Prevention Goals:
1. Increase awareness of the risk factors for cardiovascular disease including tobacco use, uncontrolled hypertension, high cholesterol, obesity, physical inactivity, unhealthy diets, and diabetes.
2. Decrease the proportion of adults and children at risk for developing type 2 diabetes.

<table>
<thead>
<tr>
<th>Health Indicators by 2019</th>
<th>QIM Measure</th>
<th>State Measure</th>
<th>Healthy People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decrease the prevalence of adults who report no leisure time physical activity from 16% in Crook County, 14% in Deschutes County and 17% in Jefferson County to 14%, 12%, and 15%, respectively (Baseline: Oregon BRFSS, 2010-13).</td>
<td></td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>2. Decrease the prevalence of 11th graders and 8th graders who 0 days of physical activity from 11% and 6% to 10% and 5%, respectively (Baseline: Oregon Healthy Teens, 2013).</td>
<td></td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>3. Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>4. Decrease the prevalence of 11th graders and 8th graders who are overweight from 14% and 16%, respectively, to 13% and 14%, respectively (Baseline: Oregon Healthy Teens, 2013).</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>5. Decrease the percentage of OHP participants with BMI greater than 30 from 31.5% to 30.9% (Baseline: Oregon State Core Performance Measure, MBRFSS 2014).</td>
<td></td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>

1. 3:30 Introductions—All
2. 3:30-4:30 Provider Referral to Physical Activity RFP Discussion & Vote—Steve Strang & Sarah Worthington
   - Review & Discuss Aggregated Scores
   - Compare/Contrast Individual Submissions (Children’s Forest, Mosaic, & Weeks FM)
   - Potential Vote
3. 4:30-4:45 Discuss & Potential Vote on “Implement” for Nutrition A3—Rebeckah Berry
4. 4:45-4:55 Walking School Bus Program Update—Brian Potwin
5. 4:55-5:00 Workgroup Cross Collaboration—Rebeckah Berry
   - Behavioral Health: Identification & Awareness
   - Behavioral Health: Substance Use & Chronic Pain
6. 5:00 Next Steps/Action Items—Sarah Worthington & Steve Strang
   - Next Meeting: 9.25.18 from 3:30-5:00pm
<table>
<thead>
<tr>
<th>Cardiovascular Disease/Diabetes (13)</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katherine Ahern, MS</td>
<td>Oregon State University</td>
</tr>
<tr>
<td>Chelsie Carter</td>
<td>PacificSource</td>
</tr>
<tr>
<td>Katie Chipko</td>
<td>Children's Forest</td>
</tr>
<tr>
<td>Kathy Drew</td>
<td>Gero-Leadership Alliance</td>
</tr>
<tr>
<td>Kylie Loving</td>
<td>Crook County Health Department</td>
</tr>
<tr>
<td>Meg Moyer</td>
<td>Bend-La Pine School District</td>
</tr>
<tr>
<td>Brian Potwin</td>
<td>Commute Options</td>
</tr>
<tr>
<td>Lindsey Stailing</td>
<td>Mosaic Medical</td>
</tr>
<tr>
<td>Steve Strang, MPH, MBA</td>
<td>Mosaic Medical</td>
</tr>
<tr>
<td>Crystal Sully</td>
<td>Deschutes County Health Services</td>
</tr>
<tr>
<td>Emily Wegener</td>
<td>Jefferson County Health Department</td>
</tr>
<tr>
<td>Jess Weiland</td>
<td>High Desert Food &amp; Farm Alliance</td>
</tr>
<tr>
<td>Sarah Worthington, MPH, RD</td>
<td>Deschutes County Health Services</td>
</tr>
<tr>
<td>EXPLANATION of why their organization is uniquely qualified?</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Very limited or minimal explanation of their organization is uniquely qualified.</td>
<td>0</td>
</tr>
<tr>
<td>Meets our expectation for being uniquely qualified.</td>
<td></td>
</tr>
<tr>
<td>Clear outstanding ability to address the needs of patients in areas with minimal activity options.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEMONSTRATED ABILITY to have a regional reach.</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very limited regional reach.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Adequate reach.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete regional reach.</td>
</tr>
<tr>
<td>More than adequate reach.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEMONSTRATED ABILITY to refer based on patient need?</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not communicate their ability to refer patients.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Sufficient explanation of how will refer based on patient need.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than sufficient explanation of ability to refer based on patient need.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEMONSTRATED ABILITY to reach underserved populations?</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not communicate their ability to reach underserved populations.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Sufficient ability to reach underserved populations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than sufficient ability to reach underserved populations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEMONSTRATED ABILITY to navigate barriers and connect patients to physical activity?</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not communicate their ability to navigate barriers and connect patients to physical activity.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Sufficient ability to navigate barriers and connect patients to physical activity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than sufficient ability to navigate barriers and connect patients to physical activity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEMONSTRATED ABILITY to meet the needs of patients in areas with minimal activity options?</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not communicate their ability to address the needs of patients in areas with minimal activity options.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Sufficient ability to address the needs of patients in areas with minimal activity options.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than sufficient ability to address the needs of patients in areas with minimal activity options.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERARCHING GOAL: REDUCING INACTIVITY</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showed no or little ability to reach overarching goal.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Adequate ability to reach overarching goal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than adequate ability to reach overarching goal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTNERSHIPS</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not explain partnerships involved in this project.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Minimal partnerships involved in this project.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than sufficient partnerships involved in this project.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECT BUDGET</th>
<th>UNSATISFACTORY</th>
<th>SOME DEFICIENCIES EVIDENT</th>
<th>SATISFACTORY</th>
<th>EXCEPTIONAL</th>
<th>CLEARLY OUTSTANDING</th>
<th>INSERT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not acceptable for the project.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Some deficiencies for the project.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than adequate for this project.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total _____________
Grant LOI

LOI Process - Central Oregon Health Council Application

Children's Forest of Central Oregon
Rx to Move: Expansion

<table>
<thead>
<tr>
<th>LOI Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Requested</td>
</tr>
<tr>
<td>$20,000.00</td>
</tr>
<tr>
<td>Contact Phone</td>
</tr>
<tr>
<td>541-383-5592</td>
</tr>
<tr>
<td>Contact Email</td>
</tr>
<tr>
<td><a href="mailto:katie@childrensforestco.org">katie@childrensforestco.org</a></td>
</tr>
<tr>
<td>Organization Address</td>
</tr>
<tr>
<td>63095 Deschutes Market Road</td>
</tr>
<tr>
<td>Bend, OR 97701</td>
</tr>
<tr>
<td>Website</td>
</tr>
<tr>
<td><a href="http://cohealthcouncil.org/">http://cohealthcouncil.org/</a></td>
</tr>
</tbody>
</table>

A3 Metric:

Pillar 10 Vital Condition:
**Letter of Intent (LOI)**

**Today's date - LOI***

08/14/2018

**Investment/Project Name***

_Name of Project._

Rx to Move: Expansion

**Amount requested***

_Total amount of funds requested from the COHC for this project._

$20,000.00

**Funding Match***

_Are you seeking any funding matches or additional contributions to support your project? If so, provide the amount and organization/entity name that will be providing the match. If you are not seeking a match, please write_

The Children’s Forest of Central Oregon will provide $13,700 in project match, from the following proposed sources:

- U.S. Forest Service: $6,500 for project coordination by CFCO Executive Director and TRACK trail development (Secured)
- City of Prineville: $2,000 for TRACK trail development (Not secured)
- Heart of Oregon Corps (in-kind): $2,000 for TRACK trail development (Secured)
- Children’s Forest of Central Oregon: $1,200 for facilitation of community events (Secured)
- Other Sources TBD: $2,000 for TRACK trail development (Not secured)

**Counties included in project***

_Which of the following counties will your project include?_

Crook
Jefferson
Project Description/Overview*

Please briefly describe your project.

The Children’s Forest of Central Oregon (CFCO) respectfully requests $20,000 from the Central Oregon Health Council to support a Central Oregon launch of the successful national program, Kids in Parks. This project will inspire kids and families from Crook and Jefferson Counties to be physically active through hiking and nature exploration. Recent studies show that, on average, kids spend 7.65 hours per day “plugged-in” and only an average of 7 minutes per day in unstructured outdoor play. The Kids in Parks program grew out of a vision to address these trends by getting kids “unplugged” and physically active in parks for their health and the health of our parks. The program began in North Carolina and has expanded to include 160 TRACK Trails in 10 states, reaching approximately 375,000 kids since 2009. Endorsed by the American Academy of Pediatrics and recognized by the White House with a “Let’s Move! Champion of Change” award, the Kids in Parks program includes both a network of TRACK trails, which are family-friendly, self-guided adventures, and TRACK Rx, a system in which healthcare providers prescribe time outdoors, utilizing TRACK trails and other self-guided adventures.

This project will include three components:
- Youth and Family Advisory Councils: CFCO will form Advisory Councils in Crook and Jefferson Counties, made up of 10-15 members, which meet 3-4 times during the project. Advisory Councils will provide input and oversight into the planning and implementation of the project, focusing on creating strategies and policies to foster community awareness, engagement, and investment in the project.
- TRACK Trails development: CFCO will partner with city and land management agencies to designate five TRACK trails (3 in Prineville and 2 in Madras), creating kiosks, specialized signage, and self-guided “adventures” for each site, which include fun games and educational activities that provide deeper engagement with nature. Youth can earn up to six prizes for registering their adventures through the Kids in Parks website, providing valuable data about the program’s success and users.
- Track Rx program: CFCO will form partnerships with local healthcare providers, offering materials and resources for pediatricians to prescribe time outdoors, utilizing TRACK Trails and other self-guided activities. Track Rx prescription pads feature a unique 9-digit serial number, providing data tracking for the fulfillment of the Rx by the patients, creating a closed loop referral system for each participating healthcare provider.

Launching the Kids in Parks program in Crook and Jefferson Counties will provide a much-needed resource to promote healthy behaviors and physical activity for underserved youth and families. This project will bridge the healthcare community, local parks and trails, and community partners to develop systems that promote increased engagement with natural areas. This project stands out because it promotes engagement and connection with the outdoors, while also incentivizing participation through encouragement from healthcare providers and prizes for participants. Next, the high initial launch investment will sustain this project at a low cost into the future, ensuring its long-term success.

Project Goals*

Please concisely describe the goals of this project.

The goals of the project are to:
- Increase physical activity among youth in Crook and Jefferson Counties by promoting active time outdoors, resulting in improved diabetes and cardiovascular disease rates in Central Oregon
- Develop a system that increases provider-based referrals for physical activity and time outdoors and enhances collaboration between clinics and the community

The targeted measurable outputs and short-term outcomes for the project are:
- At least 10 healthcare providers are actively referring patients to the program, defined as referring at least 50 youth to the program over 2 years
- At least 300 youth complete 1 TRACK trail activity, with at least 40% being first-time visitors to the park or trail
- At least 50% of participants return for a second adventure and at least 35% return for a third

Additionally, CFCO has the long-term goal to sustain this project beyond the project period, maintaining the TRACK trail system in Crook and Jefferson Counties, and continuing to support healthcare providers to make referrals. Based on the success of the program, CFCO also plans to expand the program and create additional TRACK trails and recruit additional clinics to participate in future years.

**Duration of grant**

*How long do you anticipate your project will last?*

Two years

**Duration of grant (other)**

*If you selected 'other' for duration of grant in the question above, please provide details here.*

**Answers to RFP Questions**

*If you are responding to an RFP and have been provided a series of questions to answer, use the space below to provide your answers. Please refer to the RFP and ensure you have answered all of the questions. LOIs that do not address every question may be disqualified.*

The Children’s Forest of Central Oregon’s (CFCO) mission is unite our community to inspire a lifelong connection to nature for all kids. CFCO is a network of 24 partners representing education, health care, non-profits, public lands, and recreation. Our main program areas are:
- Environmental Education Programs
- Services for Schools (including funding for field trips)
- Family nature programs
- After-school programs that promote increased physical activity

The Children’s Forest of Central Oregon has demonstrated a high level of success for implementing collaborative projects with diverse stakeholders and partners since our founding. With CFCO providing coordination, we have the capacity to successfully implement this project, due to the high level of trust and expertise within our network. CFCO’s nature and health committee, which has representation from the Central Oregon Health Council, county
health departments, park and recreation districts, and health clinics (including Mosaic Medical, High Lakes Health Care, and COPA), will provide project oversight. These partnerships will ensure engagement by the healthcare communities in Crook and Jefferson Counties.

This project focuses on Crook and Jefferson Counties, which have the highest rates of overweight teens and teens that report zero days of physical activity in Central Oregon. If the program is successful, CFCO would like to expand to Deschutes County in future years. This project will reach at least 300 youth who track completion of a TRACK trail on the Kids in Parks website. Additional youth will be reached beyond the project period as providers continue to refer youth to the program and communities continue to access the TRACK trails.

The project will build relationships with Mosaic Medical (including School-based Health Centers), St. Charles Family Care, and Madras Medical Group. Our goal is to build deep investment into the program by at least 10 providers, who actively refer patients to the program over the 2 year project period and beyond. In order to build this investment, CFCO will meet one-on-one with providers and clinics to build awareness about the program and share resources. CFCO will provide TRACK Rx brochures and “trailhead” signs for each participating clinic. Additionally, each provider will receive their own TRACK Rx prescription pad, featuring unique 9-digit codes, allowing CFCO to provide personalized data about patients who complete TRACK trail activities back to providers.

Guidelines for the target audience for providers will align with the goals of the Regional Health Improvement Plan. Providers will be encouraged to refer school-aged patients who report zero days of physical activity, as well as those who are overweight. Additionally, providers will be encouraged to refer patients that are under resourced and have limited access to physical activities. Given that there is no cost to participate in the TRACK trail activities, providers can refer other patients who they think would benefit or enjoy the program. Participation in the TRACK trails is also open to the general public who encounter the trails and activities in the community.

The Kids in Parks program eliminates many of the barriers to physical activity, as accessing parks and trails is free, and no special equipment is needed to spend time in nature. CFCO will work with the City of Prineville and the City of Madras to select trails that are accessible and either in city limits, or within a short drive. In Prineville, city managers are interested in developing the Barnes Butte Trail, Crooked River Wetlands Complex trails, and Ochoco Creek Park as TRACK trails, all of which are very accessible. The Barnes Butte Trail neighbors Barnes Butte Elementary, providing great access for students and Kids Club members.

The Kids in Parks program design also helps to make the outdoors more accessible to those who might perceive it to be too difficult, potentially dangerous, or unexciting. TRACK trails are introductory-level, family-friendly trails that are equipped with self-guided materials designed to make the experience more educational, enjoyable, and fun. Participation is also incentivized through encouragement from their healthcare provider and prizes that they earn, which include nature journals, patches, bandanas, magnifying glasses, and more. Each TRACK trail features 2-3 activities which could include Nature’s Hide and Seek, Animal Athletes, and Scavenger Hunts. Kids in Parks works closely with each site manager to tailor activities to the site’s opportunities and unique features. These activities each include a self-guided brochure that is available at the kiosk, or to download at the Kids in Parks website.

The Kids in Parks program materials will also help to youth and families to navigate through their options for accessing TRACK trails and activities. The TRACK Rx brochures include regional maps for the TRACK trails in their area, plus information on how to track their adventures and receive prizes. Additionally, the Kids in Parks website has a map and search feature to find TRACK trails in your area, with trail descriptions, directions, and information
about the activities for that site. In addition to these paper and online resources, CFCO will provide a phone number to answer questions about the program. CFCO will also work closely with Community Health Workers (when applicable) to make sure they are familiar with the program and the TRACK trails in their community, providing an additional resources for information.

This project helps to meet the needs of communities that have fewer options for physical activity. The Kids in Parks program builds off of existing trails and parks to provide fun options for self-guided outdoor adventures for kids and families. This new resource will compliment more traditional programs that provide physical activity, like sports and fee-based recreation programs, and also provides avenues for families to recreate together. The TRACK trails will continue to be a part of these communities into the future, without the need for significant financial resources, sustaining the impact of the initial investment.

The Kids in Parks Central Oregon pilot is rich in partnerships. To develop the TRACK trails, CFCO will partner with the City of Madras and City of Prineville to select sites, develop program materials, and build kiosks. The City of Prineville has expressed strong interest in the project, with the City Engineer/Public Works Director committed to the project. Crook County On-the-Move and the Ochoco National Forest are also committed partners for the project. CFCO will launch the project in Prineville, and work to develop partnerships in Madras as the project progresses. CFCO will also develop partnerships with local schools and Kids Clubs to encourage youth to utilize the TRACK trails in their community during the school day and in after-school and summer programs. CFCO already has strong relationships with Crook County School District and Jefferson County School District, who utilize CFCO’s resources to support field trips and outdoor learning.

Within the healthcare community, CFCO has had a strong partnership with Mosaic Medical for a number of years. Mosaic Medical has a seat on CFCO’s Board, serves on CFCO’s nature and health committee, regularly promotes CFCO’s programs, and has partnered in offering CFCO’s Kids On-the-Move afterschool program. Mosaic Medical is committed to advancing the goals of the project, and incorporating this program into their systems for Rx to Move, as appropriate. We see this program as complimentary to Rx to Move, rather than duplicative, as Rx to Move focuses on sports and recreation programs, and Kids in Parks focuses on self-guided outdoor activities, which might appeal to a different audience. CFCO will build relationships with St. Charles Family Care and Madras Medical Group, utilizing the connections on our nature and health committee and building personal connections through one-on-one meetings with providers.

CFCO will also form Youth and Family Advisory Councils to provide input and oversight to the planning and implementation of the project. Their focus will be to create strategies and policies to foster community awareness, engagement, and investment in the project. Families that participate will be provided a stipend of $100 to help compensate for their time and investment in the project.

Success of the program will be evaluated based on:
- number of youth that participate
- return rate of participants to complete additional activities
- number of healthcare providers that regularly refer patients to the program

One of the advantages of tapping into the Kids in Parks national model is the ability to utilize their data tracking system. Each youth that is referred to the program receives a prescription that has a unique code. The 9-digit code includes a 3-digit marker for the clinic, provider, and patient. When the child completes a TRACK trail activity, they enter this code into the Kids in Parks website and answer a series of questions including:
- number of days and minutes that they are physically active in nature each week
- if they’ve visited the park or trail before
- average number of hours of screen time each day
- favorite part about the activity
- if they plan to return or do another TRACK trail

Additionally, youth that didn’t receive a referral can also track their participation on the Kids in Parks website. As the administrator, CFCO can access this data and provide regular reports to clinics and providers, as well as annual reports about total participation. This closed-loop system is essential for maintaining buy-in by providers, as they see the impact of their referrals. Finally, CFCO will conduct interviews with referring providers to monitor success of the program and make improvements, as needed.

**Other information LOI**

*Is there anything else you would like us to consider with respect to your LOI?*

We encourage reviewers to visit the national Kids in Parks website (www.kidsinparks.com) to familiarize themselves with the program. Thanks for your consideration!
LOI Files

Applicant File Uploads

No files were uploaded
Grant LOI
LOI Process- Central Oregon Health Council Application

Mosaic Medical
Rx to Move: Expansion

<table>
<thead>
<tr>
<th>LOI Snapshot</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Requested</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>Contact Phone</td>
<td>541-383-3005</td>
</tr>
<tr>
<td>Contact Email</td>
<td><a href="mailto:angela.saraceno@mosaicmedical.org">angela.saraceno@mosaicmedical.org</a></td>
</tr>
</tbody>
</table>
| Organization Address | 600 SW Columbia  
                          Suite 6000  
                          Bend, OR 97702 |
| Website            | http://cohealthcouncil.org/ |

A3 Metric:

Pillar 10 Vital Condition:
Letter of Intent (LOI)

Today's date - LOI*

08/13/2018

Investment/Project Name*

Name of Project.

Rx to Move: Expansion

Amount requested*

Total amount of funds requested from the COHC for this project.

$100,000.00

Funding Match*

Are you seeking any funding matches or additional contributions to support your project? If so, provide the amount and organization/entity name that will be providing the match. If you are not seeking a match, please write

N/A

Counties included in project*

Which of the following counties will your project include?

Crook
Deschutes
Jefferson

Project Description/Overview*

Please briefly describe your project.

Oregon youth appear to fall far short of the physical activity recommendations of the CDC with less than a third of the 8th graders reporting that they were physically active at least 60 minutes each day of the week. Rx to Move was created to increase the total number of young people participating in physical activity by removing any
barriers a family may have to participate. Any child who indicated that they had limited physical activity or had symptoms of depression, diabetes, or weight issues are referred to participate by their pediatrician.

**Project Goals**

*Please concisely describe the goals of this project.*

The goal of Rx to move is to increase physical activity levels for children between the ages of 6-18 by removes financial and transportation barriers for low income children and their families.

**Duration of grant**

*How long do you anticipate your project will last?*

Two years

**Duration of grant (other)**

*If you selected 'other' for duration of grant in the question above, please provide details here.*

**Answers to RFP Questions**

*If you are responding to an RFP and have been provided a series of questions to answer, use the space below to provide your answers. Please refer to the RFP and ensure you have answered all of the questions. LOIs that do not address every question may be disqualified.*

As a nonprofit community health center serving Crook, Deschutes and Jefferson counties, Mosaic Medical is governed by a patient majority board of directors. Mosaic Medical proudly provides primary care services to individuals and families regardless of income or insurance status. Our services are highly responsive to patient and community needs in demonstration of our commitment to our mission to improve the health and well-being of the individuals, families and communities we serve. Mosaic’s services include behavioral health, nutrition, pharmacy, insurance enrollment, interpreting services and community health worker (CHW) services. Mosaic has two dedicated pediatric CHWs that act as a bridge between Mosaic and community organizations to break down barriers faced by children and families. We significant prior experience operating special funds to support identified patient needs. Mosaic Medical is uniquely qualified to ensure this program succeeds and reduces inactivity as a primary care provider operating operates 15 clinics and school-based health centers across Central Oregon.

Over the last 18 months, 4,457 patients between ages 6-18 were seen by Mosaic Medical Providers in Central Oregon. There are currently 150 children on the waiting list for the next cycle of Rx to Move with additional referrals coming in every day. With additional financial support provided by the Central Oregon Health Council we plan to continue to offer Rx to Move to Mosaic Medical patients ages 6-18 at family practice locations and all of our school-based health centers which reach children in Bend, Redmond, Madras and Prineville.
Rx to Move began as short pilot project to trial provider based referral to physical activity. We developed a process where our pediatric providers referred children between the ages of 6-18 in need of increasing their level of physical activity to the community health worker for assistance in program navigation and barrier removal. The purpose of this program is twofold:

1. Identify youth at greater risk to cardiovascular disease/diabetes in the future due to a lack of routine physical activity
2. Connect youth with area programs and resources to increase physical activity with the hope that we help children create a positive relationship with and a lifelong habit of physical activity

Youth were and will continue to be identified for the Rx to Move program through well child visits, sick visits, and behavioral health appointments. Children are enrolled in Rx to Move when providers submitted a referral via the electronic health record to identify youth for this program. At the time of appointment the parent/guardian completes an enrollment form and then a Community Health Worker (CHW) begins to work with the family in an effort to connect the youth to a movement activity of their preference by leveraging available community based resources and Rx to Move. CHWs support children and families with all aspects of activity participation including activity selection, payment assistance, information gathering and application assistance, financial assistance such as access to needs based assistance/scholarship programs, equipment purchase, and evaluation of transportation needs all in an effort to eliminate barriers to activity participation. Once the child is connected to an activity, the pediatric team will follow up with parents six- eight weeks later to determine if there are additional needs. CHWs request that parents/guardians complete a post program survey at that time.

Provider referrals to activities have been easy to navigate thanks to our electronic health record. Program participation is not limited by income, insurance status or disease state and enrollment in a specific sport or activity is not required. This allows for a program that is easy for providers to recommend and highly flexible to the needs of youth and their families leading to greater success in participant engagement.

Community Health Workers are well equipped to support youth access to physical activity because they are already the resource brokers for children and families within the clinic and have strong relationships with area partners and deep community awareness of available resources and programs. In areas where a child’s activity may be limited due to a gap in program offerings, CHWs have creatively problem solved with families by providing funds for transportation or brainstorming engagement in lifelong or independent sports such as walking, hiking or swimming and assisting with equipment purchase, research and talking through how to initiate this new hobby. By not restricting participation to set programs and sports, we have built in the flexibility to respond to the specific needs of children and families across our tri-county service area.

While there are a variety of programs, activities and resources in the region we realize each community’s available resources are different and that some children and families find these resources and programs difficult to navigate. Mosaic is engaging interested partners in an effort to share information and further break down barriers to youth participation. An example of this effort is that Mosaic Medical recently executed a memorandum of understanding (MOU) with Bend Parks and Recreation Department to allow for third party verification of financial need to expedite family access to needs based assistance dollars offered by Bend Parks and Rec. This MOU allows for our CHWs to review financial need information as collected by our sliding scale process and identify and certify families qualifying for Needs Based Assistance with Bend Parks and Recreation. We have agreements with Crook County Parks and Recreation and the Madras Aquatic Center to facilitate information exchange and execute payments as needed to support a child’s access to activity. Mosaic Medical CHWs also have strong relationships with FAN advocates in area schools and will use this relationship to leverage available scholarship funds such as the Every
Kid Fund that they have access to. During the pilot phase of Rx to Move, Mosaic demonstrated success in partnering with private and public entities to enroll youth in programming: Parks and Recreation programming, gym memberships and personal training, as well as special interest activities including but not limited to martial arts, dance, park core, and gymnastics.

Mosaic Medical’s providers use the electronic health record (EHR) and referrals module to initiate provider referrals to activity. The use of the health record to facilitate referrals makes tracking youth referrals and reporting data about the program very easy to accomplish. We are able to report participant demographic information such as age, insurance type, race/ethnicity, location and health condition/disease prevalence using EHR. We use a simple survey (available in English & Spanish) that compares pre and post days of physical activity rates, activity completion rates, days and self-reports participant engagement. We also offer parents/guardians a simple strongly agree- to strongly disagree scale assessment to evaluate the program’s success at increasing days of activity and the impact of increasing physical activity on the youth’s overall well-being, mood and behavior. Success of this program will be measured by referral volumes, connectivity rates and reported survey data. Patient stories are also collected to help illuminate success. Our hope is that we can connect 75% of children identified by a provider as benefiting from a movement activity with Rx to Move services. We look forward to providing this program over the next two years to positively improve the health outcomes of the children in our region.

Other information LOI

Is there anything else you would like us to consider with respect to your LOI?
LOI Files

Applicant File Uploads

No files were uploaded
Grant LOI

LOI Process- Central Oregon Health Council Application

Weeks Family Medicine
Provider - Based Referrals to Physical Activity for Youth

<table>
<thead>
<tr>
<th>LOI Snapshot</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Requested</td>
<td>$150,000.00</td>
</tr>
<tr>
<td>Contact Phone</td>
<td>541-678-5277</td>
</tr>
<tr>
<td>Contact Email</td>
<td><a href="mailto:wfmmisty@gmail.com">wfmmisty@gmail.com</a></td>
</tr>
<tr>
<td>Organization Address</td>
<td>2564 NE Courtney Drive Bend, OR 97701</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://cohealthcouncil.org/">http://cohealthcouncil.org/</a></td>
</tr>
</tbody>
</table>

A3 Metric:

Pillar 10 Vital Condition:
Weeks Family Medicine

Note: * indicates required questions

Letter of Intent (LOI)

Today's date - LOI*

08/15/2018

Investment/Project Name*

Name of Project.

Provider - Based Referrals to Physical Activity for Youth

Amount requested*

Total amount of funds requested from the COHC for this project.

$150,000.00

Funding Match*

Are you seeking any funding matches or additional contributions to support your project? If so, provide the amount and organization/entity name that will be providing the match. If you are not seeking a match, please write

N/A

Counties included in project*

Which of the following counties will your project include?

Crook
Deschutes
Jefferson
Northern Klamath

Project Description/Overview*

Please briefly describe your project.

"Seeking to improve physical activity among youth throughout Central Oregon by increasing provider based referrals and navigation support to increase youth participation in physical activity across the region."
Project Goals*

*Please concisely describe the goals of this project.*

"The aim of the project is to increase physical activity for youth who are under-active and provide navigation for families by removing barriers to participation." While also addressing physical inactivity to improve diabetes and cardiovascular disease rates in Central Oregon and surrounding counties.

Duration of grant*

*How long do you anticipate your project will last?*

Two years

Duration of grant (other)

*If you selected 'other' for duration of grant in the question above, please provide details here.*

N/A

Answers to RFP Questions

*If you are responding to an RFP and have been provided a series of questions to answer, use the space below to provide your answers. Please refer to the RFP and ensure you have answered all of the questions. LOIs that do not address every question may be disqualified.*

1. Please explain how your organization is uniquely qualified to ensure this program succeed and reduces inactivity.

   - Our practice is unique due to the variety of providers on staff; including Behavioral Health counseling, Massage Therapists, a certified Life Coach, yoga instructors, FNP's, PA's and MD. We also see large populations of patients as an encompassed Family Practice with Obstetrics and Urgent Care all in one place, 7 days a week.

2. What geographic location(s) will this project reach?

   - Currently our practice reaches all corners of Central Oregon with patients from counties in Deschutes, Jefferson, Grant, Harney, Lake, Crook, Northern Klamath, and Wasco counties to name a few.

3. How many youth will be reached during the span of this project?

   - As of today our practice provides care for over 1,600 youth ages 6-18, and services to over 850 children from birth to 5 years of age.

4. How many clinics will refer during the span of the project?
- Our one clinic, open 7 days a week, with 9 providers.

5. Please explain your organizations ability to refer to physical activities based on patients needs.

- We are a family practice who see the target population of patients multiple times a year, due to the established relationships with our patients we have an uncapped referral potential. Currently we refer to Synergy Health who has a 5k/10k training program and Healing Reigns that supports physical, emotional and mental health. We plan to extend our goals further and partner with additional community businesses, schools, and programs as needed to address our patient’s needs.

6. Please explain your organizations ability to reach under served and under resourced populations.

- Our patient base is over 50% Medicaid and we have also recently applied for the More Care grant to treat patients overall health. We also have a certified interpreter on staff and an OHP assister to assist any patients who are needing access to healthcare and/or insurance.

7. Please explain your ability to navigate barriers and connect patients to physical activities.

- Weeks Family Medicine connects patients with access to healthcare by assisting with OHP applications and renewals, we advocate for minority populations by having a certified interpreter on staff for those who do not speak English, partnering/sponsoring/supporting individuals and local businesses, providing a monthly newsletter for rural patients that are unable to commute and initiating community activity challenges. Lastly, we can push communications and reminders via social media, our patient portal, and in office regarding healthy challenges, community activities or local sporting leagues.

8. Please explain your ability to meet the needs of patients in locations with minimal activity options.

- We are excited to host and/or sponsor a health and wellness/field at local schools in our rural communities.

9. Please explain partnerships involved and community support for this project.

- Plan to partner with local schools, boys/girls club, CCO, Bend Park and Rec, local businesses.

10. If you are a community organization, please explain your built relationships with primary care clinics and providers.

- Not applicable.

11. If you are a clinic, please explain your relationship and familiarity with community physical activity programs.

- We currently provide sports physicals for all of our adolescent age patients for all sports and are familiar with Boys and girls club, Bend Park and rec and Multi-Sport camp with ACTive kids.

12. How will provider referrals be integrated into the project?
- Implement a new workflow that alerts providers to address patient’s activity status at all Annual screening appointments or well child checks. Create a template that requires that any youth patient who has a diagnosis of cardiovascular disease or diabetes automatically be referred to the program.

13. How will this project support families to navigate options for physical activity programs and provide other resources as needed?

- Compiles a list of available resources into one space for parents, provides resources by Facebook/social media integration, patient portal communication, monthly newsletters, mailers, phone outreach and monetary sponsorship as needed.

14. How will you evaluate the success of the program? What data will be collected?

- Parent evaluation for 6-12 year old and patient evaluation for 13-18 years of age. Feedback and improvement ideas from referral sources.

15. What types of physical activities will you connect patients with?

- We aim to explore all realms of physical, therapeutic and mental health activities. With continuing and/or establishing partnerships with some of the following resources Synergy health, local kid’s center, elementary outreach, rural festivals and healing reigns. For example, mommy and me yoga, sporting sponsorship’s, etc.

**Other information LOI**

*Is there anything else you would like us to consider with respect to your LOI?*

Weeks Family Medicine shows great enthusiasm for the implementation of whole body care, and is excited to support, educate and assist our patients on all platforms of their wellbeing.
LOI Files

 Applicant File Uploads

 No files were uploaded
## Description

**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 type 2 diabetes.

**Boundaries:** Focus will be on adults 18+ in Central Oregon

---

### 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%

---

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

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

---

See attached Fishbone Diagram
CVD/DIABETES PREVENTION: BOX 4 FISHBONE DIAGRAM - Nutrition

**WHAT could help us reach our aim?**

- **HOW do we do it?**

**AIM**

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

---

**Increase vegetable consumption**

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

**Advocate for policy limits on density of fast food establishments**

- Incdent 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/veggies supplied by business for snacks
- Corporate wellness nutrition challenges
- Employer insurance discount for nutritional habits (CSA, lowered BMI, etc.)

**Food as medicine**

- Veggie Rx
- Connect high-risk diagnosis clinic panels with local farm CSAs
- Mobile food banks to stop at healthcare offices
- Financial support for a menu of options, initial diagnosis with dietitian
- Lunch and learns with healthcare providers
- CSA discounts for clinics
- Food insecurity screenings
- Study quantifying cost-savings with healthier eating

**Remove sugary beverages from SNAP benefits**

- Letters of support/editor/legislator/lobby

---

**Sugary Beverage Tax**

- Food store partnership
- Access to healthy foods
- Education and Training
- Healthy eating marketing

---

**Possible Implement Kill**

---

**Challenge Ill**

---

25
CVD Diabetes Prevention Box 5 Survey Results

AIM: By 2019 0% of adults in Central Oregon will have a diet modifiable disease, specifically CVD and/or type 2 diabetes.

The results of this survey show a common thread of supporting the distribution of healthy foods to individuals experiencing medical and socioeconomic risk. There was emphasis in the comments of pairing food insecurity screenings directly with the distribution of nutritious food. Twelve out of fifteen responses were received for this survey. The following five “hows” & their corresponding “whats” were identified as the highest priority tactics for achieving the AIM:

<table>
<thead>
<tr>
<th>HOWS</th>
<th>WHATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile food banks to stop at healthcare offices</td>
<td>Food as Medicine</td>
</tr>
<tr>
<td>Veggie Rx Programs</td>
<td>Increase Vegetable Consumption &amp; Food as Medicine</td>
</tr>
<tr>
<td>Mobile food bank with fresh foods</td>
<td>Access to Healthy Foods</td>
</tr>
<tr>
<td>Food drives to donate low sodium, low sugar, whole grain foods</td>
<td>Access to Healthy Foods</td>
</tr>
<tr>
<td>Food insecurity screenings</td>
<td>Food as Medicine</td>
</tr>
</tbody>
</table>

See following pages for detailed results and comments.
Question 1: Please rank the priority of each "how" as it relates to the AIM
Scores are aggregated to reflect group consensus.

<table>
<thead>
<tr>
<th>HOW: Mobile food banks to stop at healthcare offices - WHAT: Food as Medicine</th>
<th>2.83</th>
</tr>
</thead>
<tbody>
<tr>
<td>only if they offer healthy food</td>
<td></td>
</tr>
<tr>
<td>Especially if paired with the food insecurity screenings-match those up</td>
<td></td>
</tr>
<tr>
<td>NeighborImpact and HDFFA have collaborated on starting a mobile food bank truck (hasn't launched yet).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Mobile food bank with fresh foods - WHAT: Access to Healthy Foods</th>
<th>2.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile...going where? Different than the doctors office one?</td>
<td></td>
</tr>
<tr>
<td>This is happening but I think it's priority and can be combined with the stops at providers offices.</td>
<td></td>
</tr>
<tr>
<td>NeighborImpact and HDFFA have collaborated on starting a mobile food bank truck - prioritizing regional fresh foods (hasn't launched yet).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Veggie Rx Programs - WHAT: Increase Vegetable Consumption &amp; Food as Medicine</th>
<th>2.40</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have a pilot Veggie Rx program that is working through the Diabetes Clinical workgroup, based on the results of that pilot, we should re-evaluate how we want a more community wide implementation to work.</td>
<td></td>
</tr>
<tr>
<td>This is already happening at La Pine Community Health Center, High Desert Food &amp; Farm Alliance in Bend, and with OSU Extension in Warm Springs. However, even though this is already happening, we have seen a lot of interested expressed in more/expanded Veggie Rx programs so I would still include it.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Food drives to donate low sodium, low sugar, whole grain foods - WHAT: Access to</th>
<th>2.33</th>
</tr>
</thead>
<tbody>
<tr>
<td>This kind of 'targeted' food drive would be great! They've done it at Summit High School a couple times in October/November for the holidays-very successfully</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Food insecurity screenings - WHAT: Food as Medicine</th>
<th>2.33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure what funding this would require if questions are included in health screenings</td>
<td></td>
</tr>
<tr>
<td>I believe this is happening to varying degrees at Mosaic Medical Clinics and some St. Charles Clinics.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: How to shop at grocery store for healthy foods classes - WHAT: Education and Training</th>
<th>2.18</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSU Extension on limited basis</td>
<td></td>
</tr>
<tr>
<td>HDFFA Cooking Matters classes have 2 hour class dedicated to strategizing grocery store shopping on a budget (takes place at grocery store). OSU Extension does grocery store tours.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: COHC/RHIP or other entity hires research marketing agency to development brand and website - WHAT: Healthy Eating Marketing</th>
<th>2.08</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSU Extension has their Food Hero social marketing campaign. Could expand this.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Education around exactly how much sugar is in various beverages - WHAT: Sugary Beverage Tax</th>
<th>2.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>With suggestions for swaps-sometimes people just don't know/need help making a swap</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Discounted worksite CSA - WHAT: Worksite Wellness Nutrition Programs</th>
<th>1.91</th>
</tr>
</thead>
<tbody>
<tr>
<td>If we partner with LARGE local employers we increase our chances of seeing measurable changes in population. Examples might be BLSD, SCHS, DCHS, etc.</td>
<td></td>
</tr>
<tr>
<td>This could easily happen between negotiations between existing CSAs and businesses</td>
<td></td>
</tr>
<tr>
<td>HDFFA is currently doing a workplace CSA program but it isn't discounted through employer wellness programs. I don't know of any other organizations that organize discounted workplace CSAs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Leverage the work being done by Nutrition Policy group - WHAT: Sugary Beverage Tax</th>
<th>1.82</th>
</tr>
</thead>
<tbody>
<tr>
<td>At this point, there isn’t a legislative champion and we would need one to move on this...in my opinion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Create videos and PSAs - WHAT: Healthy Eating Marketing</th>
<th>1.73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wouldn't this be part of a marketing/education campaign??</td>
<td></td>
</tr>
<tr>
<td>I feel that this rolls into the development of a brand and website (All marketing, i.e. Got Milk?)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Donate veggies from community garden - WHAT: Access to Healthy Foods</th>
<th>1.73</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDFFA</td>
<td></td>
</tr>
<tr>
<td>HDFFA will accept/coordinate fresh food donations from gardeners but haven't received fresh food from community gardens to date.</td>
<td></td>
</tr>
<tr>
<td>not enough to make a dent, hard to coordinate</td>
<td></td>
</tr>
<tr>
<td>this is happening at Hollinshead Community Garden with Neighbor Impact, but not sure if this is happening elsewhere</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW: Food Hero events at local grocers - WHAT: Food store partnership</th>
<th>1.67</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only implemented in La Pine</td>
<td></td>
</tr>
</tbody>
</table>
OSU Extension does grocery store tours - not sure if they pair the tours with food hero materials.

| HOW: Cooking demos at local grocers - WHAT: Food store partnership | 1.58 |
| HOW: Free fruit/veggies supplied by business for snacks - WHAT: Worksite Wellness Nutrition Programs | 1.55 |
| Already happens with larger companies and could be easily integrated with companies in Central Oregon |
| HOW: Corporate wellness nutrition challenges - WHAT: Worksite Wellness Nutrition Programs | 1.55 |
| In conjunction with the worksite CSA |
| HOW: Catchphrase/slogan (branding) - WHAT: Healthy Eating Marketing | 1.45 |
| Wouldn’t this be part of a marketing/education campaign?? |
| I feel that this rolls into the development of a brand and website (All marketing, i.e. Got Milk?) |
| HOW: Referrals to community programs and registered dieticians - WHAT: Education and Training | 1.45 |
| I feel like this is already happening in multiple places, its just not streamlined-very fragmented and not always effective |

HDFFA
Question 2: Please select the top 3 items you believe are of the highest priority to achieve the AIM.

This graph represents all votes cast.

- Veggie Rx Programs - WHAT: Increase Vegetable Consumption & Food as Medicine
- Food drives to donate low sodium, low sugar, whole grain foods - WHAT: Access to Healthy Foods
- Mobile food bank with fresh foods - WHAT: Access to Healthy Foods
- How to shop at grocery store for healthy foods classes - WHAT: Education and Training
- COHC/other entity hires rsrch mktng agency to dev. brand & website - WHAT: Healthy Eating Marketing
- Mobile food banks to stop at healthcare offices - WHAT: Food as Medicine
- Food Hero events at local grocers - WHAT: Food store partnership
- Create videos and PSAs - WHAT: Healthy Eating Marketing
- Cooking demos at local grocers - WHAT: Food store partnership
- Referrals to community programs and registered dieticians - WHAT: Education and Training
- Food insecurity screenings - WHAT: Food as Medicine
- Corporate wellness nutrition challenges - WHAT: Worksite Wellness Nutrition Programs
- Free fruit/veggies supplied by business for snacks - WHAT: Worksite Wellness Nutrition Programs
- Discounted worksite CSA - WHAT: Worksite Wellness Nutrition Programs

No other "hows" received any score on this question.
COHC Summer 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
- Implemented a two-year project: a behavioral health (BH) integration specialist has been hired to collaborate with all primary care (PC) clinics region-wide to support universal screening for BH as well as guidance for PC clinics to address BH screens based on clinic capacity.

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

Recent Activities
- Initiated a two-year pilot in the Bend St. Charles Hospital and ED to house a substance use disorder (SUD) coordinator and a recovery mentor to support screening and follow-up for patients with moderate-to-severe SUD.

Cardiovascular Disease & Diabetes Prevention
AIM 1: Cost will never be a barrier to participate in a variety of physical activities for students.
AIM 2: By 2019 0% of adults in Central Oregon will have a diet modifiable disease, specifically CVD and/or type 2 diabetes.

Recent Activities
- Opened RFP to develop a regional model for provider-based referrals for physical activity for youth through Rx to Move.
- Finalized their Box 6 experiments for their new Nutrition A3.

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
- Started a new A3 focused on community-wide education for blood pressure awareness and control.
- Completed a document outlining tobacco cessation insurance coverages currently being shared with provider groups regionally.

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

Recent Activities
- Prepared for algorithm of care events with national speakers on the gut microbiome with diabetes, and team-based care models. Events will be held in Madras, Prineville and Bend.
Oral Health
Recent Activities
• Brainstorming Box 6 experiments in two new A3s – one on integration and another on geriatric care.
• Released RFP for MORE Care model from Dentaquest, which integrates oral health into PC.

Reproductive Maternal Child Health
AIM: Prevent Unintended Pregnancies
Recent Activities
• Reviewed the BOOST Oregon initiative, a parent-led group promoting child immunizations.

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
Funding: $60,000 for Pfeifer & Associates for their “House the Children” initiative which provides a safe, supervised home for children to share with their parents who are in treatment and maintaining sobriety.

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 ask.