1. 3:30-3:35  Introductions—All

2. 3:35-3:45  Provider Referral to Physical Activity RFP—Steve Strang & Sarah Worthington
   • New Grant Managing Software & RFP Update—Rebeckah Berry
   • Proposal Scoring Rubric—Steve Strang & Sarah Worthington

3. 3:45-4:00  Adolescent Well Care Visit and Elimination of Sport Physical Event—Steve Strang

4. 4:00-4:05  Workgroup Cross Collaboration—Rebeckah Berry
   • Clinical Cardiovascular Disease Workgroup
   • Clinical Diabetes Workgroup

5. 4:05-4:50  Continuation of Nutrition A3—Steve Strang & Sarah Worthington
   • P.I.C.K.ing—Rebeckah Berry

6. 4:50-5:00  Next Steps/Action Items—Sarah Worthington & Steve Strang

Next Meeting: Scheduled for August 28 from 3:30-5:00pm
## RHIP Cardiovascular Disease & Diabetes Updated Data

Green= Target met  
Orange= Progress  
Red= Moving in wrong direction  
* This number may be statistically unreliable and should be interpreted with caution.

### Overweight Teens

#### 8th Grade

<table>
<thead>
<tr>
<th></th>
<th>State</th>
<th>Region</th>
<th>Crook</th>
<th>Deschutes</th>
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<tbody>
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#### 11th Grade

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<td>17.4%</td>
<td>12.8%*</td>
<td>18.7%</td>
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### Adult Smoking

#### Target: 16%

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<td>2015</td>
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<td>18.0%</td>
<td>26.3%</td>
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### Teen Smoking

#### 8th Grade

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<td>2015</td>
<td>4.3%</td>
<td>3.7%</td>
<td>3.1%</td>
<td>3.5%*</td>
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#### 11th Grade

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<tr>
<td>2015</td>
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<td>4.5%</td>
<td>9.2%</td>
<td>3.4%*</td>
<td>8.8%</td>
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</table>
### Adults with no Leisure Activity

**BRFSS**

Target: 14% Crook, 12% Deschutes, 15% Jefferson

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<td>16.7%*</td>
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<tr>
<td><strong>2015</strong></td>
<td>16.8%</td>
<td>-</td>
<td>29.3%†</td>
<td>12.7%↓</td>
<td>19.3%↑</td>
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### Teens with 0 days PA

**OHT Survey**

**8th Grade**
Target: 5%

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**11th Grade**
Target: 10%

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### OHT Survey Participants

**8th Grade**

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**11th Grade**

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<tr>
<td>Katie Ahern</td>
<td>OSU Extension Service</td>
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<tr>
<td>Katie Chipko</td>
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<td>Kathy Drew</td>
<td>Gero-Leadership Alliance</td>
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<tr>
<td>Kylie Loving</td>
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<tr>
<td>Meg Moyer</td>
<td>Bend-La Pine School District</td>
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<tr>
<td>Leslie Neugebauer</td>
<td>PacificSource</td>
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<tr>
<td>Brian Potwin</td>
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<tr>
<td>Lindsey Stailing</td>
<td>Mosaic Medical</td>
<td></td>
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<tr>
<td>Steve Strang</td>
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<tr>
<td>Crystal Sully</td>
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<tr>
<td>Emily Wegener</td>
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<tr>
<td>Jess Weiland</td>
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<tr>
<td>Sarah Worthington</td>
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Request for Proposals: Provider-Based Referrals to Physical Activity for Youth

The Central Oregon Health Council’s Regional Health Improvement Plan (RHIP) Cardiovascular Disease and Diabetes Prevention Workgroup is requesting proposals for provider-based referrals and navigation or assistance to families in removal of barriers to participate in physical activities among youth ages 6 years through 18 years in Central Oregon. Our region is defined as Crook, Deschutes, Jefferson and northern Klamath County which includes the towns of Chemult, Gilchrist, and Warm Springs.

Living a sedentary lifestyle is a risk factor for cardiovascular disease and type 2 diabetes. Based on the 2015 Oregon Healthy Teens Survey in Crook and Jefferson Counties, more than one in ten 11th grade students reported having zero days of physical activity and the rates are on the rise. (No reliable data was available for Deschutes County.) The RHIP workgroup seeks to improve physical activity among youth throughout Central Oregon by increasing provider-based referrals and navigation support (removal of barriers) to increase youth participation in physical activity across the region. The workgroup is charged with addressing physical inactivity to improve diabetes and cardiovascular disease rates in Central Oregon.

The maximum grant awarded will be $150,000 for a regional project spanning two years. Awarded amounts given for non-regional projects will be prorated. Preference will be given to organizations with a demonstrated ability to reach undeserved populations and willingness to collaborate with community partners. If more than one organization is chosen it is expected that they work in partnership and share system development, partnership, and sustainability strategies with each other. The aim of the project must be to increase physical activity for youth who are under-active and provide navigation for families by removing barriers to participation. Proposals will be evaluated on regionality, ability to refer and reach underserved populations, ability to navigate and remove barriers, and the ability to meet the needs of children in areas with few options for activities.

Grantees will be required to provide project updates to the Central Oregon Health Council’s RHIP workgroup every six months until the grant period has ended. Grantees may choose to measure activity levels pre- and post-participation, number of participants, minutes of activity, demographics, positive increase in mood or behavior.

To apply, please read the attached list of instructions to complete a Letter of Intent (LOI). Completed LOIs are due August 15, 2018 and awardee(s) will be notified by September 15, 2018.

For questions, please contact:

Rebeckah Berry
COHC Project Manager
Rebeckah.Berry@cohealthcouncil.org
541.306.3523
Instructions on how to submit your proposal in response to this RFP:

1. Please visit COHC’s website at cohealthcouncil.org and click on the ‘how to apply’ link located at the top of the page. You may access this page here [ENTER LINK]
2. Click the orange ‘apply’ button
3. If you have not previously created an account, you will need to register for an account. After you register, you will be taken to a page where you will have the opportunity to enter the access code that you have been provided at the top of the page. Please be sure to enter the access code at the top of the page prior to clicking the blue apply button in order to be taken to the correct application.
4. After entering the access code, click the blue apply button. You will then be taken to the Letter of Intent (LOI) page where you will enter your response to the RFP. If you see the word ‘application’ instead of ‘LOI’ at the top left corner of the page you have been taken to, you are in the wrong spot and will need to go back and enter the access code.
5. Proceed with completing the LOI. You have been provided a series of questions below. You may provide your answers under the heading ‘Answers to RFP Questions’ near the bottom of the LOI form.

Please answer the following questions below for this specific RFP in the space provided in the LOI form.

1. Please explain how your organization is uniquely qualified to ensure this program succeed and reduces inactivity.
2. What geographic location(s) will this project reach?
3. How many youth will be reached during the span of the project?
4. How many clinics will refer during the span of the project?
5. Please explain your organization’s ability to refer to physical activities based on patients’ needs.
6. Please explain your organization’s ability to reach underserved and under resourced populations.
7. Please explain your ability to navigate barriers and connect patients to physical activities.
8. Please explain your ability to meet the needs of patients in locations with minimal activity options.
9. Please explain partnerships involved and community support for this project.
10. If you are a community organization, please explain your built relationships with primary care clinics and providers.
11. If you are a clinic, please explain your relationship and familiarity with community physical activity programs.
12. How will provider referrals be integrated into the project?
13. How will this project support families to navigate options for physical activity programs and provide other resources as needed?
14. How will you evaluate the success of the program? What data will be collected?
15. What types of physical activities will you connect patients with?
## Organization Rating Form
### Provider-Based Referrals to Physical Activity – June 2018

<table>
<thead>
<tr>
<th>Organization name</th>
<th>Reviewer</th>
</tr>
</thead>
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### OVERARCHING GOAL: REDUCING INACTIVITY
- **UNSATISFACTORY**
  - Showed no or little ability to reach overarching goal.
- **SOME DEFICIENCIES EVIDENT**
  - Minimal ability to reach overarching goal.
- **SATISFACTORY**
  - Adequate ability of reaching overarching goal.
- **EXCEPTIONAL**
  - More than adequate ability to reach overarching goal.
- **CLEARLY OUTSTANDING**
  - Outstanding ability to reach overarching goal.

### PARTNERSHIPS
- **UNSATISFACTORY**
  - Did not explain partnerships involved in this project.
- **SOME DEFICIENCIES EVIDENT**
  - Minimal partnerships involved in this project.
- **SATISFACTORY**
  - Sufficient partnerships involved in this project.
- **EXCEPTIONAL**
  - More than sufficient partnerships involved in this project.
- **CLEARLY OUTSTANDING**
  - Very strong partnerships involved in this project.

### PROJECT BUDGET
- **UNSATISFACTORY**
  - Not acceptable for the project.
- **SOME DEFICIENCIES EVIDENT**
  - Some deficiencies for the project.
- **SATISFACTORY**
  - Within satisfactory range for this project.
- **EXCEPTIONAL**
  - More than adequate for this project.
- **CLEARLY OUTSTANDING**
  - Very strong for this project.

### EXPLANATION of why their organization is uniquely qualified?
- **0**
  - Very limited or minimal explanation of their organization is uniquely qualified.
- **1**
  - Less uniquely qualified than we would prefer.
- **2**
  - Meets our expectation for being uniquely qualified.
- **3**
  - Exceeds our expectations of uniquely qualified.
- **4**
  - Thoroughly unique to make this program succeed.

### DEMONSTRATED ABILITY to have a regional reach.
- **0**
  - Very limited regional reach.
- **1**
  - Minimal, would prefer a wider reach.
- **2**
  - Adequate reach.
- **3**
  - More than adequate reach.
- **4**
  - Complete regional reach.

### DEMONSTRATED ABILITY to refer based on patient need?
- **0**
  - Did not communicate their ability to refer patients.
- **1**
  - Some concern how they will refer based on patient need.
- **2**
  - Sufficient explanation of how will refer based on patient need.
- **3**
  - More than sufficient explanation of ability to refer based on patient need.
- **4**
  - Outstanding ability to referral based on patient need.

### DEMONSTRATED ABILITY to reach underserved populations?
- **0**
  - Did not communicate their ability to reach underserved populations.
- **1**
  - Some concern how they will reach underserved populations.
- **2**
  - Sufficient ability to reach underserved populations.
- **3**
  - More than sufficient ability to reach underserved populations.
- **4**
  - Outstanding ability to referral based on patient need.

### DEMONSTRATED ABILITY to navigate barriers and connect patients to physical activity?
- **0**
  - Did not communicate their ability to navigate barriers and connect patients to physical activity.
- **1**
  - Some concern of their ability to navigate barriers and connect patients to physical activity.
- **2**
  - Sufficient ability to navigate barriers and connect patients to physical activity.
- **3**
  - More than sufficient ability to navigate barriers and connect patients to physical activity.
- **4**
  - Outstanding ability to navigate barriers and connect patients to physical activity.

### DEMONSTRATED ABILITY to meet the needs of patients in areas with minimal activity options?
- **0**
  - Did not communicate their ability to meet the needs of patients in areas with minimal activity options.
- **1**
  - Some concern of their ability to address the needs of patients in areas with minimal activity options.
- **2**
  - Sufficient ability to address the needs of patients in areas with minimal activity options.
- **3**
  - More than sufficient ability to address the needs of patients in areas with minimal activity options.
- **4**
  - Outstanding ability to address the needs of patients in areas with minimal activity options.

### INSERT SCORE

**Total**

---

Note: The table above is a structured representation of the rating form for provider-based referrals to physical activity, detailing various dimensions and their corresponding scores. This helps in evaluating the organization’s performance and qualifications against specific criteria.
**Description:** CVD Diabetes Nutrition  
**Value Stream ID:**  
**Site / Location:**  
**Event Number:**  
**Revision:**  

**Sponsor:** COHC  
**Facilitator:** Macayla Arsenault  
**Process Owner/Team Lead:**  
**Sensei:**  

### 1: REASONS FOR ACTION

**Problem:** 33% of Central Oregon adults are overweight contributing to high and growing rates of diet modifiable diseases, such as type 2 diabetes, cardiovascular disease, and some cancers.  
**Aim:** By 2019 0% of adults in Central Oregon will have a diet modifiable disease, specifically CVD and/or diabetes type 2.  
**Boundaries:** Focus will be on adults 18+ in Central Oregon  

### 2: INITIAL STATE

Age adjusted BRFSS data for CVD and Diabetes in Central Oregon 2015.  

**Cardiovascular Disease:**  
- Oregon 7%  
- Deschutes 4.9%  
- Jefferson 4.8%  
- Crook 6.3%  

**Diabetes:**  
- Oregon 8.6%  
- Crook 13.3%* Unreliable  
- Deschutes 4.8%  
- Jefferson 16%  

### 3: TARGET STATE

**Cardiovascular Disease:**  
- Deschutes 0%  
- Jefferson 0%  
- Crook 0%  

**Diabetes:**  
- Crook 0%  
- Deschutes 0%  
- Jefferson 0%  

### 4: GAP ANALYSIS

See attached Fishbone Diagram

### 5: SOLUTION APPROACH

### 6: RAPID EXPERIMENTS

### 7: COMPLETION PLAN

### 8: CONFIRMED STATE

### 9: INSIGHTS
## CVD/DIABETES PREVENTION: BOX 4 FISHBONE DIAGRAM - Nutrition

### WHAT could help us reach our aim?

- **Sugary Beverage Tax**
  - Grants for more double up vouchers for SNAP/WIC
  - Grants for health eating events
  - Recipe Apps
  - Incentives to attend/buy food at farmers market
  - Community programs that offer as incentive
  - Veggie Rx programs
  - Food demos and tastings at local food banks
  - Increase mobile food bank services
  - Meal Prep Partners

- **Work with stores on putting fruit and vegetable displays in the front**
  - Free samples of fruits and veggies. Bananas, oranges, apples.
  - Free cooking with kids classes
  - Tax incentive for food supplier to increase sales of fruits and vegetables in food deserts
  - Food Hero events at local grocers
  - Cooking demos at local grocers

- **Access to health food**
  - Free cooking with kids classes
  - Tax incentive for food supplier to increase sales of fruits and vegetables in food deserts
  - Food Hero events at local grocers
  - Cooking demos at local grocers

- **Education and Training**
  - Letters of support/editor/legislator/lobby

- **Healthy eating marketing**
  - COHC/RHIP or other entity hires marketing company to development brand and website
  - Catchphrase/slogan
  - Celebrity Partnership
  - Create videos and PSAs

### HOW do we do it?

- **Increase vegetable consumption**
  - Advocate for policy limits on density of fast food establishments
  - Worksite wellness nutrition programs
  - Food as medicine
  - Discontinue to allow SNAP to pay for sugary beverages

- **Advocate for policy limits on density of fast food establishments**
  - Incent health food restaurants to have drive thru
  - Educate community leaders on importance
  - Recruiting community champions
  - Policies around health options in restaurants
  - Policies around smaller portions in restaurants

- **Worksite wellness nutrition programs**
  - Discounted worksite CSA
  - Cooking demos at lunch time for worksites
  - Treadmill desks
  - Free gym fee or gym located at business
  - Promote lunch exercise ex. Lunch walking groups
  - Free screening of blood pressure & cholesterol
  - Healthy Recipes for staff
  - Free fruit or veggie supplied by business for snacks
  - Corporate wellness challenges
  - Employer insurance discount for nutritional habits (CSA, lowered BMI, etc.)

- **Food as medicine**
  - Veggie Rx
  - Connect high risk diagnosis clinics with local farm CSAs for their patients
  - Mobile food banks to stop at healthcare offices
  - Financial support for a menu of options, initial diagnosis with dietitian

- **Discontinue to allow SNAP to pay for sugary beverages**
  - Letters of support/editor/legislator/lobby

### AIM

By 2019 0% of adults in Central Oregon will have a diet-modifiable disease, specifically CVD/Diabetes Type 2
### Major Elements

- **Problem Statement**: A factual statement, clear, concise, hurts. Use the voice of the customer.
- **Aim**: Where we want to be, think big, reach beyond what we think we can achieve.
- **Boundaries**: Show what is in or out of scope.
- **Trigger & End**: The start and finish of a process (only applicable to processes with a clear beginning and end)

**Unclear reason - unclear action**

### Understand the Situation

- **What**: What is happening now?
- **Where**: Where does the problem occur?
- **When**: When does it occur?
- **How**: How often does it occur?
- **Who**: Who is affected?

Determine the metric for measurement and the baseline for your data.

"A problem well-defined is a problem half solved."

### Set the Target

- **Expressed in the same terms as initial state.**
- **When possible, use the voice of the customer.**
- **Aim high for the required target, not just what we think we can achieve. The Target metric must align with the metric determined in Box 2.**
- **Document how you will measure going forward.**

### Check & Course-correct

- **What we're going to try to test the hypothesis.**
- **What we tried, tested, implemented.**
- **What are the conclusions?**

If the Aim remains elusive, return to Box 4 and repeat the cycle until the Aim has been achieved.

### Suggested Tool: Reverse Fishbone

**AIM**

- **WHAT**
- **HOW**
- **WHY**

The Reverse Fishbone only works well for new problems, not existing processes.

### Suggested Tool: PICK Chart

- **Impact**
  - High impact, high effort
  - High impact, low effort
  - Low impact, high effort
  - Low impact, low effort

Plot proposed initiatives on the PICK Chart based on their perceived impact and effort. Take action based on the quadrant they land in.

### Create an Action Plan

- **Create an action plan to implement the solution**
- **Track progress and review status**
- **Small tests of change and then spread**
- **What worked, what didn’t work, review gaps - Plan, Do Check, Act (PDCA)**

<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>When</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td>Collect Dan</td>
<td>xx/xx</td>
<td>Done</td>
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### Metrics Tracking

- **Track your metrics over time to visualize trends.**
- **Verify the solution and learnings.**

When box 8 = box 3 you’ve reached your target.

### Learning

- **Share the learning so we can continually improve through the future.**
- **What worked well, what didn’t work well?**
- **What did we learn?**
- **What would we do differently?**
COHC Spring 2018 RHIP Updates

Behavioral Health Identification & Awareness
AIM: Identify and engage 100% of individuals in Central Oregon that have a behavioral health need and ensure an effective and timely response.

Recent Activities
• Voted to request PacificSource house a regional behavioral health support person.

Behavioral Health Substance Use & Chronic Pain
AIM: All Central Oregonians with a SUD that enter the hospital system including the ED will receive engagement, treatment, or harm reduction services.

Recent Activities
• Collected LOIs from organizations to employ two individuals embedded in St. Charles Bend who will support and make referrals for SUD patients.

Cardiovascular Disease & Diabetes Prevention
AIM: Cost will never be a barrier to participate in a variety of physical activities for students.

Recent Activities
• Released RFP and awarded funds for region-wide project to increase Active Modes of Transportation for youth
• Drafting RFP for region-wide project for provider-based referrals to physical activity for youth
• Began A3 to increase healthy diets in Central Oregon

Cardiovascular Disease Clinical
AIM: Reduce the rate of youth tobacco use in Central Oregon from 17.3% to 15% in 8th graders, and 23.2% to 20% in 11th graders.

Recent Activities
• Discovered few resources exist for helping teens quit tobacco. Held focus groups and determined those resources were not well-received.
• Pursuing more information regarding the work of school-based health centers in reference to tobacco.

Diabetes Clinical
AIM: 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%

Recent Activities
• All A1c algorithms completed
• Preparing comprehensive diabetes materials roll-out events in three locations (Bend, Madras, Prineville) in September for all healthcare providers.
• QIM grant clinics are being trained and processes are being put in place for Point of Care A1c testing.
• Funded Initiative: High Desert Food & Farm Alliance Veggie Rx Pilot
Oral Health
Recent Activities
- Cross proposal with Diabetes Workgroup
- Launch New A3 – Oral Health for the older adult
- Launch New A3 – Integration with Primary Care initiative

Reproductive Maternal Child Health
AIM: Prevent Unintended Pregnancies
Recent Activities
- Released RFP for Unintended Pregnancies media campaign
- Partnered with Power to Decide to bring a One Key Question training to Central Oregon
- Partnering with Milestones workgroup on Early Learning pathways

SDOH: Housing
AIM 1: Central Oregon communities have sufficient, actionable data to guide direction, establish priorities, support regional solutions and bring a call to action to mobilize citizens to create a healthier Central Oregon.
AIM 2: The approximately 200 chronically homeless and/or high utilizers in Central Oregon will be stabilized and supported to achieve well-being.
Recent Activities
- Began work on homelessness prevention A3.
- Funded Initiatives: Sisters Habitat for Humanity, Sisters Cold Weather Shelter, Redemption House, Jericho Road, Thrive

SDOH: Milestones to Health & Education
AIM 1: Central Oregon children become more resilient
AIM 2: Every Central Oregonian thriving in the face of diversity
AIM 3: Children in Central Oregon have lifelong health and learning challenges due to lack of early identification and access to services
AIM 4: Every child in kindergarten has the early literacy skills to be ready to learn
Recent Activities
- Nurturing 3 subgroups; Literacy, Social and Emotional, Access to Integrated Services (TRACEs part of Social and Emotional subgroup)
- Literacy team partnering with Equity Team around reading program proposal
- TRACEs awarded $2m by COHC Board of Directors
- Partnering with Reproductive Maternal Child Health on Early Learning Pathways