

## Council

- Brad Porterfield, Chair,  
Consumer Representative  
Latino Community  
Association
- Larry Kogovsek, Vice  
Chair, Community  
Representative
- Mayra Benitez  
Consumer Representative
- Natalie Chavez  
Jefferson County Health  
Department
- Jolene Greene  
Consumer Representative
- Linda Johnson  
Community  
Representative
- Elaine Knobbs-Seasholtz  
Mosaic Medical
- Lauren Kustudick  
Consumer Representative
- Tom Kuhn  
Deschutes County
- Jennifer Little  
Klamath County
- Theresa Olander  
Consumer Representative
- Elizabeth Schmitt  
Consumer Representative
- Mandee Seeley  
Consumer Representative
- Ken Wilhelm  
United Way
- Cris Woodard  
Community  
Representative
- Regina Sanchez  
Crook County Health  
Department



June 17, 2021

**VIRTUAL**

*Video Conference Link In Calendar Invite*

**Conference Line: 1.669.900.6833**

**Meeting ID: 861.0355.0703#**

**Passcode: 492445#**

- 12:00 – 12:20    **Welcome—Brad Porterfield**
- Public Comment
  - Approval of Meeting Minutes
- 12:20 – 12:35    **SHARE Spending Plan—Kristen Tobias & Colleen Sinsky**
- 12:35 – 1:10    **Community Health Projects Process Development—MaCayla Arsenault & Gwen Jones**
- Award Range
  - Request for Letters of Interest
  - Letters of Interest Scorecard
- 1:10 – 1:20    **Emerging Issues Process Update—Brad Porterfield**
- 1:20 – 1:30    **Flexible Services—Krtisten Tobias**

### **Five Finger Voting:**

**0: No go! Serious concerns**

**1: Serious reservations and prefer to resolve concerns before supporting it**

**2: Some concerns, but will go along with it**

**3: Support the idea**

**4: Strong support, but will not champion it**

**5: Absolutely, best idea ever, willing to champion it**

*“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter*



## Funding Community Projects: SHARE Initiative vs. Community Health Projects



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### SHARE Initiative vs. Community Health Projects

Supporting Health for All  
through REinvestment

- Requires PacificSource to spend part of their profits in their communities to address health inequities and the Social Determinants of Health and Equity (SDOH-E)

Community Health  
Projects

- PacificSource provides funding for community-level projects that focus on improving population health and health care quality

2

## SHARE Initiative vs. Community Health Projects

SHARE Initiative	Community Health Projects
Projects <u>do not</u> have to include OHP members	Projects <u>must include</u> , but are not limited to, OHP members
Health Related Service rules <u>DO NOT</u> apply to projects	Health Related Service rules <u>DO</u> apply to projects
Can pay for direct housing supports and services	Cannot pay for direct housing supports and services

3

## SHARE Initiative vs. Community Health Projects

SHARE Initiative	Community Health Projects
Dollars to Invest	
\$57,991	\$431,000
Time to Complete Work	
4 months	12 months

4

SHARE Initiative vs. Community Health Projects	
SHARE Initiative	Community Health Projects
Administrative Responsibility	
PacificSource Community Solutions	CAC & Central Oregon Health Council
CAC's Role	
<ul style="list-style-type: none"><li>• Review project proposal</li><li>• Review spending plan</li><li>• Provide feedback and recommendations</li><li>• Approve project and spending plan</li><li>• Receive periodic updates on project</li></ul>	<ul style="list-style-type: none"><li>• Draft Letter of Interest (LOI)</li><li>• Review and score LOIs</li><li>• Request full applications from top proposals</li><li>• Score applications</li><li>• Decide which projects to fund</li><li>• Announce Awards</li><li>• Letters of Agreement in place</li></ul>

5

Questions?



6

# 2021 Central Oregon Community Health Projects

## Letter of Interest (LOI)

Community Advisory Council, of the Central Oregon Health Council

### Overview

#### Funding Opportunity Description

The Community Advisory Council (CAC) is accepting letters of interest (LOI) for projects addressing Social Determinants of Health and Equity (SDOH-E) through the new Community Health Projects grant program. The CAC is investing in community-level interventions focused on improving community health and wellbeing and reducing health disparities. Special consideration will be given to **sustainable** projects that serve rural areas and the populations most impacted by system barriers. Grants awarded will range from **\$5,000 to \$80,000**.

#### Project Requirements

Applications must meet the criteria below:

- Projects must address Social Determinants of Health and Equity (SDOH-E)
- **Projects must include Diversity, Equity, and Inclusion**
- Projects must align with at least one of Aims/Goals in the six focus areas (listed below) in the 2020-2024 Regional Health Improvement Plan (RHIP) Aims/Goals (review full plan and executive summary at [cohealthcouncil.org/rhip/](https://cohealthcouncil.org/rhip/)).
  1. Address Poverty and Enhance Self-Sufficiency
  2. Behavioral Health Access and Coordination
  3. Promote Enhanced Physical Health Across Communities
  4. Stable Housing and Supports
  5. Substance and Alcohol Misuse Prevention and Treatment
  6. Upstream Prevention: Promotion of Individual Well-Being
- Projects must take place within Central Oregon and/or the Tribal Nations of:
  - The Confederated Tribes of Warm Springs
  - The Klamath Tribes
  - The Cow Creek Band of Umpqua Tribe of Indians
  - Crook County
  - Deschutes County
  - Jefferson County
  - Northern Klamath County, limited to:
    - Gilchrist
    - Chemult
    - Crescent
    - Crescent Lake Junction
- Applications must be submitted by an organization with an EIN/Tax ID. Both non-profit and for-profit organizations are welcome to apply.

## Restrictions

Community Health Projects grants cannot be used for:

- Any product or service that can be billed to any health insurance plan (durable medical equipment, screenings, medicines, etc.)
- Rental assistance, housing assistance, housing construction, and utilities
- Projects benefiting a single individual or single household
- Projects that don't address Social Determinants of Health and Health Equity
- Projects *only* serving undocumented community members

## Funding Details and Important Information

### Total Award Pool

\$431,000

### Award Limit

\$5,000 to \$80,000

### Letters of Interest Due Date

August 5, 2021 at 12:00PM PST

### Finalist Notification Date

August 23, 2021 via email

Finalists will be invited to complete our full grant application.

### Finalist Application Due Date:

October 18, 2021 at 12:00PM PST

### Final Award Decision Notification

By November 22, 2021 via email

Finalists may be asked for additional information or to present at the virtual Community Advisory Council meeting in October 2021.

## Apply

### How to Apply

For instructions on how to apply, please visit: [XXX](#)

### Access Code

2021CHP

## Questions?

MaCayla Arsenault, Project Manager, Central Oregon Health Council

(541) 891-5854

[Macayla.Arsenault@cohealthcouncil.org](mailto:Macayla.Arsenault@cohealthcouncil.org)

## Resources

Social Determinants of Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Health Equity

<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Rural Communities

<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>

## **Community Advisory Council**

### **2021 Community Health Projects Letter of Interest**

### **Scorecard**

#### **Grant Information**

2021 Community Health Project Grants are available for \$XXX to \$XXX to address Social Determinants of Health and Equity. These are community-level interventions focused on improving community health and wellbeing and reducing health disparities. The total award pool is about \$431,000.

#### **Project Requirements**

Applications must meet the criteria below:

- Projects must address Social Determinants of Health and Equity (SDOH-E).
- Projects must align with at least one of the six focus areas (listed below) in the 2020-2024 Regional Health Improvement Plan (RHIP) Aims and Goals. (Review full plan and executive summary at [cohealthcouncil.org/rhip/](https://cohealthcouncil.org/rhip/)).
- 1. Address Poverty and Enhance Self-Sufficiency
  2. Behavioral Health Access and Coordination
  3. Promote Enhanced Physical Health Across Communities
  4. Stable Housing and Supports
  5. Substance and Alcohol Misuse Prevention and Treatment
  6. Upstream Prevention: Promotion of Individual Well-Being
- Projects must take place within Central Oregon. Areas include:
  - Crook County
  - Deschutes County
  - Jefferson County
  - The Confederated Tribes of Warm Springs
  - Northern Klamath County, limited to:
    - Gilchrist
    - Chemult
    - Crescent
    - Crescent Lake Junction
- Applicant can be non-profit or for-profit organizations.

#### **Restrictions**

Community Health Projects grants cannot be used for:

- Any product or service that can be billed to any health insurance plan (durable medical equipment, screenings, medicines, etc.)
- Rental assistance, housing assistance, housing construction, or utilities
- Projects benefiting a single individual or single household
- Projects that don't address Social Determinants of Health and Health Equity
- Projects *only* serving undocumented community members



## Key Definitions

**Social Determinants of Health** are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Examples of *social determinants* include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

**Health Equity** means “that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Source: <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

**Health Disparity** refers to a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Source: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

## 2021 Community Health Projects Scoring Form

Please read the Community Health Projects Letter of Interest and use the scorecard below.

1. Read the criteria for each category. Then refer to the parts of the Letter of Interest indicated to build your score. Enter your score in the last column.
2. After you score each category, add up your points and provide your total score at the bottom of the page.

Project Name \_\_\_\_\_ Reviewer \_\_\_\_\_

<b>Application Part One</b>	UNSATISFACTORY <b>0</b>	SOME DEFICIENCIES EVIDENT <b>1</b>	SATISFACTORY <b>3</b>	EXCEPTIONAL <b>5</b>	SCORE
<b>Project budget</b>	Budget is unrealistic, incomplete/unclear, or extravagant	Budget is plausible, moderately efficient, and focus on relatively important line items	Budget is realistic, clear, and uses resources wisely	Budget is an exceptional use of resources and uses resources wisely.	
<b>Application Part Two</b>	UNSATISFACTORY <b>0</b>	SOME DEFICIENCIES EVIDENT <b>1</b>	SATISFACTORY <b>3</b>	EXCEPTIONAL <b>5</b>	SCORE
<b>Project addresses Social Determinants of Health</b>	Unclear explanation of how the project addresses Social Determinants of Health	Very limited or minimal explanation of how the project addressing Social Determinants of Health	Adequately addresses Social Determinants of Health	Exceeds our expectations of addressing Social Determinants of Health	
<b>Application Part Three</b>	UNSATISFACTORY <b>0</b>	SOME DEFICIENCIES EVIDENT <b>1</b>	SATISFACTORY <b>3</b>	EXCEPTIONAL <b>5</b>	SCORE
<b>Explanation of project description</b>	Project description is unclear	Minimal explanation of project	Clear description of project.	More than adequate explanation of project.	
<b>Project serves those severely impacted by system barriers</b>	Unclear explanation of how the project serves those severely impacted by system barriers	Very limited or minimal explanation of how the project serves those severely impacted by system barriers	Project adequately serves those severely impacted by system barriers	Exceeds expectations of serves those severely impacted by system barriers	
<b>Project serves rural communities</b>	Project primarily serves non-rural or is unclear	Project serves some rural communities or very limited explanation of how the project rural communities.	Project serves mostly rural communities	Exceeds expectations of serving rural communities.	

**Total Points/Score** \_\_\_\_\_

### **Updated 2021 Community Health Projects Timeline**

*Highlighted are CAC meeting dates. Bold dates are pertinent to applicants.*

**June 17- Finalize request for Letters of Interest (LOI) & Scorecard**

June 21-Public Release of LOI request

**August 5—LOI Applicant Deadline 12PM**

August 16—CAC LOI Scores Due

**August 19—Review Final LOI Scores, Accept or Deny LOIs**

**August 23—Applicants are notified: denied or invited**

**October 18—Applications Due Date by 12PM**

November 1—CAC Application Scores Due

**November 18—CAC Final Decisions**

**November 22—Grantee Award Notification**



**COHC Community Advisory Council**

**Held virtually via Zoom**

**May 20, 2021**

**Present:**

Brad Porterfield, Chair, Consumer Representative  
Larry Kogosvek, Vice Chair, Consumer Representative  
Mayra Benitez, Consumer Representative  
Linda Johnson, Community Representative  
Tom Kuhn, Deschutes County Health Services  
Regina Sanchez, Crook County Health Department  
Elizabeth Schmitt, Consumer Representative  
Mandee Seeley, Consumer Representative  
Ken Wilhelm, United Way of Central Oregon  
Cris Woodard, Consumer Representative

**Absent:**

Natalie Chavez, Jefferson County Health  
Elaine Knobbs-Seasholtz, Mosaic Medical  
Lauren Kustudick, Consumer Representative  
Theresa Olander, Consumer Representative  
Jolene Greene, Consumer Representative  
Jennifer Little, Klamath County Public Health

**Others Present:**

MaCayla Arsenault, Central Oregon Health Council  
Rebeckah Berry, Central Oregon Health Council  
Tania Curiel, Oregon Health Authority  
Rebecca Donell, Oregon Health Authority  
Buffy Hurtado, PacificSource  
Gwen Jones, Central Oregon Health Council  
Renee Markus Hodin, Center for Consumer Engagement in Health Innovation  
Donna Mills, Central Oregon Health Council  
Leslie Neugebauer, PacificSource  
Kelsey Seymour, Central Oregon Health Council  
Colleen Sinsky, FUSE  
Kristen Tobias, PacificSource

## **Introductions**

- Introductions were made and Brad Porterfield welcomed all attendees.

## **Public Comment**

- Brad welcomed public comment.
- Cris Woodard noted the houseless population that has gathered outside of Bi-Mart in Bend. Larry Kogosvek shared the shelter there closed a month ago, which has left folks outside.
- Kristen Tobias shared NeighborImpact is encouraging anyone in need of rental assistance to apply early, as they anticipate the rent moratoriums and eviction freezes will lift soon.
- Tom Kuhn recognized Kelsey Seymour and the Central Oregon Health Council for partnering with Deschutes County to release videos debunking the COVID-19 vaccine fertility rumors.

## **Approval of the Consent Agenda, Minutes**

- Ken Wilhelm motioned to approve the minutes; Larry Kogosvek seconded. All were in favor, the motion passed unanimously.

## **Oregon Health Authority Updates**

- Rebecca Donell shared there is an innovator agent from OHA holding virtual office hours to answer questions about REALD data. Linda Johnson noted she and Brad will be attending the annual CAC conference. MaCayla Arsenault and Gwen Jones confirmed they will attend also. Rebecca confirmed the conference will be recorded for anyone unable to attend the live session.

## **Community Health Projects Process Development**

- MaCayla shared the amount to be awarded this year will be \$431,681.98.
- The group discussed the possibility of lowering the award floor below \$5,000, considering removing the floor altogether and accepting requests, no matter how small. Time ran out before consensus could be reached. MaCayla asked the CAC to look out for correspondence about this and other decisions between now and the next meeting.

## **SHARE (Supporting Health for All through Reinvestment) Initiative**

- Kristen Tobias explained the SHARE initiative is a Social Determinant of Health-Equity (SDOH-E) funding stream designated by the Oregon Health Authority (OHA). She noted part of the requirement is to have the CAC involved, and PacificSource has elected to have the CAC vet the program budget for their proposed project with FUSE. Colleen Sinsky presented the FUSE project which connects chronically homeless individuals with housing through the housing-first model. Kristen shared there will be a follow-up presentation in June when the CAC can review the budget.

**Emerging Issues Process Update**

- Brad asked CAC members if they are willing to participate in the process for developing an Emerging Issues Process offline. Linda and Larry volunteered.

**CAC Recruitment Committee**

- Gwen asked CAC members if they are willing to help with recruiting outside of regular meeting times. She introduced Renee Markus Hodin as the consultant supporting CAC recruiting. Larry volunteered.