Promote Enhanced Physical Health Across Communities
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/82874053852?pwd=UjlWaWI4SEVzSXhQdWY0V09BeENadz09
Join by phone:
1-719-359-4580
Meeting ID: 828 7405 3852
Passcode: 877217

January 23, 2024
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 - 9:20 Focused Implementation
  • Request for Proposal - Building Skills for Promoting Preventative Health
    ○ Funding Conversation and Decision.

9:20 - 9:30 Community Sharing and Closing

Working Document:
https://docs.google.com/presentation/d/1j6LJR-ZPdwv9qYnPvLuuPVJs5wlUufFX5vNKKhlfJzD7/edit?usp=sharing

Budget Spreadsheet:
https://docs.google.com/spreadsheets/d/1Gw9dL6lRe1oIgH1RMioxg9pEUofj-KzU5WncbEX8/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>Obese Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook</td>
<td>29.3%</td>
</tr>
<tr>
<td>Deschutes</td>
<td>19.9%</td>
</tr>
<tr>
<td>Jefferson</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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Reporting 60 minutes of Physical Activity</th>
<th>Fruit and Vegetable Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th</td>
<td>Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.</td>
<td>Percentage of youth getting at least 5 servings of fruit or vegetables per day.</td>
</tr>
<tr>
<td>Crook</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>Deschutes</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>32%</td>
<td>41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Reporting 60 minutes of Physical Activity</th>
<th>Fruit and Vegetable Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th</td>
<td>Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.</td>
<td>Percentage of youth getting at least 5 servings of fruit or vegetables per day.</td>
</tr>
<tr>
<td>Crook</td>
<td>39%</td>
<td>31%</td>
</tr>
<tr>
<td>Deschutes</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>30%</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></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-adjusted % of adults who currently smoke</td>
<td>24.5%</td>
<td>16.1%</td>
<td>11.9%</td>
</tr>
<tr>
<td>The age-adjusted rate of persons hospitalized for stroke per 100k</td>
<td>196.0</td>
<td>190.0</td>
<td>319.0</td>
</tr>
<tr>
<td>The age-adjusted rate of persons hospitalized for diabetes per 100k</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></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 5-year age-adjusted rate of gonorrhea per 100k</td>
<td>52.7</td>
<td>23.5</td>
<td>95.8</td>
</tr>
<tr>
<td>Central Oregon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-year syphilis case count</td>
<td></td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>5-year HIV case count</td>
<td></td>
<td></td>
<td>21</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></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.8%</td>
<td>32.75%</td>
<td>31.3%</td>
</tr>
</tbody>
</table>
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
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?**

<table>
<thead>
<tr>
<th>Period</th>
<th>Event/Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990s</td>
<td>Rise in obesity rates</td>
</tr>
<tr>
<td>2000s</td>
<td>Decrease in recess time at school</td>
</tr>
<tr>
<td></td>
<td>Increasing Aging Population</td>
</tr>
<tr>
<td></td>
<td>Tech Advancement &amp; Screen Time</td>
</tr>
<tr>
<td></td>
<td>Vaping / E-cigarettes</td>
</tr>
</tbody>
</table>

Physical health is influenced by genes and biology, health behaviors, social environment, physical environment, and health services. Enhancing physical health throughout our communities improves quality of life and reduces the burden of healthcare and other costs to personal and public health. Access to healthcare is a challenge for residents in rural areas.

**Current Condition: What's happening right now?**

- 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 11th graders report 60 minutes or more of physical activity in 7 days
- Fewer than 25% of 11th 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

**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?)**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Programme/Project</th>
<th>Duration</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosaic Medical</td>
<td>Rx to Move</td>
<td>2022-2023</td>
<td>Region</td>
</tr>
<tr>
<td>Jefferson County Public Health</td>
<td>Learning Good Health Habits</td>
<td>2021-2022</td>
<td>Jefferson</td>
</tr>
<tr>
<td>OSU Extension</td>
<td>Let’s Be Active &amp; Eat Fruits/Veggies</td>
<td>2022-2024</td>
<td>Region</td>
</tr>
<tr>
<td>High Desert ESD</td>
<td>Creciendo Girasoles (Growing Sunflowers)</td>
<td>2022-2023</td>
<td>Region</td>
</tr>
<tr>
<td>The Giving Plate</td>
<td>Fruits &amp; Veggies for Kids</td>
<td>2021-2024</td>
<td>Deschutes</td>
</tr>
<tr>
<td>Crook, Deschutes and Jefferson County Public Health</td>
<td>Regional STI/HIV Prevention Public Health Collaborative</td>
<td>2022-2024</td>
<td>Region</td>
</tr>
<tr>
<td>Open Grant Process</td>
<td>Building Skills for Promoting Preventative Health</td>
<td>Fall/Winter 2023</td>
<td>Regional</td>
</tr>
</tbody>
</table>

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

(insert)
# 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>$7,777,819.28</td>
<td>$4,222,180.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Spent</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Poverty</td>
<td>$941,993.79</td>
<td>$1,058,006.21</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>$1,974,157.00</td>
<td>$25,843.00</td>
</tr>
<tr>
<td>Physical Health</td>
<td>$1,117,637.10</td>
<td>$882,362.90</td>
</tr>
<tr>
<td>Stable Housing</td>
<td>$1,129,654.00</td>
<td>$870,346.00</td>
</tr>
<tr>
<td>Substance and Alcohol Misuse</td>
<td>$1,195,251.39</td>
<td>$804,748.61</td>
</tr>
<tr>
<td>Upstream Prevention</td>
<td>$1,419,126.00</td>
<td>$580,874.00</td>
</tr>
</tbody>
</table>
## PHYSICAL HEALTH
### 2024 Budget

**Overview**

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Year</td>
<td>$2,000,000</td>
<td>$1,117,637.10</td>
<td>$882,362.90</td>
</tr>
<tr>
<td>Cycle to Date</td>
<td>$1,500,000</td>
<td>$1,117,637.10</td>
<td>$382,362.90</td>
</tr>
<tr>
<td>Yearly</td>
<td>$500,000</td>
<td>$0.00</td>
<td>$382,362.90</td>
</tr>
<tr>
<td>Yearly Mini-Grant</td>
<td>$0</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Yearly Standard Grant</td>
<td>$500,000</td>
<td>$0.00</td>
<td>$500,000.00</td>
</tr>
</tbody>
</table>

Yearly Standard Grant: $500,000 = available to BLUE measures, per previous agreements.

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease (1)</td>
<td>$15,048.81</td>
<td>$15,048.81</td>
<td>$0.00</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Fruit, Veggie &amp; Activity (2)</td>
<td>$544,970.00</td>
<td>$544,970.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Preventable Disease (3)</td>
<td>$23,639.75</td>
<td>$23,639.75</td>
<td>$0.00</td>
<td>$382,841</td>
<td>$0.00</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>$500,000.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Wellness and Dental (6)</td>
<td>$500,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$500,000.00</td>
<td></td>
</tr>
</tbody>
</table>

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

### 2024 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>
</table>

8
Request for Proposals (RFP)
Central Oregon Health Council Regional Health Improvement Plan
Promote Enhanced Physical Health Across Communities Workgroup

**Project Name:** Building Skills for Promoting Preventative Health  
**Access Code:** PHYSICAL23

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

**About the Central Oregon Health Council**

The [Central Oregon Health Council](http://cohealthcouncil.org) (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](http://cohealthcouncil.org). 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**

The RHIP Promote Enhanced Physical Health Across Communities Workgroup is accepting grant applications for projects to strengthen and develop skills, processes and resources of individuals, organizations, and communities to continue, initiate, promote and/or support health-related policy changes at all levels of our communities (individual, organizational, city, regional, state, federal). Projects should be related to one or more of the following: prevention of chronic disease, improvement in youth physical activity, fruit and vegetable consumption, reduction in sexually transmitted infections, increasing oral health care. Keep reading for further details and examples.

**Why are these efforts needed?**

Larger social change efforts are needed to fulfill our vision of improving health for all people living in the Central Oregon region.

To spur improvements in health and social service delivery systems, we must enhance the decision-making structures, communications, relationships with external stakeholders, connections to grassroots partners, staff training and skills, and responsiveness to changing conditions.

This requires increasing staff, volunteer, and client ownership; creating opportunities for clients to speak for themselves; strengthening their leadership skills; and leading improvement efforts.

Organizations, individuals, and communities often have developing, limited or varied skills, resources, and opportunities to promote their needs and make recommendations for improvements in health and social service delivery systems.

Below are types of outcomes that may be included in your projects. This is not a complete list of ideas. Projects may focus on developing and/or expanding current efforts like:

- Individual knowledge, skill, and confidence in navigating health care and social service delivery systems.
- Patient and client advisory councils.
- Opportunities and skills of people with lived experiences to be included in system-changing spaces (such as 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 or system that would create a welcoming and safe environment for people with lived experience to fully participate.

Prioritized audiences for this community investment include, but are not limited to, organizations serving people who:
• Identify under COHC definition of priority population (see below).
• Live in rural Central Oregon (see below).
• Do not have access to transportation.

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 Future State Measures of the Regional Health Improvement Plan specified above.
3. Projects must take place within Central Oregon:
   o Crook, Deschutes, and Jefferson Counties
   o The Confederated Tribes of Warm Springs
   o 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 be willing to support broader community learning by sharing learnings, implementation, and processes through informal updates to the RHIP Promote Enhanced Physical Health.

Restrictions
Regional Health Improvement Plan grants cannot be used for:
• Advocacy work that does not directly improve member and/or community health or quality of health.
• 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)
• Capital investments in new facilities designed to provide billable health services or brick-and-mortar housing developments.
• Projects 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

Available Funds: $382,841.00
Funding Duration: Single and multi-year projects will be considered.
Anticipated Selection Schedule
- Request For Proposal (RFP) Released: October 6, 2023
- Application Submission Closes: November 22, 2023
- Notification of Award: January 30, 2024

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: PHYSICAL23

Support

The RHIP Promote Enhanced Physical Health Across Communities 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 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 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.learlab.com/insights/capacity-building-is-it-only-a-matter-of-training/

**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/