



**Promote Enhanced Physical Health Across Communities**  
Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/188624791?pwd=emNBU2hueW9rRnAwQ2dXNG1Pc1lyUT09>

Join by phone:  
+1 669 900 6833  
Meeting ID: 188 624 791  
Passcode: 450534

April 27, 2021  
8:00-9:30am

| Aim/Goal   |
|--|
| Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.  |
| Future State Measures – Condensed  |
| <ol style="list-style-type: none"><li>1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates</li><li>2. Decrease obesity rates in adults</li><li>3. Increase fruit/vegetable consumption and physical activity in youth</li><li>4. Decrease risk factors for cardio-pulmonary and/or preventable disease</li><li>5. Decrease sexually transmitted infections</li><li>6. Increase individuals receiving both an annual wellness visit and preventative dental visit</li></ol> |

| AGENDA |
|--------|
|--------|

|           |                                 |
|-----------|---------------------------------|
| 8:00-8:20 | Welcome & Announcements         |
| 8:20-9:25 | Implementation Plan Development |
| 9:25-9:30 | Wrap Up & Next Steps            |

Working Document:  
<https://docs.google.com/presentation/d/1j6LJR-ZPdww9qNpYLuuPVJs5wIUuFX5vNKKhIFjzD7I/edit?usp=sharing>



**Promote Enhanced Physical Health Across Communities**

Regional Health Improvement Plan Workgroup

| Future State Measures – Full Detail  |                  |                  |                  |
|--|------------------|------------------|------------------|
| 1. By December 2023, decrease chronic disease rates by 10% in each County, age-adjusted:   |                  |                  |                  |
|  | Crook County     | Deschutes County | Jefferson County |
| Asthma (%)   | 7.4              | 8.2              | 12.9             |
| Cancer (%)   | 7.0              | 6.4              | 4.9              |
| Cardiovascular Disease (%)   | 8.7              | 4.3              | 5.1              |
| Diabetes   | 9.5              | 5.3              | 18.3             |
| 2. A.) By December 2023, reduce adult obesity rates in Central Oregon Region by 7% in each county:   |                  |                  |                  |
| Crook County   | Deschutes County | Jefferson County |                  |
| 29.3%  | 19.9%            | 39.2%            |                  |
| 2. B.) By December 2023, increase the percentage of Central Oregon youth who meet the physical activity and fruit/vegetable consumption goals by 10 percentage points in each county to: |                  |                  |                  |
| 8 <sup>th</sup> Grade Rates  | Crook County     | Deschutes County | Jefferson County |
| Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.   | 47%              | 38%              | 32%              |
| Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.   | 38%              | 33%              | 41%              |
| 11 <sup>th</sup> Grade Rates   | Crook County     | Deschutes County | Jefferson County |
| Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.   | 39%              | 26%              | 30%              |
| Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.   | 31%              | 26%              | 25%              |

3. By December 2023, decrease risk factors that contribute to Cardio-Pulmonary Disease and/or Preventable Disease by 7% in each county:

|   | Crook County | Deschutes County | Jefferson County |
|---|--------------|------------------|------------------|
| Age-adjusted % of adults who currently smoke                        | 24.5%        | 16.1%            | 11.9%            |
| The age-adjusted rate of persons hospitalized for stroke per 100k   | 196.0        | 190.0            | 319.0            |
| The age-adjusted rate of persons hospitalized for diabetes per 100k | 86.0         | 59.5             | 128.5            |

4. By December 2023, decrease 5-year rates and/or 5-year case counts of STIs by 20%:

|  | Crook County   | Deschutes County | Jefferson County |
|--|----------------|------------------|------------------|
| The 5-year age-adjusted rate of gonorrhea per 100k | 52.7           | 23.5             | 95.8             |
|  | Central Oregon |                  |                  |
| 5-year syphilis case count                         | 37             |                  |                  |
| 5-year HIV case count                              | 21             |                  |                  |

5. By December 2023, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

| Crook County | Deschutes County | Jefferson County |
|--------------|------------------|------------------|
| 29.8%        | 32.75%           | 31.3%            |

## **Land Acknowledgement**

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modok, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”



**Central Oregon  
Health  
Council**

**Regional Health Improvement Plan (RHIP) Workgroup**

**Guiding Principles**

**Shared Focus**

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

**Shared Metrics**

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

**Involve Targeted Population**

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

**Collaborate to Solve Complex Issues**

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

**Coordinate Collective Efforts**

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

**Learn and Adapt Together**

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

# Promote Enhanced Physical Health Across Communities



| Background: Why are we talking about this?  |  |
|---|--|
| <b>1990s</b> Rise in obesity rates<br>Increased sugar consumption<br><b>2000s</b> Decrease in recess time at school<br>Increasing Aging Population<br>Tech Advancement & Screen Time<br>Vaping / E-cigarettes | Physical health is influenced by genes and biology, health behaviors, social environment, physical environment, and health services. Enhancing physical health throughout our communities improves quality of life and reduces the burden of healthcare and other costs to personal and public health. Access to healthcare is a challenge for residents in rural areas. |

| Current Condition: What's happening right now?  |
|---|
| <ul style="list-style-type: none"> <li>• Current rates of cardiovascular disease: Crook 9.7%, Deschutes 4.8%, Jefferson 5.7%</li> <li>• Current rates of diabetes: Crook 10.6%, Deschutes 5.9%, Jefferson 20.4%</li> <li>• Current adult obesity rates: Crook 31.5%, Deschutes 21.4%, Jefferson 42.2%</li> <li>• Fewer than 30% of 11<sup>th</sup> graders report 60 minutes or more of physical activity in 7 days</li> <li>• Fewer than 25% of 11<sup>th</sup> graders report getting 5 or more servings of fruits and vegetables per day</li> <li>• Adults who currently smoke: Crook 29.3%, Deschutes 17.3%, Jefferson 12.7%</li> <li>• Adults reporting high blood pressure: Crook 48.8%, Deschutes 24.8%, Jefferson 16.9%</li> <li>• New cases of syphilis have been steadily increasing in the entire region since 2012</li> <li>• Percentage of Medicaid members who receive both annual wellness visit and preventive dental visit: Crook 17.8%, Deschutes 20.75%, Jefferson 19.3%</li> </ul> <p>See RHIP for Full Current State Metrics</p> |

| Goal Statement: Where do we want to be in 4 years?  |
|---|
| <b>Aim/Goal</b><br>Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.  |
| <b>Future State Metrics - By December 2023:</b> <ol style="list-style-type: none"> <li>1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates</li> <li>2. Decrease obesity rates in adults</li> <li>3. Increase fruit/vegetable consumption and physical activity in youth</li> <li>4. Decrease risk factors for cardio-pulmonary and/or preventable disease</li> <li>5. Decrease sexually transmitted infections</li> <li>6. Increase individuals receiving both an annual wellness visit and preventative dental visit</li> </ol> |

| Analysis: What's keeping us from getting there?   |
|---|
| <ul style="list-style-type: none"> <li>• Inequitable measurement and approaches to weight and health management</li> <li>• Rigidity of time, funding/payment, availability of service and receiving service</li> <li>• Disparate funding and deceptive marketing</li> <li>• Siloed systems prevent coordination of care</li> <li>• Power dynamics adversely affect and create an underrepresentation in policy creation</li> <li>• Trauma without resilience skills negatively impacts health</li> <li>• Resource inequality exacerbates health disparity</li> <li>• Individual and collective health beliefs impact health literacy efforts</li> <li>• Restrictive and inequitable built environment impacts health</li> </ul> |

|               |            |          |
|---------------|------------|----------|
| Date updated: | Workgroup: | Version: |
|---------------|------------|----------|

| Strategic Direction: What are we going to try?   |
|--|
| <ul style="list-style-type: none"> <li>• Reducing financial barriers to health</li> <li>• Ensuring access and coordination of health services</li> <li>• Improving health &amp; wellness communication, education &amp; delivery</li> <li>• Partnering with underserved communities for equitable decision making</li> <li>• Ensuring policies that promote health and an equitable built environment</li> </ul> |

| Focused Implementation: What are our specific actions? (who, what, when, where?) |
|--|
| {insert}   |

| Follow-Up: What's working? What have we learned? |
|--|
| {insert}   |

## Instructions for Applicant

Mini Grants are available for up to \$5,000 to support work in Central Oregon that improves equity and builds capacity to address the Future State measures in the Regional Health Improvement Plan.

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

Project” means the idea and activity that you are seeking funding for in your Mini Grant application.

“Applicant(s)” means the people and/or organizations working together on the proposed project.

### Examples of potential Mini Grant projects include:

- Partnerships that build trust, shared values and understanding
- Cross-sector collaborations to mobilize around a certain issue
- Expansion of services to marginalized populations (ex. translation, travel, outreach)
- Seed money for planning joint projects
- Organization or community assessments
- Technical assistance or support (ex. consulting, software platform)
- Convening opportunities (ex. summit)
- Organizational development (ex. training programs, leadership development)
- Advocacy, outreach and marketing
- Public health crises

Mini Grant applications will be reviewed by people from Central Oregon who are part of our workgroups, which are open to the public. The COHC workgroups use the following Scorecard to decide which Mini Grants to fund. Please use the scorecard to help prepare your Mini Grant application.

### Application Timeline

- Deadline for application submission is the 25<sup>th</sup> of every month
- Application will be reviewed starting the 1<sup>st</sup> business day of each month
- Applicants will be notified by the 15<sup>th</sup> of the month

### Tools for Applicant

- Checklist (page 2)
- Scorecard (page 3)
- Grants and Metrics Manager is available for assistance. Please contact Rebeckah Berry at [Rebeckah.berry@cohealthcouncil.org](mailto:Rebeckah.berry@cohealthcouncil.org)

## Mini Grant Scorecard

| Category (Where to find it in the application)  | Points |
|---|--------|
| <p><b>Project Description (See application Part 2 &amp; 3)</b></p> <ul style="list-style-type: none"> <li>• It is easy to understand what the project plans to do.</li> <li>• It is clear through data, lived experience, expert advice or other ways that the project is needed.</li> <li>• It is clear how this project impacts a Regional Health Improvement Plan Future State Measure.</li> </ul>   | __/20  |
| <p><b>Diversity, Equity and Inclusion (See application Part 3)</b></p> <ul style="list-style-type: none"> <li>• The project includes strategies to address specific barriers to access, participation, and inclusion by the people served by this project.</li> <li>• The people served by this project are involved in the planning and carrying out the project.</li> <li>• This project will serve at least 50% people from communities experiencing health disparities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation.</li> </ul>   | __/25  |
| <p><b>Capacity Building (See application Part 3 &amp; 5)</b></p> <ul style="list-style-type: none"> <li>• Clearly identifies one or more capacity building activities (see examples in instructions)</li> <li>• This project is supported by other partners clearly helping with planning and carrying out, money support, matching or volunteer support.</li> <li>• Partnerships show that everyone owns the work of this project. There is mutual trust and respect. All partners participate in planning, creating and making decisions.</li> </ul>  | __/25  |
| <p><b>Project Objectives (see application Part 4)</b></p> <ul style="list-style-type: none"> <li>• The project uses measurements that easily show what the project is planning to do. <ul style="list-style-type: none"> <li>○ Measurements can be both qualitative (ex. describing outcomes such as increased awareness, stronger working relationships, etc.) and/or quantitative (ex. numbers of people served, numbers of outreach events held, etc.)</li> </ul> </li> <li>• The project includes multi-cultural measurement such as: <ul style="list-style-type: none"> <li>○ testimonials, diary accounts, story telling</li> <li>○ ways that capture more than words such as photographs, videos, sound recordings</li> <li>○ open-ended surveys, focus groups, case studies, unstructured interviews</li> </ul> </li> </ul> | __/15  |
| <p><b>Budget (see application Part 6)</b></p> <ul style="list-style-type: none"> <li>• The budget shows the amount of funding requested in the Mini Grant application, and any other funding from other organizations and/or donated services.</li> <li>• The amount of funding requested makes sense for how long the project will last, how simple or complex it is, where it will happen and who is involved.</li> </ul>   | __/15  |
| <p><b>RECOMMENDATIONS:</b></p> <p><b>70-100 points: Consider approval.</b><br/> <b>&lt;70 points: Consider denial. Recommend changes for resubmission of application.</b></p>   | __/100 |



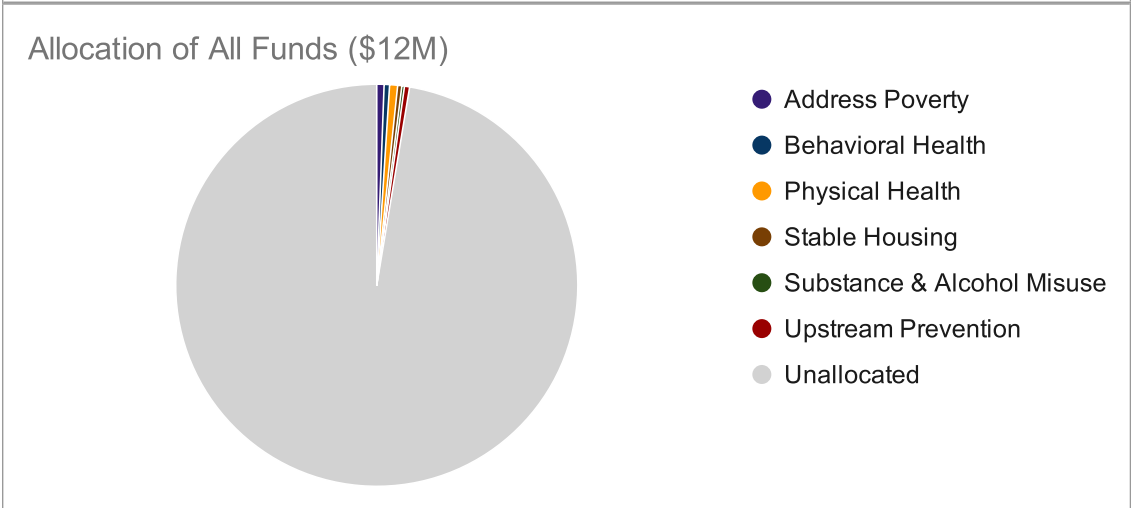
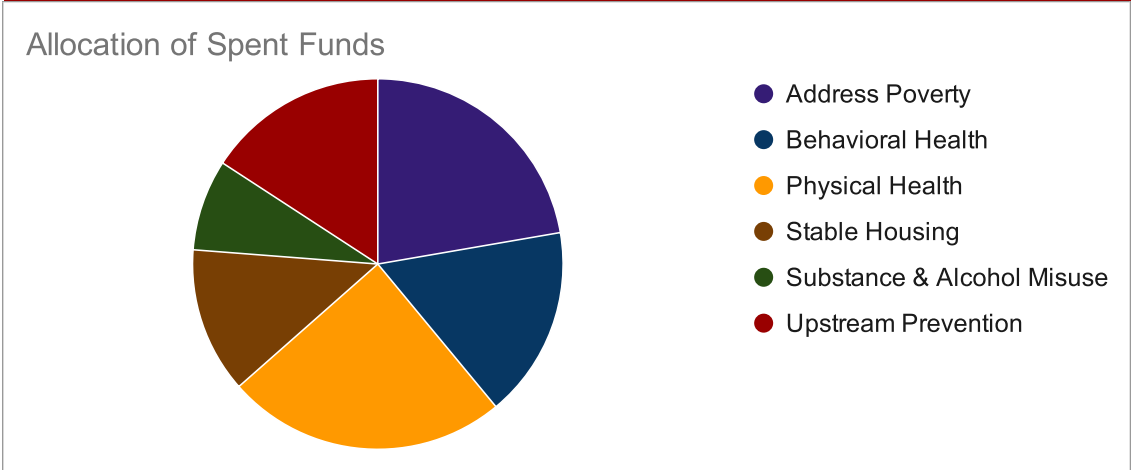
# 2020-2024 RHIP Workgroups

## 5 Year Budget

Updated March 15, 2021

|                                     |                     |
|-------------------------------------|---------------------|
| Funds Available                     | <b>\$11,685,822</b> |
| Initial Funds (spread over 5 years) | \$12,000,000        |
| Funds Spent                         | \$314,178           |

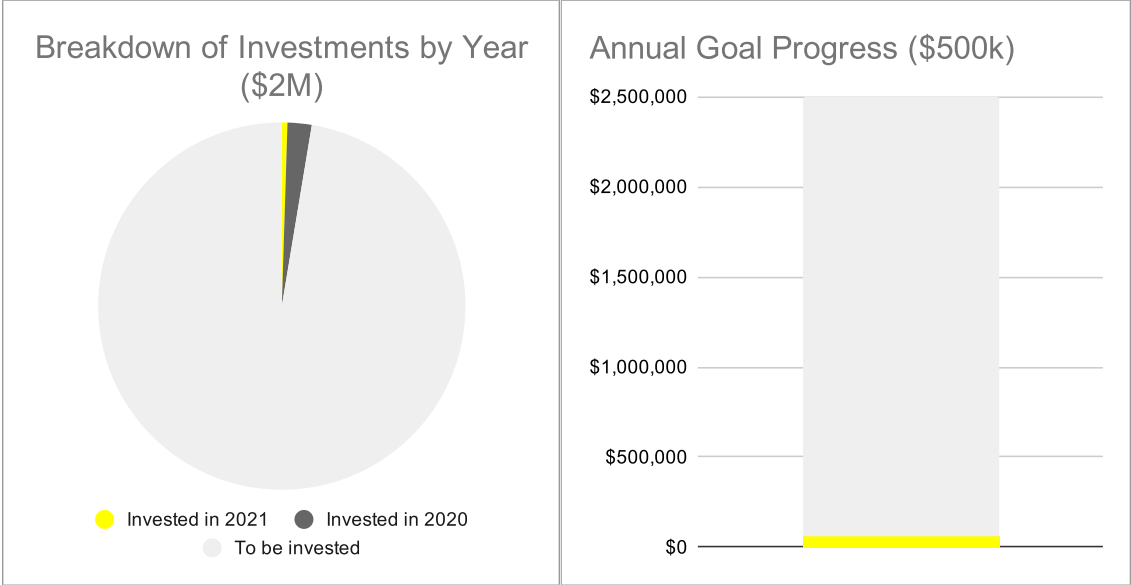
| Amount Invested by Workgroup |             |
|------------------------------|-------------|
| Address Poverty              | \$70,000.00 |
| Behavioral Health            | \$52,500.00 |
| Physical Health              | \$76,994.06 |
| Stable Housing               | \$40,000.00 |
| Substance & Alcohol Misuse   | \$25,000.00 |
| Upstream Prevention          | \$49,684.00 |



# 2020-2024 RHIP Workgroups

## 2021 Budget

|   |                    |
|---|--------------------|
| 2021 investment goal                        | \$2,500,000        |
| Amount remaining to invest toward 2021 goal | <b>\$2,440,773</b> |
| Invested in 2021                            | \$59,227           |
| Invested in 2020                            | \$254,951          |



For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of \$500,000. The Central Oregon Health Council is required by law to invest a total of at least \$2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this \$2.5M annual commitment.

# Promote Enhanced Physical Health

## 2020-2024 RHIP Workgroup Budget

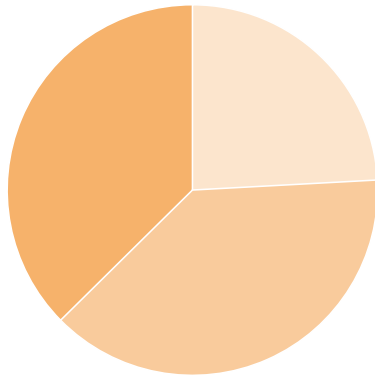
Updated March 15, 2021

|                                     |                    |
|-------------------------------------|--------------------|
| Funds Available                     | <b>\$1,923,006</b> |
| Initial Funds (spread over 5 years) | \$2,000,000        |
| Funds Spent                         | \$76,994           |

### Amount Invested by Future State Measure

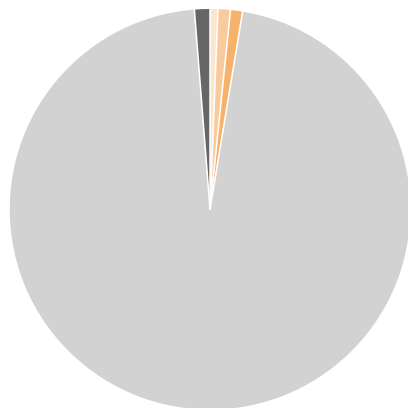
|   |             |
|---|-------------|
| Reduce asthma, cancer, cardiovascular disease, and diabetes rates                                 | \$12,548.81 |
| Increase fruit/vegetable consumption and physical activity among youth                            | \$20,000.00 |
| Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes) | \$19,445.25 |
| Reduce adult obesity rates  | \$0.00      |
| Decrease Gonorrhea, Syphilis, and HIV rates or case counts  | \$0.00      |
| Increase individuals who receive both an annual wellness visit and a preventative dental visit    | \$0.00      |

### Allocation of Funds by Measure



- Reduce asthma, cancer, cardiovascular disease, and diabetes rates
- Increase fruit/vegetable consumption and physical activity among youth
- Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)

### Allocation of All Funds (\$2M)

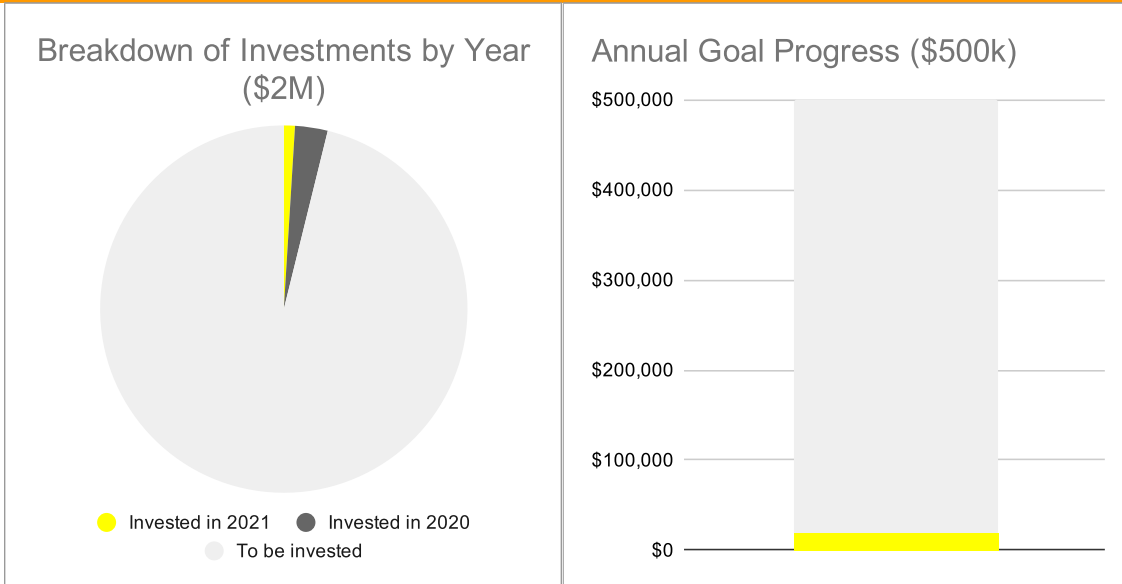


- Reduce asthma, cancer, cardiovascular disease, and diabetes rates
- Increase fruit/vegetable consumption and physical activity among youth
- Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)
- Unallocated
- COVID-19 (\$25k pooled funds)

# Address Poverty & Enhance Self-Sufficiency

## 2021 RHIP Workgroup Budget

|   |           |
|---|-----------|
| 2021 investment goal                        | \$500,000 |
| Amount remaining to invest toward 2021 goal | \$480,457 |
| Invested in 2021                            | \$19,543  |
| Invested in 2020                            | \$57,451  |



For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of \$500,000. The Central Oregon Health Council is required by law to invest a total of at least \$2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this \$2.5M annual commitment.