarly publication at least thirty (30) days in advance of the submission of such proposed publication or presentation to a journal, editor, or other third party for review and comment. Such publications or presentations shall not contain any project-identified proprietary information. In addition, when the results of the research are published, the Community Friendly Access<sup>SM</sup> Coalition agrees to provide USF with advance copies of the publication and acknowledge the support received from USF. The parties further agree that upon mutual agreement, employees of USF may co-author publications that relate strictly to the Community Friendly Access<sup>SM</sup> Project. Should there be a conflict concerning authorship, final determination shall be made by the Principal Investigator and the National Program Director.

Publishing of results that relate to multiple Community Friendly Access<sup>SM</sup> Projects shall not be subject to approval or restriction by individual projects. However, USF agrees to deliver to

Community Friendly Access<sup>SM</sup> Coalition any analyses or reports prepared on the results of the Project for scholarly publication at least thirty (30) days in advance of the submission of such proposed publication or presentation to a journal, editor, or other third party for review and comment. Such publications or presentations shall not contain any project-identified proprietary information. In addition, when the results of the research are published, USF agrees to provide the projects with advance copies of the publication. The parties further agree that upon mutual agreement, persons involved in Community Friendly Access<sup>SM</sup> Projects locally may co-author publications that address multiple community Friendly Access<sup>SM</sup> projects. Final authority to determine authorship shall be held by the Principal Investigator National Program Director.

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing in whole or in part, by consensus of the parties.

In the event of termination, the Community Partner and any subsidiary partner to the Project may not use the Friendly Access<sup>SM</sup> name, logo or affiliation in any of its publications or communications for internal or external consumption.

**Required Deliverable Due Dates for the Second Year (August 2003 through July 2004):**

**October 31, 2003**

A summary of project activity for August, September, and October with attachments to include:

- Statement of Project Vision, Mission, and Values developed by the Jacksonville Friendly Access<sup>SM</sup> Initiative
- Submit community access and use data statements based on initial examinations of secondary data
- List of individuals who participated in the September Leadership Seminar in Atlanta
- Report on status of ongoing primary data collection, entry, and if applicable local analysis.
- Report on training and technical assistance requested and received from the National Friendly Access<sup>SM</sup> Program Team

**January 31, 2004**

A summary of project activity for November, December, and January with attachments to include:

- Draft list of critical issues, preliminary root cause analysis, and priority issues
- Draft of interventions and investment strategies – including the logic model
- Draft Strategic Plan
- Report on status of ongoing primary data collection, entry, and if applicable local analysis.
- Report on training and technical assistance requested and received from the National Friendly Access<sup>SM</sup> Program Team

## **April 30, 2004**

A summary of project activity for February, March and April with attachments to include:

- Status of Implementation of Community Strategic Plan
- Status report on Internal Teams Progress – focus on interventions designed to improve consumers’ access and use that are not necessarily included in the Jacksonville Friendly Access<sup>SM</sup> Initiative Strategic Plan
- Report as to the structure (new or existing) and processes (new and existing) that will achieve the objectives of the “internal teams”
- Report on status of ongoing primary data collection, entry, and if applicable local analysis.
- Report on training and technical assistance requested and received from the National Friendly Access<sup>SM</sup> Program Team

## **August 31, 2004**

A summary of project activity for May, June, July and August with attachments to include:

- Progress and analysis report on Implementation of Community Strategic Plan
- The teams, their membership and roles in their institutions, their activities to date, how they relate to the Steering Board and Leadership Committee, how they have begun to integrate the Disney training into their site, and technical assistance needs they may have for the coming year.
- The Leadership Committee’s role in strategic planning, their activities to date, how they relate to the Steering Board and Leadership Committee, how they have begun to integrate the Disney training into the community strategic planning process, and technical assistance needs they may have for the coming year.
- Efforts and accomplishments in engaging and involving pediatric and child care providers and related representatives in the activities of the project.
- New or changed insights about goals and outcomes from the project – a discussion of what the Jacksonville Friendly Access<sup>SM</sup> participants and staff learned as well as what they did.
- List of individuals who participated in the Spring Leadership Seminar
- Report on training and technical assistance requested and received from the National Friendly Access<sup>SM</sup> Program Team
- Proposed Budget and Work Plan for Year 03
- Recommendations for the National Office for the upcoming year

This Memorandum of Understanding is entered into within the limits of the statutory authority of the parties to the Memorandum

### **Understood and Agreed:**

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Delores F. Jeffers, RN, MPH  
University Project Director

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Peter A. Gorski, MD, MPA  
Professor and Center Director

Lawton and Rhea Chiles Center for  
Healthy Mothers and Babies  
University of South Florida

Lawton and Rhea Chiles Center for  
Healthy Mothers and Babies  
University of South Florida

The following Founding Partners and members of the Steering Committee jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:

**Founding Partners:**

Print Name and Title: \_\_\_\_\_

Print Name of Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Print Name of Agency: \_\_\_\_\_

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**Founding Partners:**

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**Steering Committee Members:**

Print Name and Title: \_\_\_\_\_

Print Name of Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

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**Steering Committee Members:**

Print Name and Title: \_\_\_\_\_

Print Name of Agency: \_\_\_\_\_

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