



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

Join Zoom Meeting

<https://us02web.zoom.us/j/81243633949?pwd=RnVyc04zbVJYcGV0R1dEZGNTVWlydz09>

Join by phone:

1-719-359-4580

Meeting ID: 812 4363 3949

Passcode: 641536

Jun 27, 2023

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.

**AGENDA**

8:00-8:10	Welcome & Introductions
8:10-8:40	Investment Guidelines (Oregon Health Authority - Health Related Services) <ul style="list-style-type: none"><li>• Tricia Wilder and Kristen Tobias, PacificSource</li></ul>
8:40-9:20	Focused Implementation: <ul style="list-style-type: none"><li>• Request for Proposal Development – Review Draft<ul style="list-style-type: none"><li>○ Helping organizations support people with lived experience enhance their capacity to advocate for efforts that improve the Future State Measures</li></ul></li></ul>
9:20-9:30	Wrap Up & Announcements

Working Document:

<https://docs.google.com/presentation/d/1j6LJR-ZPdwv9qNpYLuuPVJs5wIUuFX5vNKKhFizD7I/edit?usp=sharing>

Budget Spreadsheet:

<https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1olGhJRMloXg9pEUofJ-KzU5WnscBbEX8/edit?usp=sharing>



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**Future State Measures – Full Detail**

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

	Crook County	Deschutes County	Jefferson County
Asthma (%)	7.4	8.2	12.9
Cancer (%)	7.0	6.4	4.9
Cardiovascular Disease (%)	8.7	4.3	5.1
Diabetes	9.5	5.3	18.3

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

Crook County	Deschutes County	Jefferson County
29.3%	19.9%	39.2%

2. B.) By December 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:

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

11 <sup>th</sup> Grade Rates	Crook County	Deschutes County	Jefferson County
Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.	39%	26%	30%
Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.	31%	26%	25%

3. By December 2024, decrease risk factors that contribute to Cardio-Pulmonary Disease and/or Preventable Disease by 7% in each county:

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

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

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

5. By December 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:

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

## Land Acknowledgment

*We recognize and acknowledge the indigenous land on 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 that 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."*

**Promote Enhanced Physical Health Across Communities**

RHIP Workgroup Virtual Meeting



**Central Oregon  
Health  
Council**

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

**Guiding Principles**

**Shared Focus**

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

**Shared Metrics**

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

**Involve Targeted Population**

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

**Collaborate to Solve Complex Issues**

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

**Coordinate Collective Efforts**

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

**Learn and Adapt Together**

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

# Promote Enhanced Physical Health Across Communities



**Background: Why are we talking about this?**

<p><b>1990s</b> Rise in obesity rates Increased sugar consumption</p> <p><b>2000s</b> Decrease in recess time at school Increasing Aging Population Tech Advancement &amp; Screen Time Vaping / E-cigarettes</p>	<p>Physical health is influenced by genes and biology, health behaviors, social environment, physical environment, and health services. Enhancing physical health throughout our communities improves quality of life and reduces the burden of healthcare and other costs to personal and public health. Access to healthcare is a challenge for residents in rural areas.</p>
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**Current Condition: What's happening right now?**

- Current rates of cardiovascular disease: Crook 9.7%, Deschutes 4.8%, Jefferson 5.7%
- Current rates of diabetes: Crook 10.6%, Deschutes 5.9%, Jefferson 20.4%
- Current adult obesity rates: Crook 31.5%, Deschutes 21.4%, Jefferson 42.2%
- Fewer than 30% of 11<sup>th</sup> graders report 60 minutes or more of physical activity in 7 days
- Fewer than 25% of 11<sup>th</sup> graders report getting 5 or more servings of fruits and vegetables per day
- Adults who currently smoke: Crook 29.3%, Deschutes 17.3%, Jefferson 12.7%
- Adults reporting high blood pressure: Crook 48.8%, Deschutes 24.8%, Jefferson 16.9%
- New cases of syphilis have been steadily increasing in the entire region since 2012
- Percentage of Medicaid members who receive both annual wellness visit and preventive dental visit: Crook 17.8%, Deschutes 20.75%, Jefferson 19.3%

See RHIP for Full Current State Metrics

**Goal Statement: Where do we want to be in 4 years?**

**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 Metrics - By December 2023:**

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

**Analysis: What's keeping us from getting there?**

- Inequitable measurement and approaches to weight and health management
- Rigidity of time, funding/payment, availability of service and receiving service
- Disparate funding and deceptive marketing
- Siloed systems prevent coordination of care
- Power dynamics adversely affect and create an underrepresentation in policy creation
- Trauma without resilience skills negatively impacts health
- Resource inequality exacerbates health disparity
- Individual and collective health beliefs impact health literacy efforts
- Restrictive and inequitable built environment impacts health

Date updated: 5.2022

**Strategic Direction: What are we going to try?**

- Reducing financial barriers to health
- Ensuring access and coordination of health services
- Improving health & wellness communication, education & delivery
- Partnering with underserved communities for equitable decision making
- Ensuring policies that promote health and an equitable built environment

**Focused Implementation: What are our specific actions? (who, what, when, where?)**

Mosaic Medical	Rx to Move	2022-2023	Region
Jefferson County Public Health	Learning Good Health Habits	2021-2022	Jefferson
OSU Extension	Let's Be Active & Eat Fruits/Veggies	2022-2024	Region
High Desert ESD	Creciendo Girasoles (Growing Sunflowers)	2022-2023	Region
The Giving Plate	Fruits & Veggies for Kids	2021-2024	Deschutes
Crook, Deschutes and Jefferson County Public Health	Regional STI/HIV Prevention Public Health Collaborative	2022-2024	Region

**Follow-Up: What's working? What have we learned?**

{insert}

**PHYSICAL HEALTH  
2023 Budget**

**Overview**

	<b>Budget</b>	<b>Spent</b>	<b>Available</b>
5-Year	\$2,000,000	\$1,117,158.56	<b>\$882,841.44</b>
Cycle to Date [1]	\$1,500,000	\$1,117,158.56	<b>\$382,841.44</b>
Yearly	\$500,000	\$0.00 [2]	<b>\$382,841.44</b>
Yearly Mini-Grant	\$0	\$0.00	<b>\$0.00</b>
Yearly Standard Grant	\$500,000	\$0.00	<b>\$500,000.00</b>

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

	<b>Budget* [3]</b>	<b>Spent</b>	<b>Available [4]</b>	<b>Currently Allocated [5]</b>	<b>Projected Available [6]</b>	<b>Notes [7]</b>
Chronic Disease (1)		\$15,048.81 [8]	-\$15,048.81		-\$15,048.81	
Fruit, Veggie & Activity (2)		\$544,970.00 [9]	-\$544,970.00		-\$544,970.00	
Preventable Disease (3)		\$23,639.75 [10]	-\$23,639.75		-\$23,639.75	
Obesity (4)		\$0.00	\$0.00		\$0.00	\$382,841.44
Sexually Transmitted Illness (5)	\$500,000.00	\$500,000.00	\$0.00		\$0.00	
Wellness and Dental (6)	\$500,000.00					

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

**2023 Investments**

<b>Organization</b>	<b>Process</b>	<b>Project</b>	<b>Award</b>	<b>Decision Date</b>	<b>Future State Measure</b>	<b>Latest Report</b>

**Five-Year Investment Overview**  
**All Workgroups**  
 January 2020–December 2024

Budget	Spent	Available
\$12,000,000	<b>\$7,184,584.04</b>	<b>\$4,815,416</b>

Workgroup	Spent	Available
Address Poverty	\$941,993.79	\$1,058,006.21
Behavioral Health	\$1,954,157.00	\$45,843.00
Physical Health	\$1,117,158.56	\$882,841.44
Stable Housing	\$1,129,654.00	\$870,346.00
Substance and Alcohol Misuse	\$617,494.69	\$1,382,505.31
Upstream Prevention	\$1,424,126.00	\$575,874.00





## **Request for Proposals (RFP)**

### **Central Oregon Health Council Regional Health Improvement Plan Regional Health Improvement Plan Promote Enhanced Physical Health Across Communities Workgroup**

**Project Name:**

**Access Code:**

#### **Future State Measures:**

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

**Contact Person:** Gwen Jones

**Email:** [Gwen.jones@cohealthcouncil.org](mailto:Gwen.jones@cohealthcouncil.org)

**Phone Number:** 541-306-3523

## **About the Central Oregon Health Council**

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon

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

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before the onset of the COVID-19 pandemic.

We recognize that when we invest in long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crises. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system-level change.

We also provide smaller funding opportunities for \$5,000 or less called mini grants [HERE](#).

## Description of Grant Opportunity

**Maximum Award Amount:**

**Available Funds:**

**Funding Duration:** Single and multi-year projects will be considered.

The RHIP Promote Enhanced Physical Health Across Communities is accepting applications to support development and/or expansion of advocacy-related capacity building activities. The focus of the capacity building must be related to the themes of chronic disease prevention, improvement in youth physical activity, fruit and vegetable consumption, reduction in sexually transmitted infections or oral health care. This includes capacity building at the individual-with-lived-experience level, organizational and community levels.

### Why are these efforts needed?

Fulfilling Central Oregon's visions of improving health for all people living in the region requires larger social change efforts. Organizations, individuals and communities often have limited or varied skills, resources and opportunities to promote their needs and recommendations for improvements in health and social service delivery systems.

Increasing client ownership and creating opportunities for clients to advocate for themselves can have real clinical benefits. Engaging in advocacy can combat staff burnout and energize volunteers and donors. Advocacy requires enhancing agency decision-making structures, communications, relationships with external stakeholders, connections to grassroots constituents, staff training and skills, and responsiveness to changing conditions.

The intent of this project is to strengthen and develop skills, instincts, processes and resources of individuals, organizations and communities for advocacy needed to promote health-related policy changes at all levels of our communities (individual, organizational, city, regional, state, federal). Capacity building for advocacy should be related to prevention of chronic disease,

improvement in youth physical activity, fruit and vegetable consumption and reduction in sexually transmitted infections.

Types of outcomes may include, and are not limited developing and expanding:

- Individual knowledge, skill and confidence navigating health care and social service delivery systems.
- Patient and client advisory councils.
- Opportunities and skills of people with lived experiences to be system-changing spaces (eg. advocacy training, communications strategies, training to serve on a board of directors, meeting with decision-makers, etc.).
- Technical support for policies, practices and procedures within an organization and/or system to create a welcoming and safe environment for people with lived experience to fully participate.

Prioritized audiences for this community investment include, and are not limited organizations serving and people who:

- Organizations serving and people who identify under COHC definition of priority population (see below).
- Organizations serving and people who cannot access Medicaid.
- Organizations serving and people who live in rural Central Oregon (see below).
- Organizations serving and people who do not have access to transportation.

[Click here](#) to review how this application defines [capacity building](#), [advocacy](#), and [people with lived experiences](#).

## Proposal Requirements

### Project Criteria

1. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
2. Projects must directly impact the specified Future State Measures of the Regional Health Improvement Plan (see above).
3. Projects must take place within Central Oregon:
  - Crook, Deschutes, and Jefferson Counties
  - The Confederated Tribes of Warm Springs
  - Northern Klamath County, limited to:
    - Gilchrist, Chemult, Crescent, and Crescent Lake Junction
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU).
5. Projects must include **prioritized populations\*** & communities that are intentionally excluded from power, access, and privilege.

6. Projects must be culturally and linguistically responsive for prioritized populations.
7. Project must have an education, training, or awareness component.
8. Applicant must:

### Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Advocacy or lobbying
- CCO provider administrative activities
- Any product or service that can be billed to any health insurance plan currently or known in the future (durable medical equipment, screenings, medicines, etc.)
- Indirect costs
- Individual rent/mortgage assistance and utilities (business costs associated with this project are allowable)
- Brick and mortar construction
- Project benefitting a single individual or single household
- Health Information Technology that goes against PacificSource's one vendor policy
- COHC staff and household members cannot apply
- OHA and DHS cannot apply

### Evaluation Criteria

The RHIP Promote Enhanced Physical Health Across Communities Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal. Programs serving individuals at high risk of overdosing and those that are in contact with them are prioritized.

### Funding Details and Important Information

**Maximum Award Amount:**

**Available Funds:**

**Funding Duration:** Single and multi-year projects will be considered.

**Anticipated Selection Schedule**

Request For Proposal (RFP) Released:

Application Submission Closes:

Notification of Award:

### How to Apply

This Request for Proposal is posted on our website [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Once registered and logged in to the grant platform, use this access code to apply for this grant:  
**XXX**

## Support

The RHIP Substance and Alcohol Misuse Workgroup is available to support this project in a collaborative, advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact Gwen Jones by email at [gwen.jones@cohealthcouncil.org](mailto:gwen.jones@cohealthcouncil.org) or by phone at 541.306.3523.

If you have questions about using the grant platform, please contact Kelley Adams by email at [Kelley.adams@cohealthcouncil.org](mailto:Kelley.adams@cohealthcouncil.org) or by phone at 541.306.3523.

## Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

### \*COHC definition of **prioritized populations**:

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

### \*\*COHC definition of **rural**:

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less AND one or more of the following:

Low income such as:

- High levels of poverty\*\*
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

\*\*Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.

**Capacity building** is defined as the process of developing and strengthening skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world. An essential ingredient in capacity-building is transformation that is generated and sustained over time from within; transformation of this kind goes beyond performing tasks to changing mindsets and attitudes.

At the individual level, this may look like training programs, workshops and conferences. At the organizational or institutional level, this may be development of internal policies, organizational and procedural restructuring. At the systemic level, this may look like advocacy initiatives, consultations, open dialogue, and reforms.

<https://www.un.org/en/academic-impact/capacity-building>

<https://www.learlab.com/insights/capacity-building-is-it-only-a-matter-of-training/>

**Advocacy** is defined as any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others. Some common synonyms of advocate are back, champion, support, and uphold.

Self advocacy may include: Ability to effectively communicate, convey, negotiate;

Understanding your strengths and needs; Identifying your personal goals; Knowing your legal rights and responsibilities and communicating these to others. Individual advocacy may

include: Informal advocacy, When people like parents, friends, family members or agencies

speak out and advocate; and Formal advocacy which Involves organizations that pay their staff to advocate for someone or for a group of individuals. Systems Advocacy may include:

Changing policies, laws or rules that impact how someone lives their life, and; Changing laws, or simply written or unwritten policy.

[https://mffh.org/wp-content/uploads/2016/04/AFJ\\_what-is-advocacy.pdf](https://mffh.org/wp-content/uploads/2016/04/AFJ_what-is-advocacy.pdf)

<https://cedwvu.org/resources/types-of-advocacy/#:~:text=There%20are%20three%20types%20of,individual%20advocacy%20and%20systems%20advocacy.>

**Please Note:** These grant funds can be used for capacity building or advocacy that directly improves Medicaid member and/or community health or quality of health care. Reference: Oregon Health Authority Health Related Services FAQ, page 9.

<https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-FAQ.pdf>

**People with Lived Experience** is defined in this way: Lived experience is the things that someone has experienced themselves, especially when these give the person a knowledge or understanding that people who have only heard about such experiences do not have. A person with lived experience is someone who has gained knowledge through direct, first-hand involvement in everyday events, rather than through assumptions and constructs from other people, research, or media.

<https://www.oxfordreference.com/display/10.1093/oi/authority.20110803100109997>

<https://communityscience.com/blog/what-evaluators-mean-when-they-talk-about-lived-experience/>

DRAFT