



**Substance and Alcohol Misuse: Prevention and Treatment**  
Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/87420000818?pwd=K1dEb3U5c1RINEFITnZtWDd2bnhKUT09>

Join by phone:

+1 669 900 6833

Meeting ID: 874 2000 0818

Passcode: 562894

March 12, 2024

3:30-5:00 PM

Aim/Goal
Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence-based substance and alcohol misuse prevention, intervention, treatment, and recovery services that are culturally responsive and trauma-informed.
Future State Measures
<ol style="list-style-type: none"><li>1. Decrease binge drinking among adults.</li><li>2. Decrease vaping or e-cigarette use among youth.</li><li>3. Increase services for alcohol or drug dependence for individuals newly diagnosed.</li><li>4. Reduce mental health/substance abuse ED visits in Madras, Prineville and Warm Springs.</li></ol> <p>*See full measures on next page.</p>

AGENDA
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3:30-3:45 PM	Welcome, introductions, announcements, packet review
3:45-4:50 PM	Implementation plan development <ul style="list-style-type: none"><li>• Media campaign implementation &amp; aligned activities</li><li>• Healthy Retail next steps</li><li>• Youth vaping proposals</li></ul>
4:50-5:00 PM	Wrap-up and next steps

Working Document: [https://docs.google.com/presentation/d/1O8HdpfQPrfK-9T8K0tKUycX3kd\\_abi3FtoS4Utva0cM/edit?usp=sharing](https://docs.google.com/presentation/d/1O8HdpfQPrfK-9T8K0tKUycX3kd_abi3FtoS4Utva0cM/edit?usp=sharing)

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

### **Substance and Alcohol Misuse: Prevention and Treatment**

Future State Measures – Full Detail			
1. By December 2023, only 25% of adults aged 18 to 34 in Central Oregon reported binge drinking on at least one occasion over the past 30 days.			
2. By December 2023, reduce the percentage of Central Oregon 11th grade students who report vaping or using e-cigarettes by 10% percent in each county, resulting in only 20.2% in Crook County, 26.5% in Deschutes County, and 14.9% in Jefferson County (OR Student Health Survey).			
3. By December 2023, 30% of Medicaid members (ages 13 and older) who are newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis will have two or more additional services for alcohol or other drug dependence within 30 days of their initial treatment. (Quality Incentive Measure (QIM))			
4. By December 2023, Mental Health/Substance Abuse Emergency Department visits per 1,000 will be reduced by 25% in highest rate locations:			
Warm Springs	Prineville	Madras	
35.3	15	13.8	

## **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 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.

Substance and Alcohol Misuse: Prevention & Treatment



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

<b>1980s</b> social norming of alcohol increases / legalization of brew pubs on Oregon	1 in 10 Oregonians struggle with drugs or alcohol costing the state \$6 billion /year. These illnesses are common, recurrent and treatable. Research indicates that preventing substance misuse can have far reaching implications for individuals, families and our community, including impact on education, community safety, health care, employment and quality of life.
<b>1990s</b> opioids are introduced for pain treatment	
<b>2007</b> E-cigarettes are introduced in the US	
<b>2016</b> marijuana is legalization in Oregon	
<b>2019</b> Surgeon General Report on Marijuana	

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

- As of 2019, 19 cases of vaping related illnesses have been reported in OR, leading to 2 deaths
- Oregon has one of the highest rates of misuse of prescription opioids in the nation
- Deaths from methamphetamine overdoses in Oregon are up 400% between 2012 and 2017

**Current State Metrics:**

- 37.4% of adults age 18-34 in Central Oregon reported binge drinking at least once in the past 30 days
- 11<sup>th</sup> graders vaping or using e-cigarettes: Crook 22.6%, Deschutes 29.4%, Jefferson 16.6%
- 7.8% of Medicaid members diagnosed with alcohol or drug dependence and who began treatment within 14 days of diagnosis, had 2 or more additional services within 30 days of initial treatment
- Mental health / substance abuse ED visits per 1,000: Warm Springs 47, Prineville 20.1, Madras 17.2

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

**Aim/Goal**  
Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence-based substance and alcohol misuse prevention, intervention, treatment, and recovery services that are culturally responsive and trauma-informed.

**Future State Metrics - By December 2023:**

- Decrease binge drinking among adults.
- Decrease vaping or e-cigarette use among youth.
- Increase additional services for alcohol or drug dependence for individuals newly diagnosed.
- Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs.

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

- Targeted seductive marketing encourages use
- Minimization of risk & harm impact prevention & care
- Data is not easily accessible or known
- Historical investment patterns impact SUD services
- Alcohol culture dominates the local lifestyle
- Inadequate screening & guidance at all contact points
- Trauma significantly impacts well-being
- Inaccessible & inequitable housing options
- Inconsistent & ineffective health messaging
- Pervasive stigma impedes prevention & access to care

Date updated: 2.2024

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

- Expanding Prevention and Community Education
- Broadening Partnerships to Align Efforts
- Diversifying and Expanding Intervention and Treatment
- Accelerating Systems, Policy and Environmental Change
- Formalizing Diverse, Welcoming Approaches

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

When	What	
10.21	Binge Drinking Regional Assessment Consultant	Funded
03.22	Treatment referral card distribution	Funded
03.22	Peer Support Specialist Org Funding	Funded
04.22	Peer Support Specialist Sustainability Consultant	Funded
01.23	Healthy Retail Assessment	Funded
07.23	Youth Engaged in Vaping Prevention	Funded
07.23	Naloxone Access & Overdose Prevention	Funded
11.23	Binge Drinking Prevention Campaign	Funded
02.24	Engaging Communities and Schools in SUD & OD Prev	RFP Released

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

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# Five-Year Investment Overview

## All Workgroups

January 2020–December 2024

Budget	Spent	Available
\$12,000,000	\$8,429,360.28	\$3,570,639.72

Workgroup	Spent	Available
Address Poverty	\$941,993.79	\$1,058,006.21
Behavioral Health	\$1,974,157.00	\$25,843.00
Physical Health	\$1,500,478.10	\$499,521.90
Stable Housing	\$1,129,654.00	\$870,346.00
Substance and Alcohol Misuse	\$1,195,251.39	\$804,748.61
Upstream Prevention	\$1,687,826.00	\$312,174.00

SUBSTANCE AND ALCOHOL MISUSE 2024 Budget						
Overview						
		Budget	Spent	Available		
	5-Year	\$2,000,000	\$1,195,251.39	\$804,748.61		
	Yearly Mini-Grant	\$20,000	\$0.00	\$20,000		
By Future State Measure (5 year)						
	Budget* [1]	Spent	Available [2]	Currently Allocated [3]	Projected Available [4]	Notes [5]
Binge Drinking	\$484,552.00	\$276,250.58 [6]	\$208,301.42	\$100,000.00	\$108,301.42	Tribal Strategies
Vaping E-Cigarettes	\$484,552.00	\$270,251.12	\$214,300.88	\$100,000.00	\$114,300.88	Vaping J Co & WS
SUD Services	\$484,552.00	\$415,458.00	\$69,094.00		\$69,094.00	
ED visits	\$484,552.00	\$195,330.00	\$289,222.00		\$289,222.00	
*Budget for each FSM reflects the agreed upon 5 year 'soft budget' of \$500,000 minus the portion contributed to shared minigrant budget.						

## **Regional Health Improvement Workgroup Partner Guide Conflict of Interest & Voting Practices**

As a partner within the Central Oregon Health Council's Regional Health Improvement Plan (RHIP) workgroups, you hold many important responsibilities. This guide addresses questions surrounding conflict of interest and voting practices in your duties as a workgroup partner.

### **We come together for the collective good.**

Your participation in the RHIP workgroup benefits the region at large. It is not for personal or organizational gain, either directly or indirectly. We recognize that our work often benefits many organizations, and we all stand to gain from the shared wisdom of our RHIP workgroup partners.

### **We value transparency and integrity.**

To uphold these values, we ask our workgroup partners to:

- Complete an annual Conflict of Interest Statement to maintain voting status.
- Verbally declare conflict(s) of interest during workgroup meetings.

### **We make recommendations through consensus.**

Workgroup facilitators often use a method called a Focused Conversation. This technique encourages everyone to participate and brings the group closer to consensus.

We define consensus as:

- Finding and creating areas of shared understanding.
- A coming together of the common sense of the whole group.
- An agreement that everyone can live with.

### **We formalize our recommendations via voting.**

An electronic vote follows the Focused Conversation. Only Voting Partners/Organizations will cast a vote. To gain and maintain status as a voting partner, one must:

- Sign the annual Conflict of Interest statement
- Attend 50% of workgroup meetings within the last six-month period.

### **We allow one vote per organization within a workgroup.**

It is common for organizations to have more than one person on a RHIP workgroup. People from the same organization will share a single vote. You will hear this referred to as a "Voting Organization" instead of a Voting Partner.



**A vote is finalized when:**

- At least 50% of Voting Partners/Voting Organizations cast a vote
- 75% of the Voting Partners/Voting Organizations are in agreement

**What is a Conflict of Interest?**

Throughout your work, you may have questions regarding what is and isn't a conflict of interest (COI). The following is a list of examples of what may and may not be considered a COI. This list is not exhaustive. If in doubt, please discuss the issue with your workgroup facilitator.

<b>Likely considered COI</b>	<b>Unlikely to be considered COI</b>
Financial Interests: You stand to gain financially from the outcome of the application.	Volunteering: You volunteer personal time or resources to support the applicant organization without expectation of personal gain.
Family/Personal Relationships: You or a relation are a leader or decision maker for the applicant organization. This could include the Board of Directors or employment affiliation (e.g., Executive Director)	Family/Personal Relationships: You or a relation are an employee but do not hold decision-making power within the applicant organization.
Funding competition: You or your organization applied for funding from the same source as the applicant organization.	Personal donations: You have made personal donations to the applicant organization without expectation of special treatment.
Employment: You work for the applicant organization and will directly benefit from the outcome of the application.	Community Involvement: You have attended events hosted or supported by the applicant organization.
Letter of support: Your organization submitted a letter of support for the application AND stands to gain financially from its outcome.	Letter of support: Your organization submitted a letter of support for the application AND does not stand to gain financially from its outcome.

**How does a conflict of interest impact RHIP workgroup voting?**

If you have a COI:

- You may not score any proposals within the same pool as your application
- You may not vote on any proposal within the same pool as your application

The required number of votes to finalize a decision remains 50% of the workgroup's total number of Voting Partners/Voting Organizations. For example, if the workgroup has ten total Voting Partners/Organizations, there must always be at least five votes to decide on a matter.

If Voting Partners/Organizations with a conflict of interest recuse themselves and the remaining number falls short of the 50% minimum voting threshold, the facilitator will seek Voting Partners from other workgroups to vote.

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### **Key Terms for RHIP Workgroup Participation**

**Abstain:** To abstain refers to a workgroup member's decision not to vote. Abstention doesn't mean the member is in favor of or against a vote – it simply means the member made a conscious decision not to vote.

**Conflict of Interest** occurs when an individual or organization is involved in multiple interests, one of which could corrupt the motivation for an act in the other. It's a situation in which someone in a position of trust has competing professional or personal interests.

**Funding Recommendation:** This is the consensus recommendation of the entire workgroup. The funding recommendation is then sent to the Voting Partners/Organizations for a formal vote.

**Non-Voting Workgroup Member:** A non-voting workgroup member participates in funding discussions during workgroup meetings. That input is used to reach a consensus funding recommendation for the group.

**Recuse:** To remove oneself as a judge in a particular matter, primarily because of a conflict of interest.

**Voting Partner:** A voting partner is a member of a RHIP workgroup who has demonstrated the consistent participation necessary to cast informed votes on funding matters. As funding conversations often occur across multiple sessions, you must attend 50% of workgroup meetings within a rolling six-month period to gain privileges as a Voting Partner.

**Voting Organization:** We refer to a Voting Organization when a single organization has multiple voting partners within one workgroup. As outlined within this document, any organization can only receive one workgroup vote.



## Request for Proposals (RFP)

### Central Oregon Health Council Regional Health Improvement Plan Regional Health Improvement Plan Substance and Alcohol Misuse Workgroup

**Project Name:** Engaging Communities and Schools in Substance Misuse and Overdose Prevention

**Access Code:** **ENGAGING**

**Future State Measures:** By December 2024, 30% of Medicaid members (ages 13 and older) who are newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis will have two or more additional services for alcohol or other drug

By December 2024, Mental Health/Substance Abuse Emergency Department visits per 1,000 will be reduced by 25% in the highest rate locations: Madras, Prineville, and Warm Springs

**Contact Person:** MaCayla Arsenault

**Email:** macayla.arsenault@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.

## Description of Grant Opportunity

**Range of Award Amount:** Minimum \$25,000 to Maximum \$125,000

**Available Funds:** \$358,300

**Funding Duration:** Single and multi-year projects will be considered and funds can be spent over multiple years.

This grant opportunity seeks to support initiatives that engage students, communities, and various stakeholders in effective substance misuse prevention efforts. The goal is to create a multi-faceted approach that goes beyond traditional harm reduction strategies, focusing on preventative messaging, community dialogue, and reducing the stigma surrounding substance use disorders (SUD) and naloxone use. This opportunity is not limited to schools but extends to the wider community, including churches, after-school programs, and organizations that work with the community. The key components of this grant opportunity include:

### **Preventative Messaging and Programming:**

Projects should emphasize proactive SUD prevention strategies, targeting not only schools but the entire community. This includes educational programs, trainings, awareness campaigns, and interventions that address substance misuse and promote healthy behaviors.

### **Naloxone and Overdose Prevention Support:**

While naloxone is an important harm-reduction tool, it is not a primary treatment option. Proposals could address overdose prevention through naloxone distribution, training, and education.

### **Stigma Reduction:**

It is crucial to focus on creating an inclusive environment and developing customized messaging to meet the specific needs of diverse communities. In rural areas, it may be beneficial to use alternative language instead of "stigma" to connect with local populations and enhance accessibility to healthcare services.

### **Community Gatherings and Conversations:**

Encourage community gatherings and conversations focused on SUD prevention, overdose support, and stigma reduction. Engage a wide range of community members and organizations that play a role in the lives of residents. The united front in addressing SUD is crucial to dispelling myths and fostering understanding.

**Trauma-Informed Media Campaign:**

If proposing a media campaign, it must be trauma-informed and adhere to best practices. The campaign should emphasize prevention, naloxone use, and the importance of reducing barriers to care. It should also consider the impact of the messaging on the community and carefully choose its words to foster understanding and support.

Interested organizations are invited to submit proposals for school-based and community-based initiatives addressing the outlined components. This grant opportunity is a step toward building a stronger, healthier, and more informed community to promote the prevention and treatment of substance use disorders.

**Why are these efforts needed?**

In Oregon, overdose deaths have increased by more than 76% from 2011 to 2021. Deaths from synthetic opioids like fentanyl have increased by 83% from 2020 to 2021. Locally, Central Oregon mirrors this trend. Overdose deaths in Deschutes, Crook, and Jefferson counties jumped roughly 70% from 2019 to 2021. In Deschutes County, drug overdoses became the second leading cause of injury-related deaths in 2021.

Fentanyl, a powerful synthetic opioid that is 50 to 100 times more potent than morphine, is often found mixed into other “street drugs” including heroin, meth, cocaine, ecstasy (molly), etc. Recently, the DEA found that 60% of fentanyl-laced fake prescription pills contain a potentially lethal dose.

With the rapid increase in opioid overdoses, the problem is outpacing the system. Fentanyl is prevalent in Central Oregon. Local organizations struggle to secure funding to purchase naloxone\* to keep community members alive, set up organizational policies and procedures, and obtain proper training. With the magnitude of this issue, it’s imperative to build capacity within our community to address the overdose crisis. Furthermore, with the high cost of purchasing naloxone, unwarranted stigma, and limited awareness of the reversal drug, more work needs to be done to eliminate barriers to accessing naloxone and increase public awareness and education.

Furthermore, the U.S. Surgeon General states, “Naloxone is a safe antidote to a suspected overdose and, when given in time, can save a life. Research shows that when naloxone and overdose education are available to community members, overdose deaths decrease in those communities.<sup>2</sup> Therefore, increasing the availability and targeted distribution of naloxone is a critical component of our efforts to reduce opioid-related overdose deaths and, when combined with the availability of effective treatment, to ending the opioid epidemic.”

*\*Naloxone is a life-saving medicine that reverses, or undoes, an overdose of opioids like morphine, oxycontin, oxycodone, fentanyl, and heroin. Every person using a drug that carries a risk of overdose should have naloxone available. Emergency services and law enforcement in*

*Central Oregon carry Naloxone, but anyone can carry it and use it to save a life. The Good Samaritan Law protects anyone who administers Naloxone from liability of the outcome of the person they administered it to.*

Sources:

[Bend Bulletin](#)

[Center on Rural Addiction](#)

[Opioids and the Ongoing Drug Crisis in Oregon](#)

[US Drug Enforcement Administration](#)

[U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose | HHS.gov](#)

## **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 or serve the following tribal members:
  1. Crook, Deschutes and Jefferson Counties
  2. Northern Klamath County, limited to: Gilchrist, Chemult, Crescent, Crescent Lake Junction, and Beaver Marsh (Zip codes at 97731, 97733, 97737, and 97739)
  3. Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU) or letter of support.
5. Projects must include prioritized populations\* & communities intentionally excluded from power, access, and privilege.
6. Projects must be culturally and linguistically responsive for prioritized populations.
7. Projects must address stigma and have an education, training, or awareness component.
8. Applicants must include a letter of support for every organization they're partnering with.

### **Restrictions**

Regional Health Improvement Plan grants cannot be used for:

- Activities that can be billed as clinical services
- Administrative activities to support the delivery of covered services
- Tenant assistance, housing assistance, housing construction, and utilities
- Brick and mortar construction
- Building new buildings and capital investments in facilities designed to provide billable health services
- Projects benefiting a single individual or single household
- Projects that do not address the specified Future State Measures of the RHIP
- Projects excluding Medicaid beneficiaries
- Projects that are primarily designed to control or contain healthcare costs
- Provider workforce and certification training, including credentialing
- Broad assessments or research that does not directly improve community health
- Advocacy work that does not directly improve community health or healthcare quality
- Patient incentives and items and services that could be covered by Flexible Services
- Projects that are inherently religious
- COHC staff and household members cannot apply
- OHA and DHS cannot apply

## Evaluation Criteria

The RHIP Substance and Alcohol Misuse 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 who are in contact with them are prioritized.

## Funding Details and Important Information

**Range of Award Amount:** Minimum \$25,000 to Maximum \$125,000

**Available Funds:** \$358,300

**Funding Duration:** Single and multi-year projects will be considered and funds can be spent over multiple years.

### Anticipated Selection Schedule

Request For Proposal (RFP) Released: February 16, 2024

Application Submission Closes: April 9, 2024

Notification of Award: June 7, 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:

**ENGAGING**

## 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 MaCayla Arsenault by email at [macayla.arsenault@cohealthcouncil.org](mailto:macayla.arsenault@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.