Promote Enhanced Physical Health Across Communities
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/82874053852?pwd=UjIjWaWl4SEVzSXhQdWY0V09BeENadz09
Join by phone:
1-719-359-4580
Meeting ID: 828 7405 3852
Passcode: 877217

February 27, 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

8:15 - 8:45 Focused Implementation
   o Katie Plumb, Crook Co. H&H Services Director.
     ▪ Final report of the grant: Central Oregon STI/HIV Prevention Public Health Collaborative.

8:45 - 9:15 COHC Regional Health Assessment-Regional Health Improvement Plan update/transition. Preparing for the next cycle.

9:15 – 9:30 Community Sharing and Closing

Working Document:
https://docs.google.com/presentation/d/1j6LJR-ZPdvv9qNpYluuPVJs5wLuFXSvNKKhHfJzD7/edit?usp=sharing

Budget Spreadsheet:
https://docs.google.com/spreadsheets/d/1Gw9dL6iilRe1o1GhJRMIoxg9pEUofj-KzU5WncBbEX8/edit?usp=sharing
Promote Enhanced Physical Health Across Communities
Regional Health Improvement Plan Workgroup

<table>
<thead>
<tr>
<th>Future State Measures – Full Detail</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Chronic 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:

<table>
<thead>
<tr>
<th>Grade Rates</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Grade Rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.</td>
<td>47%</td>
<td>38%</td>
<td>32%</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>
<tr>
<td>11th Grade Rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.</td>
<td>39%</td>
<td>26%</td>
<td>30%</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></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>
</tbody>
</table>

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:

<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?

**1990s**
- Rise in obesity rates
- Increased sugar consumption

**2000s**
- Decrease in recess time at school
- Increasing Aging Population
- Tech Advancement & Screen Time
- Vaping / E-cigarettes

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

Current Condition: What’s happening right now?

- 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>Organization</th>
<th>Initiative</th>
<th>Start Date</th>
<th>End Date</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosaic Medical</td>
<td>Rx to Move</td>
<td>2022-2023</td>
<td>Region</td>
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<tr>
<td>Jefferson County Public Health</td>
<td>Learning Good Health Habits</td>
<td>2021-2022</td>
<td>Jefferson</td>
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<tr>
<td>OSU Extension</td>
<td>Let’s Be Active &amp; Eat Fruits/Veggies</td>
<td>2022-2024</td>
<td>Region</td>
<td></td>
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<tr>
<td>High Desert ESD</td>
<td>Creciendo Girasoles (Growing Sunflowers)</td>
<td>2022-2023</td>
<td>Region</td>
<td></td>
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<tr>
<td>The Giving Plate</td>
<td>Fruits &amp; Veggies for Kids</td>
<td>2021-2024</td>
<td>Deschutes</td>
<td></td>
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<tr>
<td>Crook, Deschutes and Jefferson</td>
<td>Regional STI/HIV Prevention Public Health Collaborative</td>
<td>2022-2024</td>
<td>Region</td>
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<td>County Public Health</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Open Grant Process</td>
<td>Building Skills for Promoting Preventative Health</td>
<td>Fall/Winter 2023</td>
<td>Regional</td>
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Follow-Up: What’s working? What have we learned?

(insert)
# Five-Year Investment Overview

## All Workgroups

January 2020–December 2024

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Spent</th>
<th>Available</th>
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<tbody>
<tr>
<td>Address Poverty</td>
<td>$941,993.79</td>
<td>$1,058,006.21</td>
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<tr>
<td>Behavioral Health</td>
<td>$1,974,157.00</td>
<td>$25,843.00</td>
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<tr>
<td>Physical Health</td>
<td>$1,500,478.10</td>
<td>$499,521.90</td>
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<tr>
<td>Stable Housing</td>
<td>$1,129,654.00</td>
<td>$870,346.00</td>
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<tr>
<td>Substance and Alcohol Misuse</td>
<td>$1,195,251.39</td>
<td>$804,748.61</td>
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<td>Upstream Prevention</td>
<td>$1,687,826.00</td>
<td>$312,174.00</td>
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<table>
<thead>
<tr>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<tbody>
<tr>
<td>$12,000,000</td>
<td>$8,429,360.28</td>
<td>$3,570,639.72</td>
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### PHYSICAL HEALTH
#### 2024 Budget Overview

<table>
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<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>$1,500,478.10</td>
</tr>
<tr>
<td>Cycle to Date</td>
<td>$2,000,000</td>
<td>$499,521.90</td>
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<tr>
<td>Yearly</td>
<td>$500,000</td>
<td>$382,841.00</td>
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<tr>
<td>Mini-Grant</td>
<td>$0</td>
<td>$0.00</td>
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<tr>
<td>Standard Grant</td>
<td>$500,000</td>
<td>$117,159.00</td>
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</table>

$382,841 = available to BLUE measures, per previous agreements (See A-16)

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

<table>
<thead>
<tr>
<th>Measure (FSM)</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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<tbody>
<tr>
<td>Chronic Disease (1)</td>
<td>$15,048.81</td>
<td>$15,048.81</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
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<tr>
<td>Fruit, Veggie &amp; Activity (2)</td>
<td>$544,970.00</td>
<td>$544,970.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Preventable Disease (3)</td>
<td>$23,639.75</td>
<td>$23,639.75</td>
<td>$0.00</td>
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<tr>
<td>Obesity (4)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td></td>
<td></td>
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<tr>
<td>Combined Funds</td>
<td>$382,841.00</td>
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<tr>
<td>Sexually Transmitted Illness (5)</td>
<td>$500,000.00</td>
<td>$500,000.00</td>
<td>$0.00</td>
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<td></td>
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<tr>
<td>Wellness and Dental (6)</td>
<td>$500,000.00</td>
<td>$478.54</td>
<td>$499,521.46</td>
<td>$499,521.46</td>
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</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>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAWSITIVE CHOICES</td>
<td>Standard grant Building Skills for Promoting Preventative Health (2020-2024 RHIP)</td>
<td>Empowering, Youth, Families, and Teachers with Nutrition, and Physical Activity Education</td>
<td>$88,000.00</td>
<td>01/29/24</td>
<td>Combine funds</td>
<td>Agreed upon final funds from their combined pool.</td>
<td></td>
</tr>
<tr>
<td>CASA OF CENTRAL OREGON</td>
<td>Standard grant Building Skills for Promoting Preventative Health (2020-2024 RHIP)</td>
<td>Upstream Prevention for Kids in Risk, Abuse, and Neglect Homes via CASA (Court Appointed Special Advocates)</td>
<td>$51,543.50</td>
<td>01/29/24</td>
<td>Combine funds</td>
<td>Agreed upon final funds from their combined pool.</td>
<td></td>
</tr>
<tr>
<td>SRIPONYA</td>
<td>Standard grant Building Skills for Promoting Preventative Health (2020-2024 RHIP)</td>
<td>Special Olympics health promotion programs for individuals with intellectual disabilities</td>
<td>$77,000.00</td>
<td>01/29/24</td>
<td>Combine funds</td>
<td>Agreed upon final funds from their combined pool.</td>
<td></td>
</tr>
<tr>
<td>OREGON STATE UNIVERSITY</td>
<td>Standard grant Building Skills for Promoting Preventative Health (2020-2024 RHIP)</td>
<td>Improving Health and Reducing Risk for Adults with Disabilities</td>
<td>$103,578.25</td>
<td>01/29/24</td>
<td>Combine funds</td>
<td>Agreed upon final funds from their combined pool.</td>
<td></td>
</tr>
<tr>
<td>DESTINATION REHAB</td>
<td>Standard grant Building Skills for Promoting Preventative Health (2020-2024 RHIP)</td>
<td>$62,719.25</td>
<td>01/29/24</td>
<td>Combine funds</td>
<td>Agreed upon final funds from their combined pool.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RHA and RHIP Process Update
Overview

• Define RHA
• Define RHIP
• Define prioritization
• RHA to RHIP processes overview
The Regional Health Assessment (RHA) describes health-related strengths and challenges in the region at a point in time.

The Regional Health Improvement Plan (RHIP) is a long-term systematic effort to address public health problems.

- Legislative responsibility
- Fulfills requirements for many regional entities
- Required every 3 - 5 years
- Collaborative regional approach
- [Mobilizing for Action through Planning & Partnerships](https://www.naccho.org/mapp) (MAPP) 2.0 by [National Association of County & City Health Officials](https://www.naccho.org) (NACCHO)
Prioritization

Identifying which of the many areas of health the region will focus.

Tools include: the health assessment, state and federal priorities, best-practice prioritization tools, community feedback.

The STEPPING STONE between the RHA and the RHIP.
RHA to RHIP Process Overview

Data Collection and Descriptive Analysis

Prioritization

Goals and Strategies
Regional Health Assessment

• Contents of the RHA
• Work Plan timeline
• Timeline comparison
• Highlights
• Details
Required Content

- Demographics
- Health Disparities
- Health Indicators
- Health Behaviors
- Social Determinants of Health

Source

- Secondary Data
  - Primary Data: Community Health Survey
  - Primary Data: Listening Sessions

Descriptive Analysis

2024 Regional Health Assessment
RHA Comparison Highlights

2024 RHA

- MAPP 2.0 - new emphasis on health equity and involvement of the public
- One Community Health Survey - 3800 respondents across all counties and subpopulations
- Focus groups led by trained community partner organizations
- Data Triangulation and Descriptive Analysis includes secondary data (indicators), focus group findings and community health survey findings
- 10-11 months for data collection and analysis

2019 RHA

- MAPP 1.0
- Three surveys = 800 respondents
- Focus groups hosted by COHC staff
- Data Triangulation and Descriptive Analysis included secondary data (indicators) only
- 6-7 months for data collection and analysis
RHA in Detail - Values and Preparation of Work

Built the structure needed to do the RHA in a collaborative way and to make sure we engaged the community on the assessment

- RHA Core Group
- RHA Steering Committee
- Connected with subject matter experts
- Connected partners (e.g. critical community organizations, local public health system, partners who advocate on behalf of community members impacted by public health issues, partners that have access to data or populations experiencing inequities)
- Included community members from BIPOC (Black, Indigenous, and people of color); LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, and other gender-affirming identities); immigrant, migrant communities, tribal organizations and governance for collaboration
- Connected community champions, including people who advocate on behalf of their community.
Community engagement investment to have improved sources of first degree information and future community collaborations

• Built/elevated the community structure to operate the RHA and prepare the work for the RHIP. Identify the needed community partners, train them, assure they have the resources to operate, and deliver the information for the RHA
  ◦ Engaged community champions to help promote the RHA and create trust among partners
  ◦ Offered incentives to increase participation in the community survey and focus groups
  ◦ Sought approval and follow community/cultural protocols before collecting data

• Engaged the local community in data-collection methods, working with community members as data collectors and engaging community-based partners that work with community members to organize and facilitate data collection
Met community members where they are to inform data collection through events with the leadership of a trusted organization.

- Number of people on the focus groups, discussions and panels:
  - 13 focus groups, 2 panels, and four walk-along interviews (475 pages, 22 hours of audio)
  - 119 people participated in the 13 focus groups
  - 51 participated in the 2 panel discussions
  - 35 participated in the 4 walk-along interview groupings
  - 17 of these data collection efforts were conducted in English, 21 in Spanish, and 1 in a mix of English and Spanish to suit the needs of the participants
RHA in Detail - Community Engagement Investment cont’d

- Final report of the Focus Group
  https://drive.google.com/file/d/1phr1_fEJWEb1zPdRLODFtDVx5xEzuWez/view?usp=drive_link

- Results from Community Health Survey
  https://drive.google.com/file/d/1l0N0fwzyWdBldTUMFAGRUAXecfz60xzV/view?usp=sharing

- Considered cultural differences to ensure equitable, inclusive data collection. Engaged stakeholders and community members who represent or are members of underserved populations to help understand cultural differences and best practices to support data collection.

- Partner with local universities and faculty in public health to support data collection.

- Collaborate with Federally Qualified Health Centers, and other health related organizations to collect and share their information. Coordinating our efforts on data-collection to expand the reach and reduce duplication.
RHA in detail - Preliminary Results

• Included non-numerical information through the survey and the focus groups, interviews and panel discussions to complement the quantitative data and provide a more balanced narrative to the RHA

• Contracted with expert researchers (like the University of Wyoming) to ensure that the collection and analysis of the qualitative data brings out information that is reliable and can be used to formulate health care interventions and strategies

• Brought back the preliminary results of the survey and the focus groups to the communities to verify the pertinence and accuracy of the collected information. A total of 6 Community Health Feedback Sessions were conducted in Redmond, Bend, Crescent, Prineville, La Pine and Madras. Some 350 people attended and were helped by more than 50 volunteers in total!
Regional Health Improvement Plan

- Timeline
- Comparison timeline
- Process overview
- Comparative highlights
### RHIP Timeline Comparison

#### 2024 RHIP Timeline

<table>
<thead>
<tr>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
</tr>
</thead>
</table>

- **RHA Published**
- **Focus Area Prioritization & Selection**
- **RHIP Document Development**
- **Publish RHIP**

#### 2019 RHIP Timeline

<table>
<thead>
<tr>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
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- **RHA Published**
- **Focus area Prioritization & Selection**
- **RHIP Document Development**
- **Publish RHIP**
2024 RHIP Process

December - January
• RHIP Process Planning with COHC staff and expanded to CORE and Steering Committee

May - June
• RHIP Focus Area prioritization & selection
  ○ CAC & Board will select 2025 RHIP Priority Areas with community and partner input

July-December
• Development of RHIP
  ○ Involve COHC workgroups, CAC, and partners in metric and strategy selection

January 2025
• Publish RHIP
RHIP Comparison Highlights

2025 RHIP

• Six months to write and publish
• Content created by content specialists, existing workgroup partners, CAC, community members
• Includes background, metrics, goals, root causes, evidence-based practices, emerging practices and mutually-agreed upon strategies.
• 2025 RHIP Workgroups will be aligned and ready to start when RHIP is finalized and released

2020 RHIP

• Three months to write and publish
• Content created by small groups of content specialists
• Included background, metrics, goals, evidence-based and best practices
• Aligned 2020 RHIP workgroups
• 9 months to align community partners for action and investment
Thank You