Promote Enhanced Physical Health Across Communities
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/84385255148?pwd=c2lmNEFWMkh0UkYzTTFsYnVodDFKUT09

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

May 24, 2022
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

1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates
2. Decrease obesity rates in adults
3. Increase fruit/vegetable consumption and physical activity in youth
4. Decrease risk factors for cardio-pulmonary and/or preventable disease
5. Decrease sexually transmitted infections
6. Increase individuals receiving both an annual wellness visit and preventative dental visit

AGENDA

8:00-8:15 Welcome & Announcements
8:15-9:15 Implementation Planning
   • STI Application – Q & A
   • STI Application - Discussion
   • Small group work (if time permits)
9:15-9:30 Wrap Up & Next Steps

Working Document:
https://docs.google.com/presentation/d/1j6UR-ZPdwv9qNpYLuUVJzlUuFX5vNKKhLFjzD7l/edit?usp=sharing
## Promote Enhanced Physical Health Across Communities

Regional Health Improvement Plan Workgroup

### Future State Measures – Full Detail

1. By December 2024, decrease chronic disease rates by 10% in each County, age-adjusted:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma (%)</td>
<td>7.4</td>
<td>8.2</td>
<td>12.9</td>
</tr>
<tr>
<td>Cancer (%)</td>
<td>7.0</td>
<td>6.4</td>
<td>4.9</td>
</tr>
<tr>
<td>Cardiovascular Disease (%)</td>
<td>8.7</td>
<td>4.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.5</td>
<td>5.3</td>
<td>18.3</td>
</tr>
</tbody>
</table>

2. A.) By December 2024, reduce adult obesity rates in Central Oregon Region by 7% in each county:

<table>
<thead>
<tr>
<th>County</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.3%</td>
<td>19.9%</td>
<td>39.2%</td>
</tr>
</tbody>
</table>

2. B.) By December 2024, 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:

#### 8th Grade Rates

<table>
<thead>
<tr>
<th></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>47%</td>
<td>38%</td>
<td>32%</td>
</tr>
<tr>
<td>of students reporting 60 minutes of physical activity in the last 7 days.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.</td>
<td>38%</td>
<td>33%</td>
<td>41%</td>
</tr>
</tbody>
</table>

#### 11th Grade Rates

<table>
<thead>
<tr>
<th></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>39%</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>of students reporting 60 minutes of physical activity in the last 7 days.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.</td>
<td>31%</td>
<td>26%</td>
<td>25%</td>
</tr>
</tbody>
</table>
3. By December 2024, decrease risk factors that contribute to Cardio-Pulmonary Disease and/or Preventable Disease by 7% in each county:

<table>
<thead>
<tr>
<th>Age-adjusted % of adults who currently smoke</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.5%</td>
<td>16.1%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The age-adjusted rate of persons hospitalized for stroke per 100k</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>196.0</td>
<td>190.0</td>
<td>319.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The age-adjusted rate of persons hospitalized for diabetes per 100k</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>86.0</td>
<td>59.5</td>
<td>128.5</td>
</tr>
</tbody>
</table>

4. By December 2024, decrease 5-year rates and/or 5-year case counts of STIs by 20%:

<table>
<thead>
<tr>
<th>The 5-year age-adjusted rate of gonorrhea per 100k</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52.7</td>
<td>23.5</td>
<td>95.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Central Oregon</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5-year syphilis case count</td>
<td></td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>5-year HIV case count</td>
<td></td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

5. By December 2024, 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:

<table>
<thead>
<tr>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.8%</td>
<td>32.75%</td>
<td>31.3%</td>
</tr>
</tbody>
</table>
Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. 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.”
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.
# Five-Year Investment Overview
## All Workgroups
January 2020–December 2024

<table>
<thead>
<tr>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,000,000</td>
<td>$5,062,568</td>
<td>$6,937,432</td>
</tr>
<tr>
<td>$2,000,000</td>
<td>budget per workgroup</td>
<td>$500,000 per year</td>
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</table>

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Spent</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Poverty</td>
<td>$941,994</td>
<td>$1,058,006</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>$600,742</td>
<td>$1,399,258</td>
</tr>
<tr>
<td>Physical Health</td>
<td>$616,132</td>
<td>$1,383,868</td>
</tr>
<tr>
<td>Stable Housing</td>
<td>$1,109,654</td>
<td>$890,346</td>
</tr>
<tr>
<td>Substance and Alcohol Misuse</td>
<td>$424,920</td>
<td>$1,575,080</td>
</tr>
<tr>
<td>Upstream Prevention</td>
<td>$1,369,126</td>
<td>$630,874</td>
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</table>
## PHYSICAL HEALTH
### 2022 Budget

#### Overview

<table>
<thead>
<tr>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<tbody>
<tr>
<td>5-Year</td>
<td>$2,000,000</td>
<td>$1,383,868</td>
</tr>
<tr>
<td>Cycle to Date</td>
<td>$1,000,000</td>
<td>$383,868</td>
</tr>
<tr>
<td>Yearly</td>
<td>$500,000</td>
<td>$383,868</td>
</tr>
<tr>
<td>Yearly Mini-Grant</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Yearly Standard Grant</td>
<td>$500,000</td>
<td>$140,842</td>
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</table>

#### By Future State Measure (5 year)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Budget*</th>
<th>Spent</th>
<th>Available</th>
<th>Currently Allocated</th>
<th>Projected Available</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Chronic Disease (1)</td>
<td>$15,048.81</td>
<td>-$15,048.81</td>
<td>-$15,048.81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit, Veggie &amp; Activity (2)</td>
<td>$544,970.48</td>
<td>$544,970.48</td>
<td>-</td>
<td>-$544,970.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable Disease (3)</td>
<td>$23,612.75</td>
<td>-$23,612.75</td>
<td>-$23,612.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity (4)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Illness (5)</td>
<td>$500,000.00</td>
<td>$0.00</td>
<td>$500,000.00</td>
<td>$500,000.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Wellness and Dental (6)</td>
<td>$500,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared mini grant budget.

#### Investments

<table>
<thead>
<tr>
<th>Organization</th>
<th>Process</th>
<th>Project</th>
<th>Award</th>
<th>Decision Date</th>
<th>Future State Measure</th>
<th>Latest Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosaic Medical</td>
<td>Standard Grant Improving Youth Physical Activity and Fruit/Vegetable Consumption (2020-2024 RHIP)</td>
<td>Rx to Move</td>
<td>$72,800.84</td>
<td>1.3.22</td>
<td>Increase fruit/vegetable consumption and physical activity among youth</td>
<td></td>
</tr>
<tr>
<td>Jefferson County</td>
<td>Standard Grant Improving Youth Physical Activity</td>
<td>Learning good health habits early in life to</td>
<td>$117,857.48</td>
<td>1.3.22</td>
<td>Increase fruit/vegetable consumption</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Program Description</td>
<td>Amount</td>
<td>Completion Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Department and Fruit/Vegetable Consumption (2020-2024 RHIP)</td>
<td>prevent chronic disease and physical activity among youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon State University - Cascades</td>
<td>Standard Grant Improving Youth Physical Activity and Fruit/Vegetable Consumption (2020-2024 RHIP)</td>
<td>Let's Be Active and Eat More Fruits and Veggies with OSU Extension Service</td>
<td>$43,500.00</td>
<td>1.3.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Desert ESD</td>
<td>Standard Grant Improving Youth Physical Activity and Fruit/Vegetable Consumption (2020-2024 RHIP)</td>
<td>Creciendo Girasoles (Growing Sunflowers): Version 2.0</td>
<td>$125,000.00</td>
<td>1.3.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Increase fruit/vegetable consumption and physical activity among youth
Form Name:
Regional Coordination: Sexually Transmitted Infections Full Application (2020-2024 RHIP)

Crook County Health Department
Central Oregon STI/HIV Prevention Public Health Collaborative

RHIP Workgroup:
Promote Enhanced Physical Health Across Communities

<table>
<thead>
<tr>
<th>Application Snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Requested</td>
</tr>
<tr>
<td>Organization Contact</td>
</tr>
<tr>
<td>Contact Phone</td>
</tr>
<tr>
<td>Contact Email</td>
</tr>
<tr>
<td>Organization Address</td>
</tr>
<tr>
<td>Website</td>
</tr>
<tr>
<td>Project Lead</td>
</tr>
<tr>
<td>Project Lead email</td>
</tr>
</tbody>
</table>

Future State Measure:
Promote Enhanced Physical Health Across Communities > Decrease Gonorrhea, Syphilis, and HIV rates or case counts
Note: * indicates required questions

**Part One: Project Highlights**

**Project Name**
*Name of Project.*

Central Oregon STI/HIV Prevention Public Health Collaborative

**Amount Requested**
*Please list the total amount of funds requested from the Central Oregon Health Council for this project.*

$500,000.00

**Timeline - Project Start Date**
*Please provide an estimated start date for your project.*

07/01/2022

**Timeline - Project End Date**
*Please provide an estimated end date for your project.*

12/31/2024

**Counties or Tribes Included in Project**
*Which of the following counties and/or tribes will your project include?*

Confederated Tribes of Warm Springs
Crook
Deschutes
Jefferson
Northern Klamath

**Name of Project Lead**
*Please provide the first and last name of the project lead for this funding request.*

Katie Plumb

**Email for Project Lead**
Please provide an email address for the project lead.

kplumb@h.co.crook.or.us

**Phone Number of Project Lead***
*Please provide the best phone number to reach the project lead.*

541-233-9177

**Requestor/Agency Location(s)***

Prineville

**Other Towns**
*If you chose 'other' above, please specify where your agency is located.*

**REALD Data Collection***
*Please select any data your organization collects around Race, Ethnicity, Language, Disability (REALD).*

- Race
- Ethnicity
- Preferred Language
- Disability
- Age
- Gender Identity
- Sexual Orientation

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**Part Two: Checklist**

**RHIP Workgroup***
*Please select the RHIP workgroup that your project is requesting funding from below:*

Promote Enhanced Physical Health Across Communities

**RHIP Future State Measures***
*If a project does not directly address a Future State measure, it will not be considered for funding.*
Promote Enhanced Physical Health Across Communities > Decrease Gonorrhea, Syphilis, and HIV rates or case counts

Optional: RHIP Future State Measures
If your project addresses more than one measure within the 2020-2024 RHIP, please select the second measure from the list below:

How the Project Impacts Future State Measures*
Please explain how this project directly impacts the RHIP Future State metric(s) you selected.

To have success in decreasing gonorrhea, syphilis and HIV rates the project will engage multiple sectors of the community in prevention efforts. Increasing provider knowledge and training will help increase access to STI/HIV services, identify new infections and decrease transmission. Community partners will play a vital role in addressing equity and inclusion with communities facing health disparities. Promoting equal access to sexual health education will help our young citizens develop protective factors, foster healthy relationships, building and supporting positive health outcomes into adulthood. Focus on the quality of our STI/HIV data will give the project direction and help define the needs of the STI pandemic for our unique communities. In all areas of the project the team will work to increase accurate knowledge and decrease stigma and stereotypes by having open, honest and accepting conversations within the communities we serve.

Part Three: Project Details

Project Description/Overview*
Please describe your project.

Crook County Health Department is requesting funds to support an STI regional coordinator position and a portion of an STI epidemiologist position. These positions will focus on improving STI data entry and analysis, addressing STI/HIV health equity issues, increasing STI/HIV health literacy, and establishing community partnerships with the overall goal of improving STI rates. The tri-county region has a strong history of partnership and collaboration through the HIV Early Intervention Services and Outreach grant and more recent OHA funding to Jefferson and Crook Counties for disease investigation.

The epidemiologist position will work to improve quality, accessibility, timeliness and use of data related to STIs and social determinants of health to provide program guidance and set priorities. They will improve processes to measure, monitor, evaluate, report, and disseminate progress toward achieving programmatic goals. Access to more consistent, timely data will help to understand which populations are facing disparities within local jurisdictions and provide guidance in developing strategic plans and collaborating with partners and community based organizations that can best help to address those disparities.

The project coordinator position will work in local jurisdictions to assess youth sexual health education and advocate for best practices and the Oregon Department of Education state standards. STI/HIV prevention and
sexuality education supports positive physical and mental health of youth as they grow into young adults. Schools and youth serving organizations play an important role in STI/HIV prevention and sexuality education for youth to promote healthy lifestyles.

The project coordinator will work with the Deschutes County STI/HIV Prevention Coordinator to convene a regional Advisory Group with focused workgroups for projects. The Advisory Group will help set priorities and direction and expand community participation. The Group will work to assure representation from communities at risk and to amplify the voices within those communities who are underrepresented and facing health disparities and inequities.

Participation in community engagement and partnership development with key organizations to enhance and expand STI/HIV prevention efforts is a priority for this project. The position will work to form partnerships and collaboration between public health, tribal communities, health care, community-based organizations, educational institutions, and community leaders - with emphasis on those who serve and represent populations disproportionately affected by the adverse health effects of STI/HIV in our region.

The project will work with regional organizations like Oregon Aids Education and Training Centers and HIV Alliance to provide trainings, support, and guidelines to the provider community to increase prevention and testing for STIs/HIV. Oregon Aids Education and Training Centers provides interactive, on-site clinical training to build provider capacity. Available trainings include sexual orientation and gender identity, engaging patients who inject drugs, trauma informed care as well as collecting a sexual history and screening for STIs/HIV. HIV Alliance provides HIV prevention through PrEP navigation within the region.

**Project Aim**

*Please describe the overarching aim of this project. (An aim is the large (thinking big) desired result of your project. The aim serves as the foundation for developing your program objectives. Please limit the aim to one sentence.)*

To assure high-quality STI/HIV prevention, care and treatment free from stigma and discrimination to reduce STI/HIV prevalence and to promote health equity by eliminating STI/HIV disparities.

**Why is this project needed?**

*Please describe how your project is unique or compliments existing work that already addresses this need.*

The STI rates have gradually been on the rise over the past 10 years with a significant increase in case rates in 2021.

- The gonorrhea rate in Central Oregon increased from 11.4 cases per 100,000 population in 2012 to 104.3 cases per 100,000 population in 2021 - an increase of about 9.1 fold.
- The syphilis rate in Central Oregon increased from 1.5 cases per 100,000 population in 2012 to 18.4 cases per 100,000 population in 2021 - an increase of about 12.3 fold.
- There have been 55 newly diagnosed HIV cases in Central Oregon from 2012-2021.
• From 2012-2021, about 60.4% (5,460 out of 9,047 cases) of Central Oregon chlamydia, gonorrhea, and syphilis cases were in people age 24 and under.
• From 2012-2021, about 65% (5,881 out of 9,047 cases) of Central Oregon chlamydia, gonorrhea, and syphilis cases were in females of reproductive age (15-44 years old).
• From 2012-2021, 54.1% (645 out of 1,192 cases) of Central Oregon gonorrhea and syphilis cases were males. Of the 645 male cases, 28.2% (182 out of 645 cases) reported having a male sex partner, although the male partner was not necessarily a current sex partner.
• In Central Oregon the percent of new HIV cases with late stage diagnosis is much higher than the state and national average.

Congenital syphilis (CS) has increased significantly in Oregon in recent years. In 2013, no cases of CS were reported to the Oregon Health Authority (OHA); in contrast, in 2020, there were 19 reported CS cases. In 2019, Oregon ranked 11th highest in the nation for CS cases with a rate of 43 cases per 100,000 live births.

The region has seen a significant increase in the number of gonorrhea and syphilis cases who report drug use. In 2021, 42% of the cases reported methamphetamine use and 24% reported IV drug use (IVDU).

Through further analysis we will find that there are certain racial and ethnic minority communities that are more impacted by STIs/HIV than others. This project will further define communities disproportionately impacted by STIs.

Local public health departments are required to respond to reportable diseases including chlamydia, gonorrhea, syphilis and HIV. The focus of this programming is to provide case investigation and partner services, working to ensure all cases and contacts have access to testing and treatment as needed. The investigators take the time to assess risk factors, provide culturally responsive education and make referrals to needed services. In addition, Deschutes County has funding for HIV Prevention and for four years there was funding through the HIV Early Intervention Services and Outreach Grant for a regional project. Beginning January 1, 2022 OHA no longer supported regional projects with HIV EISO funds but expanded funding to all counties through either HIV EISO or PE 10 funds, which are intended to support disease investigation work. Deschutes County has funding for HIV Prevention as well as HIV Early Intervention Services and Outreach to support a full time STI/HIV Prevention Coordinator. Leveraging this position to work alongside the project coordinator for this grant will broaden the reach of the project and allow for prevention work to continue and expand in Crook and Jefferson Counties, where there is no current funding for prevention.

**Prioritized Population**

*Tell us about the population that your project serves (ex. specific age-range, postpartum females, individuals diagnosed with pre-diabetes, a certain geographic area, etc).*

Although STDs can affect all populations this project will focus on specific priority populations that are the most disproportionately impacted.

Adolescents and young adults: In the US people aged 15-24 represent one-half of new STI infections, but only one-quarter of the sexually active population. Regional data shows that 60.4% of cases are in 24 and under age category.
Pregnant women and women of reproductive age: Early syphilis has increased over 900% among women in Oregon since 2013. From 2014 through 2020, there were 248 cases of syphilis in pregnancy in Oregon. Of those 248 cases 69 resulted in a case of congenital syphilis.

Men who have sex with men and transgender women: 28.2% of male gonorrhea and syphilis cases reported having a male sex partner.

Houseless people and drug use: Statewide, from 2014 through 2020, 48% of pregnant people who delivered an infant with congenital syphilis were houseless/unstably housed, 32% had a history of IVDU, and 52% reported meth use.

**Equity**

How does this project meet the characteristic needs of communities experiencing health disparities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity, and/or sexual orientation?

Share the specific approaches you are using.

Health disparities occur when there are higher rates of disease among certain population groups compared to other groups. Differences may occur by gender, race or ethnicity, education, income, disability, geographic location, sexual orientation, and gender identity among others. Social determinants of health like poverty, unequal access to health care, lack of access to health education, disproportionate incarceration rates, stigma and racism are linked to health disparities. Analyzing data from reportable cases and contacts regionally will help to identify communities experiencing health disparities in each unique county. These findings will be presented to the Advisory Group to create objectives and workplans to address the needs of communities experiencing health disparities. The project will engage and establish partnerships to increase trust in the healthcare system, decrease discrimination and increase referral systems to resources for clients and communities in need.

**Equity (Continued)**

Please explain how the people served by the project are involved in the planning and carrying out of the project.

The STD/HIV Advisory Group that has served the Central Oregon region over the past 3 years will be utilized. The Advisory Group has had representation from the following communities and partners: OUTCentralOregon, LGBTQ members, Human Dignity Coalition, Latino Community Assoc., Deschutes Co. Jail provider, Mosaic mobile clinic provider, Jefferson Co. Health Dept., Crook Co. Health Dept., and others. The funding will help to build new and deepen established relationships with community organizations who serve impacted communities. Providing education and resources for testing and referral to these organizations will serve to increase access to health care and health literacy. Working with these organizations to understand the needs of communities will direct outreach. This project will strive to include all impacted communities to participate on the Advisory Group or within workgroups specific to communities impacted by STIs/HIV or jurisdictions with unique communities and needs.
Supporting Questions*

For this specific project, please answer the following questions in the space provided:

*How will the project ensure all Central Oregon communities are served by this project? (Central Oregon includes Crook, Deschutes, Jefferson, and northern Klamath counties, and the Confederated Tribes of Warm Springs)*

The tri-county region has consistently shown a willingness and desire to collaborate to increase health outcomes regionally. There is a strong history of working together on many projects such as: HIV Early Intervention Services & Outreach, The Perinatal Care Project, Infection Prevention, Central Oregon Regional Childhood Immunization Rate Quality Improvement Project, HIV Case Management just to name a few.

Crook County Health Department is applying for the grant and will be housing the project coordinator position. The Central Oregon communities served by this project are very diverse and cover a large geographic area. For the success of the project, the coordinator and epidemiologist will collaborate with and build on already established programming. The coordinator hired for this project will focus more of their time on Crook and Jefferson Counties while working very closely with the Deschutes County STI/HIV Prevention Coordinator and Team. Deschutes County has funding for HIV Prevention as well as HIV Early Intervention Services and Outreach to support a full time STI/HIV Prevention Coordinator. Leveraging this position to work alongside the project coordinator will broaden the reach of the project and allow for more outreach in Crook and Jefferson Counties. The project coordinator will plan to work at least 1 to 2 days per week in Jefferson County and will work closely with Jefferson County staff to engage and work with the Confederated Tribes of Warm Springs expanding on already established relationships and initiatives. Deschutes County currently supports Jefferson County and The Confederated Tribes of Warm Springs with disease investigation and outreach for Gonorrhea, Syphilis and HIV working closely with those organizations to assure case investigation, partner services and referral to care are provided in a culturally responsive manner. Deschutes County has also worked closely with Klamath County to provide STI case investigation and partner notification for clients seen in Deschutes County. Residents of northern Klamath County often access services in La Pine and the La Pine Community Clinic runs the school based health center in Gilchrist.

The Adolescent Health Team from Deschutes County has collaborated with Gilchrist School Based Health Center and the northern Klamath schools to provide sexual health education and support to teachers. They have presented as subject matter experts to support sexual health curriculum in schools and attended health focused events in northern Klamath County.

All Central Oregon communities will be included in planning and implementation of this project and workplans will be developed to ensure all areas are served.

Part Four: Project Objectives
Objective Description #1*
What is trying to be accomplished?

To begin the project we will need to recruit for the project coordinator. The epidemiologist position will need to be reassigned a portion of their time to work on regional STI data projects.

SMART Objective #1 (Target/Future State)*
Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Hire and begin training for project coordinator by July 1st.

Baseline Data for Objective #1 (Current State)*
Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

No staffing for this project.

Objective Description #2*
What is trying to be accomplished?

Consistency in documentation of cases and contacts in the state database (Orpheus). Identification of target groups and increased access for these groups over project period.

SMART Objective #2 (Target/Future State)*
Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Perform quality analysis of 2021 data and identify gaps and/or inconsistencies in data in the tri-county region and create a data dictionary based on findings in the quality analysis by 12/31/22.

Baseline Data for Objective #2 (Current State)*
Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.

There is no QA training or resources to support documentation in the reporting system.
Objective Description #3*

*What is trying to be accomplished?*

Development of a regional Advisory Group to increase community participation, direct priority setting and adoption of community-designed STI prevention strategies. Membership sustained over project period.

**SMART Objective #3 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

The project coordinator along with the Deschutes County STI/HIV Prevention Coordinator will recruit members representing communities with disparities and convene its first regional Advisory Group by September 1st, 2022.

**Baseline Data for Objective #3 (Current State)**

*Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.*

With the COVID pandemic and shifting responsibilities for public health the Advisory Board did not meet regularly.

Objective Description #4

*What is trying to be accomplished?*

Increase communication and outreach to the Latinx population.

**SMART Objective #4 (Target/Future State)**

*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

The coordinators will have two planning meetings with Familias en Acción, Latino Community Association and Volunteers in Medicine by 10/1/22.

**Baseline Data for Objective #4 (Current State)**

*Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.*

Currently Familias en Acción is not providing outreach in the Central Oregon area. The project will partner with this organization to provide STI/HIV specific outreach to the region. Latino Community Association and Volunteers in Medicine serve the Latinx population but do not provide services focused on STIs/HIV.
Objective Description #5
What is trying to be accomplished?

Increase provider education, awareness and training in the region to increase STI/HIV testing. Increasing provider training in cultural competency and humility can help reduce health inequities and disparities.

**SMART Objective #5 (Target/Future State)**
*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

Work with Oregon Aids Education and Training Center and HIV Alliance to provide trainings by 12/31/22. Set realistic goal for number of trainings through 2024 by 12/31/22.

**Baseline Data for Objective #5 (Current State)**
*Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.*

With the COVID pandemic in-person trainings and virtual trainings were not taking place.

Objective Description #6
What is trying to be accomplished?

All Central Oregon youth has equal access to sexual health education that is research based and medically accurate.

**SMART Objective #6 (Target/Future State)**
*Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

Assess sexual health education in the region and alignment with the sexual health requirements and state standards by 12/31/23.

**Baseline Data for Objective #6 (Current State)**
*Please provide information that indicates where you are starting (current state data) as it relates to your SMART Objective.*

Each individual school district is handing sexual health education differently and there is even more variation in what teachers are delivering.
Part Five: Project Evaluation and Sustainability

Evaluation*
How will you measure what your project plans to do?

Throughout the pandemic there was a lack of access to clinical services with some time frames being worse than others. Due to this we have seen surges in the number of cases at certain times. It will be important to document these trends over time and monitor testing levels. Regional data from Oregon Public Health Epidemiologists’ User System (Orpheus) will be used to establish baselines, analyze regional data, and measure progress toward the project goals and overall vision.

The project will look at process and implementation of program objectives and activities to evaluate if they were implemented as intended. In addition, the project lead or coordinator/s will engage the RHIP workgroup to set evaluation measures for the project to make sure that the intended objectives were achieved. Progress on SMART objectives will be documented and reported to the grantee. The outcome and effectiveness of program objectives will be accessed for their impact on target populations. STI cases and rates can go up and down on a yearly basis, especially in the smaller counties. It is important to look at data over a longer period of time to see the trends. In some areas it may be hard to determine if progress on project goals and activities are due to the STI project or timing and the variability of STD cases and rates. Ongoing evaluation will be critical to developing and sustaining high-quality and appropriately targeted STD prevention objectives in the region.

Outcome*
How will you know if and how people are better off because of your project?

- We will hope to see regional rates of gonorrhea, syphilis and HIV rates are trending down.
- There is increased access to testing and sexual health care that is free from stigma and discrimination and is affordable for all.
- Community partners are engaged in STI/HIV prevention activities and there is a decrease of inequities.
- The BIPOC community has access to culturally responsive sexual health services.
- Processes are developed for referral to primary care, drug treatment, mental health services, harm reduction, housing and other supportive services.
- All students are receiving medically accurate, sexual health education that meets state standard and includes sexual orientation and gender identity.

Sustainability*
How will your project continue after this funding?

Sustainability would be based on the partnerships built and resources available at the end of the grant. STIs significantly impact the health care system and community. Almost 20 years ago the gonorrhea cases were at an all time low and public health was working to eliminate syphilis. With sharp, sustained funding cuts for STD
prevention within public health and community based organizations the number of cases began to rise. The public health infrastructure to address STIs was limited. In 2019, the number of STD cases in the United States reached an all time high for the 6th consecutive year. Unless funding streams are stabilized into the future we will continue to see rising numbers of cases.

The project will be thoughtful in their approach to building sustainability measures into future objectives and work plans as able. A sustainability assessment will be conducted to determine what aspects, if any, of the project can sustain after the project period ends. A potential source for counties would be to leverage some modernization funding to support STI/HIV investigation and prevention. Continue to work with COHC on the RHA and through RHIP workgroups to address health disparities.

**Best Practice***

*What, if any, are the emerging best practices and/or evidence-based guidelines upon which the project is based?*

Please write

The Oregon EISO program is highlighted as a best practice compilation on TargetHIV.org!

Early Intervention Services and Outreach

The Oregon Health Authority identified a need for priority HIV testing and linkage to care among people with sexually transmitted infections (STIs) in Oregon. They awarded contracts to local public health authorities (LPHAs) across the state to work with community partners to integrate early intervention services (EIS) and outreach services, link people to HIV care, and provide support to help clients reach viral suppression. Quick linkage to care resulted in a median of 57 days to viral suppression for Early Intervention Services and Outreach (EISO) clients.

Need Addressed

Oregon is a state with low HIV incidence overall, but high rates of syphilis, gonorrhea, and HIV-STI co-infection. The Oregon Health Authority identified the need to conduct priority testing (HIV testing for clients with an STI diagnosis) to diagnose HIV among people who were unaware of their status as well as the need to provide intensive support services to these clients to help them reach viral suppression. The Oregon statewide planning group that advises the Oregon Health Authority on matters related to HIV, hepatitis and STIs, recommended approaches that were tailored locally to engage underserved people in outreach testing.

For the full assessment access https://targethiv.org/intervention/early-intervention-services-and-outreach?utm_source=bpURL

**Fidelity***

*If your program is evidence-based or best practice, will it be reviewed for fidelity?*

Please write
The project outcomes will be reviewed for fidelity to the HIV Early Intervention Services and Outreach Program for portions of the grant.

**Part Six: Project Support and Partnerships**

*Project Collaboration & Partnerships*

Please share how community partners have worked together in the development of this project, and plan to continue throughout its duration.

*Support and sustainability should be clearly demonstrated through letters of understanding, money support, matching, in-kind support, or volunteer support.*

All three county health departments have worked together to decide the best structure for the grant. Some of the partnerships and support initiated thus far are from:

We have reached out to the following organizations who are in support of partnering on this project. We are currently putting together a list of other organizations that will be reached out to when the project starts.

**OUTCentralOregon** - OUT Central Oregon – LGBTQ+ Advocacy LGBTQ+ Advocacy OUT Central Oregon develops and supports events and provides information to encourage community involvement and build well-being for the LGBTQ+ community.

**HIV Alliance** - As an agency, we are committed to not only addressing our clients’ needs for HIV-specific care and prevention services, but to reducing all barriers to wellness. HIV Alliance is comprised of diverse individuals committed to reducing health disparities in our state, including higher rates of HIV and increased HIV-related health disparities that impact LGBTQIA+, BIPOC, unhoused communities, people impacted by behavioral health issues, people living in rural areas, and others who might find it difficult to access services from more traditional providers. HIV Alliance provides PrEP and nPEP services within our region.

**AIDS Education and Training Center** - The Oregon AIDS Education and Training Center (AETC) is a program of the Mountain West AETC funded in part by the Oregon Health Authority (OHA) and the Health Resources and Services Administration (HRSA) to offer provider education to improve patient health outcomes for people at risk or living with HIV, while preventing new infections of STI/HIV in our community. Currently serving all counties in Oregon and SW Washington, the Oregon AETC continues to expand our efforts statewide.

**Familias en Acción** - Familias en Acción was founded in 1998, in response to the need for a culturally specific organization to promote health for Latino/x/e communities in Oregon. Our services include Community Health Work, Climate Health Equity, Food Equity Advocacy, and HIV/STI’s Sexual Health Education.
Optional: Community Support Letter #1
HIV Alliance_Letter of Support_20220407.pdf

Optional: Community Support Letter #2
Letter of Support-Signed- Deschutes Co..pdf

Optional: Community Support Letter #3
Letter of Support- Jefferson Co..pdf

Optional: Community Support Letter #4
Letter of Support- AETC.pdf

Optional: Community Support Letter #5
Letters of Support- OCO & COBHC.pdf

Job Description(s)*
Please upload a pdf with all job descriptions relating to this project.

Combined JDs.pdf

Part Seven: Budget Information

Project Budget*
Please download the Central Oregon Health Council's budget document, found here. After downloading and completing the budget document, please upload it below.

COHC-Project-Budget-Final.xlsx

Funding Request - Year One*
$100,000.00

Funding Request - Year Two

$200,000.00

Funding Request - Year Three

$200,000.00

Funding Request - Year Four

Funding Request - Year Five

Funding Match*
Are you seeking any funding matches or additional contributions to support your project? If so, provide the organization/entity name that will be providing the match.

If you are not seeking a match, please write

This is a large project with number of project objectives. It would be hard to provide specialized outreach and prevention within the three counties and cover all of the objectives.

Crook County and the Project Coordinator will partner with the Deschutes County STI/HIV Prevention Coordinator and Team to fulfill the objectives in the grant for Deschutes County and Northern Klamath Co. Crook and Jefferson Counties will be leveraging Oregon Health Authority funds that support STI disease outreach and investigation.

Funding Match Amount (if not applicable, leave blank)

$214,000.00

Part Eight: Follow-Up Questions and/or Supplemental Information

Follow-up questions and/or supplemental information
This section is to be used ONLY IF you received follow-up questions.
Please use this space to provide the answers to all questions you may have received.

• Please make every effort to type or copy the answers into the text box below.
• *In the event that you have documentation such as flow-charts or graphics that you would like to provide that will not copy into a text box, you may use the file upload to attach.*

• *If you have multiple attachments, they will need to be scanned together and uploaded as one file.*

**Process Following Submission**
Application Files

Applicant File Uploads

- HIV Alliance_Letter of Support_20220407.pdf
- Letter of Support-Signed- Deschutes Co..pdf
- Letter of Support- Jefferson Co..pdf
- Letter of Support- AETC.pdf
- Letters of Support- OCO & COBHC.pdf
- Combined JDs.pdf
- COHC-Project-Budget-Final.xlsx
To Whom It May Concern,

HIV Alliance supports Crook County Health Department in obtaining funds to support a regional STI coordinator position and STI epidemiologist position. These positions will work towards establishing partnerships in Central Oregon with the goal of reducing STI rates among populations impacted by health disparities and inequalities.

HIV Alliance provides PrEP/nPEP Coordination services in the Central Oregon region, which includes Crook County. As HIV Alliance is based distant from central Oregon, having a regional STI coordinator based in Crook County will be a great resource for HIV Alliance’s PrEP coordination. The regional STI coordinator will be able to provide information on local STI/HIV testing, which regional providers are culturally responsive to individual health needs and where to access trusted community services and leaders committed to improving the health of at-risk populations. The STI coordinator will also be a consult for local nPEP services and where to best send those in need of immediate intervention. This collaboration will address barriers to care and decrease rates of STIs and HIV.

The epidemiologist position will benefit Central Oregon by tracking STI/HIV rates and providing local partners with local data to determine success of efforts and to prioritize efforts.

As a partner organization, HIV Alliance is supportive of this proposition to fund these positions and looks forward to this collaboration.

Sincerely,

Renee Yandel
Executive Director
HIV Alliance
To Whom It May Concern,

On behalf of Deschutes County Health Services- Public Health, I strongly support a collaboration with Crook and Jefferson Counties to expand STI/HIV Prevention within the region, including Northern Klamath Counties and Confederated Tribes of Warm Springs. This partnership will build upon long-standing relationships and already established programming to address the increase in STI rates happening in the region. This project strengthens our regional model set in place by the HIV Early Intervention and Services Outreach grant. Our history of working together has resulted in successfully bringing many critical health services to the region and creating innovative programming that best serve the communities.

Deschutes County’s STI/HIV Programs are committed to decreasing STI/HIV health inequities and reducing the STI rates. We are working to develop, enhance and expand STI prevention and care and believe it is important to collaborate for a regional approach. Establishing community partnerships and community-led interventions are key to delivering successful services to all community members.

Thank you for taking the time to review this application for funding. If I can provide further information regarding support for this important project, please don’t hesitate to contact me.

Sincerely

Dr Rita Bacho | Public Health Program Manager

Enhancing the lives of citizens by delivering quality services in a cost-effective manner.
JEFFERSON COUNTY  
Public Health  
715 S.W. 4th Street, Suite C • Madras, Oregon 97741 • Ph: (541) 475-4456 • Fax: (541) 475-0132

Central Oregon Health Council  
RHIP Promote Enhanced Physical Health Across Communities Workgroup  
PO Box 6689  
Bend, Oregon 97708

To Whom It May Concern,

As identified in the Request for Proposal (RFP), sexually transmitted infections (STIs) are preventable with proper precautions and education and can be successfully managed with appropriate testing and treatment. As Jefferson County is disproportionately impacted in case rates as well as shortages in provider availability, the work remains a priority locally. Therefore, Jefferson County Public Health strongly supports Crook County and its partner Deschutes County, as they apply for funding from Central Oregon Health Council to support a regional STI/HIV prevention project which includes, Northern Klamath Counties and Confederated Tribes of Warm Springs. The provision of an STI/HIV project coordinator and STI/HIV epidemiologist in Central Oregon would greatly benefit the region. The partnership will build upon long-standing relationships and already established programming to address the increase in STI rates happening in the region. This project strengthens our regional model set in place by the HIV Early Intervention and Services Outreach grant.

The public health departments within the tri-county region have shown exceptional willingness to work together for the public good of Central Oregon. In fact, many of these partnerships have been highlighted by the Oregon Health Authority for their innovation approaches, their effectiveness as well as the return on investment. Through working together, we have successfully brought many critical health care services to the region. In addition, we have shared, and continue to share, positions to increase our public health infrastructure. Jefferson County remains committed to working to decrease STI/HIV related health inequities and reduce STI rates locally and within the Central Oregon region. This project will provide necessary funding to strengthen community partnerships and create objectives specific to the unique community needs within our county.

Thank you for taking the time to review this application for funding and know that Jefferson County is very supportive of a regional approach to addressing STI rates. Please do not hesitate to reach out with any additional questions or requests for clarification.

Sincerely,

Michael K. Baker, PhD, MsPH, CEHS/RS  
Health Services Director  
Jefferson County Public Health
April 7, 2022

Central Oregon Health Council RFP Committee,

I am writing in full support of Crook County Health Department’s application for the Regional Coordination: Sexually Transmitted Infections (STIs) RFP. STIs continue to rise across the state of Oregon and given lower screening rates during the COVID-19 pandemic, we anticipate a rise in STI diagnoses as we reinstate routine STI screening to capture asymptomatic infections. The timing is pivotal, and I commend the Central Oregon Health Council for prioritizing STIs in the Regional Health Improvement Plan.

Crook County Health Department, working with Deschutes, Jefferson and North Klamath Counties, is best positioned to augment STI efforts in Central Oregon by increasing data collection, coordinating efforts across the region with key partners, and increasing public awareness to respond to this public health concern. As a neutral entity, Crook County Health Department will bring together partners in the region and host collaborative efforts to decrease the burden of STIs in Central Oregon.

The Oregon AIDS Education and Training Center (AETC) is the local training arm of the Health Resources and Services Administration (HRSA) providing capacity building and professional development for clinicians and health systems along the HIV Care Continuum from prevention to viral suppression. Topics include addressing stigma around sexual health, STIs, and health systems change to increase access to care among Black, Indigenous, and Latine populations.

Funded by the Oregon Health Authority, Mountain West AETC, and the Minority AIDS Initiative, the Oregon AETC will leverage funds to provide capacity building assistance to clinicians and health systems in Central Oregon on STI screening and treatment to supplement Health Department efforts funded under this grant. This includes onsite training with health systems, peer-to-peer clinician mentoring, and technical assistance as needed in relation to updated STI and PrEP guidelines to ensure people living in Central Oregon have access to the standard of care. By attending regular planning meetings and following the lead of local health authorities, we look forward to enhanced surveillance to better target efforts and create sustained practice change, decreasing the burden of STIs in Central Oregon.

We look forward to our continued partnership with Crook, Jefferson, and Deschutes County Health Departments and enhancing our activities in the region as a result of this funding. Please don’t hesitate to reach out with any questions.

Kindest Regards,

Dayna Morrison, MPH
Program Manager
Oregon AIDS Education and Training Center
April 11, 2022

Attn: Central Oregon Health Council

Re: OUT Central Oregon Letter of Support for Deschutes County Health Department’s Grant Application

It is with sincere support that I endorse Deschutes County Health Department’s (Deschutes Health) grant application to fund a regional STI coordinator position in Crook County and to partially fund an STI epidemiologist position.

OUT Central Oregon (OCO) and Deschutes Health have partnered in several capacities over the past few years. Our partnership and collaboration have mutually benefitted both organizations and we look forward to additional collaborations that continue to meet critical health needs of Central Oregon.

By working together, we have increased awareness and accessibility of STI/HIV testing and education here in Deschutes County. The mobile testing van, for example, is at many OCO events, providing easy access to free STI/HIV testing and information for many of our community members. We consistently market and promote such services to the community through paid/targeted Facebook and Instagram ads.

Funding through this grant will allow for such services to be expanded to nearby Crook County. As part of our commitment to increase LGBTQ+ community engagement in Crook County, OCO will continue its collaboration to include the Crook County STI coordinator and assist in marketing and promoting the STI/HIV testing and education services to that community. The expansion of such services to Crook County would play a vital role in assuring high-quality STI/HIV education, prevention, care, and treatment to this community.

Our direct participation and work with the Community Advisory Board for Deschutes County will continue and expand to include community members from Crook County, thus ensuring appropriate input from the community.

Thank you for the consideration of this request!

Sincerely,

RJ Quiris
President of the Board, OUT Central Oregon
April 11, 2022

Subject: Crook County STI Coordinator and Epidemiologist

To: COHC Grant Review Committee

The Central Oregon Behavioral Health Consortium (COBHC) represents the collaborative efforts of nineteen (19) agencies across Jefferson, Crook, and Deschutes Counties. We would like to provide this letter of commitment to the STI Coordination Team at Deschutes and Crook Counties.

The COBHC seeks to improve the training and retention of behavioral health providers throughout the central Oregon region. We are also a collaborative agency that engages many of the region’s healthcare partners. When we learned of the grant being put forward by Deschutes and Crook County to support better access to STI treatment and prevention, we expressed our wish to support and collaborate because access to better education and treatment for STI can also lead to better mental health treatment. STI teams, like this grant seeks funding to support, engages with some of our most vulnerable community members, further illustrating the impact of such a team and how STI Coordinators and providers need their own set of counseling skills, but also the ability to refer to culturally informed and responsive behavioral health providers. Our training programs are meant to support providers needing training, as well as the community that needs treatment, making our support of this project a natural fit. The COBHC wishes to support all initiatives that improve access to care within our rural and frontier adjacent communities, in particular those that have connection to behavioral health services such as this grant proposal.

We look forward to partnering with Deschutes and Crook County on this initiative in any way we can to support the overall health and wellbeing for our community.

For this project, our contact information is as follows:

- Name: Adam Dickey, PsyD
- Title: Consortium Director of Behavioral Health
- Email: adam@ecworks.org

Thank you for your time and consideration. Our rural communities deserve robust and high-quality STI and behavioral health services now and into the future.

Sincerely,

[Signature]

Robert Adam Dickey PsyD
Consortium Director
458-218-5603
adam@ecworks.org
Department: Crook County Health Department
Reports To: Clinic Supervisor
Classification: Non-exempt
Salary Grade:

Summary
The primary duties of this position are to work regionally in Crook, Deschutes and Jefferson counties to implement the Central Oregon Health Council regional project to decrease STI/HIV rates. Duties include, but are not limited to, participating with internal and community stakeholders and partners to achieve programmatic priorities; coordinating with medical providers and health care systems regarding training and increased testing; promoting PrEP and nPEP navigation services to the community; linking patients to healthcare and other supportive services; providing compassionate work with Disease Investigation Specialists (DIS) to increase client health literacy and education; working with epidemiologist to provide active surveillance of targeted populations; and other duties as assigned. This position requires the application of specialized knowledge in adult education and learning styles as well as working knowledge of effective health promotion and behavior change strategies.

Essential Job Functions
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Community and Stakeholder Engagement
1. Organize and facilitate a Community Advisory Board
2. Participate with internal and community stakeholders and partners to achieve programmatic priorities
3. Coordinate with medical providers and health care systems

Program Implementation
1. Implement programs in compliance with regulatory, grant and state requirements
2. Establish performance benchmarks for projects
3. Assess, plan, coordinate, implement, and evaluate health education services, materials and programs to ensure achievement of the region’s work plan and outcome goals
4. Develop and provide prevention trainings and/or educational programs and services

Documentation and Reporting
1. Complete timely and accurate case and data entry
2. Competently use electronic medical record documentation process
3. Oversee work plans and complete required grant reports

General
1. Maintain regular and predictable work attendance
2. Assist with emergency response as needed
3. Coverage may include late evening and weekend hours

Public Health Preparedness:
• Experience analyzing qualitative data.

Must have knowledge of:

• Federal, state, and local disease reporting requirements.
• Principles, methods, and practices of epidemiology including the symptoms, cases, control, and prevention of communicable diseases.
• Statistical analysis (quantitative and qualitative).
• Well-developed writing skills to prepare complex project reports and technical and procedural documentation.
• Well-developed human relations skills to communicate technical concepts to others, employee lines of inquiry, and conduct presentations.
• Microsoft Office: Word, Excel, PowerPoint, and Outlook.

Must have skill to:

• Manage multiple projects and competing deadlines.
• Work independently to design, develop and carry out a variety of projects dealing with financial and management systems.
• Deal responsibly with confidential information.
• Communicate effectively, both verbally and in writing.
• Use standard office equipment, including PC-based keyboards, spreadsheets, databases, and presentation graphics.
• Establish and maintain effective working relationships with others at all times.

NECESSARY SPECIAL REQUIREMENTS:
Possession of or ability to obtain a valid Oregon driver's license within 30 days of hire date. The employment offer will be contingent upon presentation of an acceptable and verifiable driver's license, pre-employment screening for criminal history, driving history, and controlled substances (NOTE: Positive test results for marijuana use may result in rescission of a contingent offer of employment). This screening must be completed with satisfactory findings in order for a formal offer of employment to be extended.

Deschutes County will comply with the Oregon Health Authority, Public Health Division Oregon Administrative Rule (OAR 333-019-101) requiring COVID-19 vaccination for employees working in a healthcare setting. It is a requirement of this position that the incumbent provide proof of vaccination status or request and be approved for an exemption based on legitimate medical reasons or sincerely-held religious beliefs (for detailed information on exceptions, please review section (4), (A) and (B)) by October 18, 2021 or their date of hire, whichever is later. Deschutes County provides reasonable accommodation as required by applicable law, and those finalists seeking a reasonable accommodation from the vaccination requirement may submit a copy of the medical or religious exemption form as prescribed by the Oregon Health Authority in order to certify the reasons for requesting an exemption. There is no need to take action at this point. More information will be provided to candidates that progress to the final stage of the process.

Work is performed in a standard office environment.

Deschutes County is an Equal Opportunity Employer. Women, Minorities and the disabled are encouraged to apply.

Deschutes County does not discriminate on the basis of race, color, national origin, age, gender, sexual orientation, marital status, religion, political affiliation, physical or mental disability, or any other basis prohibited by State of Oregon, federal or local law.
1. Complete Public Health Preparedness Training: IS 100, 200, 700, and 800
2. Participate in Public Health Preparedness exercises and events

**Competencies**

   - Use of computers for word processing, data entry and analysis, Microsoft Outlook, and a variety of software applications
2. Knowledge of principles and practices of reproductive health and public health including health maintenance and disease prevention; the effects of physical, social, and emotional factors on health; principles and techniques of teaching, counseling, interviewing, and history taking; resources available through other health and welfare agencies; integration and linkages between community agencies.
3. Knowledge of adult education and learning styles
4. Ability and skill in working with the public, including excellent customer service and de-escalation
5. Teamwork and Collaboration: Ability to work in a team setting collaboratively and promote a positive work environment that aligns with the department vision, mission, and guiding principles.
6. Time Management: Ability to work in a fast paced environment and meet deadlines.
7. Communication Proficiency: Ability to communicate effectively in both verbal and written form. Learn and explain established policies and procedures using judgement and diplomacy.
8. Flexibility: Ability to adapt quickly and work evenings and weekends as necessary. Ability to travel as needed.
9. Ethical Conduct: Ability to maintain confidentiality, abide by county/state and federal laws with knowledge of Public Health and county rules.
10. Initiative: Ability to work independently and initiate new or innovative public health strategies. Maintain knowledge of current community resources.
11. Data collection and interpretation skills

**Performance Indicators**

1. Effective convening of regional Advisory Group
2. Contribution to Quality Improvement processes
3. Timely submission of reporting requirements for each assigned program, including recorded outcomes in VMSG database
4. Engagement in Regional Health Improvement Plan efforts

**Supervisory Responsibility**

This position has no supervisory responsibilities.

**Work Environment**

This is primarily a clinical role, with some sedentary work; however, some filing, lifting and carrying will be required. This role routinely uses standard office equipment such as computers, phones, photocopiers, filing cabinets and fax machines. Ability to work in a fast-paced environment and off-site for clinics.

**Physical Demands**
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee is frequently required to sit; stand; walk; lift; use hands to finger, handle or feel; and reach with hands and arms. Ability to lift up to 20 pounds, twist, and bend.

**Position Type and Expected Hours of Work**
This is a full-time position. Typical days and hours of work are Monday through Friday, 8:00am to 5:00pm

**Travel**
Local and regional travel for is to be expected.

**Required Education and Experience**
- Bachelor’s Degree in a health or education field; AND
- Three (3) years of related experience
  OR
- Any equivalent combination of training, education, and experience that provides the required skills and knowledge to perform the job.

**Preferred Education and Experience**
- Experience and knowledge in STI/HIV programming
- Bilingual

**Additional Eligibility Requirements**
- Must hold a valid Oregon driver’s license
- Able to complete a thorough employment and/or criminal history check
- Final candidates will be required to provide official proof of college degree and certified transcripts (not required for all positions)

**Safety Sensitive Requirements**
- This position is considered to be a safety sensitive position subject to drug screen(s) and adherence to all vaccine/immunity requirements for the healthcare setting.

**AAP/EEO Statement**
- This position is ‘at-will’, and either Crook County or the employee may terminate the relationship at any time with or without cause.
- Crook County is an equal opportunity employer

**Other Duties**
- Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.
Signatures
The employee signature below constitutes employee’s understanding of the requirements, essential functions and duties of the position.

Employee Print Name: _______________________________ Date: ____________________

Employee Signature: ________________________________ Date: ____________________

Supervisor/HR Signature: ___________________________ Date: ____________________
DEschutes County invites applications for the position of:

Management Analyst, Health Services (Internal only)

Salaries:
$5,936.79 - $7,955.87 Monthly

Opening Date:
11/30/21

Closing Date:
12/12/21 11:59 PM

Summary:
This opening is for current Deschutes County employees only.

Deschutes County is accepting applications for a tri-county Management Analyst in the STD/HIV Programs. The position will be responsible for analyzing STD/HIV surveillance data such as health indicators, risk factors, and disease information in order to inform prevention and control efforts in Crook, Deschutes and Jefferson Counties. Improve quality, accessibility, timeliness, and use of data related to STDs and social determinants of health. Standardizing data collection methods to improve program performance. Develop outbreak and cluster response plans and lead investigative response. Produce STD/HIV epi reports for providers and the community at large to increase general community awareness of HIV and STDs. Identify the characteristics of the general population and of populations who are living with, or at risk for acquiring, HIV or STDs to inform outreach. Identify effective health promotion and disease prevention strategies and design and/or implement health promotion and disease prevention interventions.

*This job posting is not meant to be an all-inclusive list of duties and responsibilities, but constitutes a general definition of the position’s scope and functions.

Notification to all candidates will be sent via email and/or text only. Please opt in for text messaging or check your email and your Governmentjobs.com account for application status.

Review the full job description by clicking here.

Compensation:
$5,936.79 to $7,955.87 per month for a 172.67 hour work month. Excellent County benefit package when eligible. This position is available immediately.

Minimum Qualifications:
Bachelor’s degree in Business or Public Administration; AND three (3) years of experience analyzing, researching, developing, implementing, and administering projects and programmatic assignments; OR any equivalent combination of training, education, and experience that provides the required skills and knowledge to perform the job.

Preference will be given for:
- Experience in communicable diseases in a health services environment.
APPLICATIONS MAY BE FILED ONLINE AT:
https://www.deschutes.org/jobs

1300 NW Wall Street Suite 201
Bend, OR 97703
(541) 330-4643

employment@deschutes.org

Position #2021-00272
MANAGEMENT ANALYST, HEALTH SERVICES (INTERNAL ONLY) DH
### Project Budget

#### Total Requested Project Funds from COHC: $ 500,000.00

<table>
<thead>
<tr>
<th>Personnel Costs: Position (FTE dedicated to this project)</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD Project Coordinator 1.0 FTE</td>
<td>$ 165,000.00</td>
<td>$ 135,000.00</td>
<td>$ 300,000.00</td>
<td>$ 300,000.00</td>
</tr>
<tr>
<td>TBD Project Supervisor .1 FTE</td>
<td>$ 16,500.00</td>
<td>$ 13,500.00</td>
<td>$ 30,000</td>
<td>$ 30,000.00</td>
</tr>
</tbody>
</table>

Sub-Total: Personnel $ 181,500.00 $ 148,500.00 $ 330,000.00 $ 330,000.00

<table>
<thead>
<tr>
<th>Materials &amp; Supplies</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office supplies</td>
<td>$ 500.00</td>
<td>$ 325.00</td>
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</tbody>
</table>

Sub-Total: Materials & Supplies $ 500.00 $ 325.00

<table>
<thead>
<tr>
<th>Travel Expenses</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-county mileage</td>
<td>$ 15,000.00</td>
<td>$ 15,000.00</td>
</tr>
<tr>
<td>Car and maintenance</td>
<td>$ 1,500.00</td>
<td>$ -</td>
</tr>
</tbody>
</table>

Sub-Total: Travel Expenses $ 16,500.00 $ 15,000.00

<table>
<thead>
<tr>
<th>Consultants &amp; Contracted Services</th>
<th>Total Cost</th>
<th>Amount Requested</th>
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<tbody>
<tr>
<td>Deschutes Co. Health Services Epi (.4 FTE)</td>
<td>$ 128,625.00</td>
<td>$ 128,625.00</td>
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</tbody>
</table>

Sub-Total: Consultants & Contracted Services $ 128,625.00 $ 128,625.00

<table>
<thead>
<tr>
<th>Meeting Expenses</th>
<th>Total Cost</th>
<th>Amount Requested</th>
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<tbody>
<tr>
<td>Participant refreshments</td>
<td>$ 975.00</td>
<td>$ 975.00</td>
</tr>
<tr>
<td>Print materials</td>
<td>$ 400.00</td>
<td>$ 400.00</td>
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<tr>
<td>Intrepreting/translation services</td>
<td>$ 3,000.00</td>
<td>$ 3,000.00</td>
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</table>

Sub-Total: Meeting Expenses $ 4,375.00 $ 4,375.00

<table>
<thead>
<tr>
<th>Professional Training and Development</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person</td>
<td>$ 10,000.00</td>
<td>$ 10,000.00</td>
</tr>
<tr>
<td>Virtual</td>
<td>$ 7,000.00</td>
<td>$ 7,000.00</td>
</tr>
</tbody>
</table>

*training is for staff or partners and must support STI/HIV prevention and/or equity, epi, disease investigation, community engagement

Sub-Total: Professional Training and Development $ 17,000.00 $ 17,000.00

<table>
<thead>
<tr>
<th>Other Budget Items</th>
<th>Total Cost</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff recruitment ad onboarding</td>
<td>$ 1,250.00</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>Coordinator technology hardware and software</td>
<td>$ 3,075.00</td>
<td>$ 3,075.00</td>
</tr>
<tr>
<td>Coordinator cell phone</td>
<td>$ 1,350.00</td>
<td>$ 1,350.00</td>
</tr>
</tbody>
</table>

Sub-Total: Other Budget Items $ 5,675.00 $ 4,675.00

Total Project Budget $ 502,675.00 $ 500,000.00
Central Oregon STI/HIV Outreach Coordinator
JOB DESCRIPTION

Department: Crook County Health Department
Reports To: Clinic Supervisor
Classification: Non-exempt
Salary Grade:

Summary
The primary duties of this position are to work regionally in Crook, Deschutes and Jefferson counties to implement the Central Oregon Health Council funded project to decrease STI/HIV rates. The position will work closely with internal and community stakeholders and partners to achieve programmatic priorities in ways that are:

• Equitable,
• Culturally informed,
• Developmentally appropriate,
• Trauma-informed,
• Data-driven,
• And as comprehensive and sustainable as possible.

This position requires the application of specialized knowledge in adult education and learning styles as well as working knowledge of effective health promotion and behavior change strategies.

Essential Job Functions
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Community and Stakeholder Engagement
1. Organize and facilitate a Community Advisory Board
2. Participate with internal and community stakeholders and partners to achieve programmatic priorities
3. Coordinate with medical providers and health care systems regarding training and increased testing

Program Implementation
1. Implement programs in compliance with regulatory, grant and state requirements
2. Establish performance benchmarks for projects
3. Promote PrEP and nPEP navigation services to the community
4. Link patients to healthcare and other supportive services
5. Provide compassionate work with Disease Investigation Specialists (DIS) to increase client health literacy and education
6. Work with epidemiologist to provide active surveillance of targeted populations
7. Assess, plan, coordinate, implement, and evaluate health education services, materials and programs to ensure achievement of the region’s work plan and outcome goals
8. Develop and provide prevention trainings and/or educational programs and services

Documentation and Reporting
1. Complete timely and accurate case and data entry
2. Competently use electronic medical record documentation process
Central Oregon STI/HIV Outreach Coordinator

JOB DESCRIPTION

3. Oversee work plans and complete required grant reports

General
1. Maintain regular and predictable work attendance
2. Assist with emergency response as needed
3. Coverage may include late evening and weekend hours

Public Health Preparedness:
1. Complete Public Health Preparedness Training: IS 100, 200, 700, and 800
2. Participate in Public Health Preparedness exercises and events

Competencies
   o Use of computers for word processing, data entry and analysis, Microsoft Outlook, and a variety of software applications
2. Knowledge of principles and practices of reproductive health and public health including health maintenance and disease prevention; the effects of physical, social, and emotional factors on health; principles and techniques of teaching, counseling, interviewing; resources available through other health and welfare agencies; integration and linkages between community agencies.
3. Foundational knowledge of diversity, equity, and inclusion principles; and trauma informed care practices
4. Knowledge of adult education and learning styles
5. Ability and skill in working with the public, including excellent customer service and de-escalation
6. Teamwork and Collaboration: Ability to work in a team setting collaboratively and promote a positive work environment that aligns with the department vision, mission, and guiding principles.
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Employee Signature: ________________________________ Date: ________________

Supervisor/HR Signature: ____________________________ Date: ________________
Please see below and attached for additional information in response to our discussion this past Monday. I welcome additional input and am grateful for your time reviewing and supporting this work in the region. Thank you very much for your consideration!

**Position Description**

- Please see attached. I highlighted the changed/added language by using purple font to make it easier for workgroup members to see

**Interview**

- What is your approach to understanding the perspectives of colleagues and community members with different backgrounds and experiences?
- How do you challenge stereotypes and promote sensitivity and inclusion? Please provide a specific example.

**Onboarding**

- Initial training includes:
  - Stigma and Language
  - Equity Focused Policy Change
- Within 3 months of hire, staff will receive the following training:
  - Health Equity
  - Cultural Humility
  - Trauma Informed Care and Resilience

**Evaluation/Metrics**

- Utilize Orpheus to establish baseline data for a minimum of five (5) STI data points in Central Oregon that allow for analysis of disparate impact on populations in order to ensure these populations are represented in all aspects of project planning, implementation and evaluation.
- SMART Objective #6
  - Assess sexual health education in the region and alignment with the sexual health requirements and state standards by 12/31/23.
    - Goals:
      - Review School District plans for implementation of state standards for sexual health education for each district in Central Oregon.
      - Obtain feedback from a minimum of 80% of educators who are directly implementing sexual health curriculum in Central Oregon.
      - Observe in a minimum of one classroom in each school district in Central Oregon.
      - Develop report and identify messenger(s) to present findings to stakeholders/advocates identified by Advisory Group.
      - Capture identified recommendations and next steps to meet Objective 6 from Advisory Group and community stakeholders/advocates.

*Something our Objectives don’t capture are all of the goals/activities/tasks that are measurable up until the point of meeting an objective. I broke down Objective 6 as an example of how each of our Objectives will have Goals that can each be measured and reported back on.*

**Katie Plumb, MC**
Health & Human Services Director
Office: 541-447-5165
Mobile: 541-233-9177