

WISCONSIN COVERDELL STROKE COMMUNITY PARTNER AGREEMENT

This agreement represents our organization's interest in partnering with the Wisconsin Coverdell Stroke Program (Coverdell) to increase education and awareness on risk factors of stroke, the signs and symptoms of stroke, and the need to call 9-1-1 when stroke symptoms appear. In addition, this represents a desire to work with Coverdell and its community-based colleagues to understand and address the social determinants of health that contribute to stroke and stroke disparities and inequities.

The benefits of participating as a Coverdell Community Partner include:

- Free stroke community education materials
- Networking and community of practice opportunities with other Coverdell Community Partners
- Technical assistance to answer questions regarding stroke and stroke prevention
- Invitations to stroke education opportunities
- Recognition on the state stroke program website

Our organization agrees to take part in the following stroke-related activities:

- Provide input on, distribute and make available stroke community education materials and document number of materials distributed and to whom using provided tracking tool
- Aim to participate in at least two community of practice opportunities annually to better inform the knowledge base of addressing social determinants of health and health inequities. Activities include:
 - Virtual meetings with fellow Coverdell Community Partners (bi-annual meeting)
 - Bi-Annual Wisconsin Stroke Coalition meetings

Please identify the sector(s) which you represent (check all that apply):

<input type="checkbox"/> Health	<input type="checkbox"/> Education	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Government	<input type="checkbox"/> Business	<input type="checkbox"/> Youth
<input type="checkbox"/> Parent/Family/Caregiver	<input type="checkbox"/> Media	<input type="checkbox"/> Human Services
<input type="checkbox"/> Religious Org	<input type="checkbox"/> Service/Fraternal Org	<input type="checkbox"/> Community Activist/Volunteer
<input type="checkbox"/> Culture	<input type="checkbox"/> Housing and Development	<input type="checkbox"/> Sports and Recreation
<input type="checkbox"/> Environment	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Stroke Survivor
<input type="checkbox"/> Other:		

Please refer to <https://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/community-sectors/main> for sector descriptions

Organization Name (as should appear on Coverdell website)

Street Address	City	State	Zip Code
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Primary Contact

Phone	Email Address
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SIGNATURE – Primary Contact	Date Signed
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To participate, please complete, sign and return this memorandum of understanding to:

Chandler Hansen (she/her), Outreach Specialist, Wisconsin Coverdell Stroke Program
Wisconsin Department of Health Services
Division of Public Health, Bureau of Community Health Promotion, Chronic Disease Prevention Program

Phone: 608-225-7617

Email Address: Chandler.hansen@dhs.wisconsin.gov

You should retain a copy for your records.