



2021 Community Health  
Improvement Plan (CHIP)  
Application

## CHIP Program Description & Requirements

### Program Overview

Umpqua Health Alliance (UHA) will distribute funding in Community Health Improvement Plan (CHIP) program payments to the UHA Community Advisory Council (CAC) with its program partners to improve the health of our community. These payments are available to the CAC with its program partners to complete projects, programs, or for operational expenses that achieve the goals as described in the Community Health Improvement Plan.

### Program Applications (attached)

Applicants must complete the application for consideration under the CHIP program. Applications should include: the CHIP priority, funding requested, organization to receive funds, project description, budget, collaborating organizations, explanation of how the project supports the CHIP priorities, how the project impacts social determinants of health, how the project addresses health equity, demonstrate community benefit, expected outcomes, expected outputs, a summary of expectations, and a budget. The expectation is that a completed application will fully address the CAC's questions. In addition, applicants are welcome (but not expected) to submit a short video in addition to this application. Videos may not exceed three minutes in length.

Approved CHIP programs must be completed by December 31, 2021.

Please submit completed applications for consideration by the CAC to:

Kat Cooper  
CAC Administrator & Tribal Liaison  
[kcooper@umpquahealth.com](mailto:kcooper@umpquahealth.com)  
(541) 229-7058

### Application Submission Timeline

Applications will be accepted beginning October 12, 2020 and must be submitted prior to December 15, 2020.

### Approval Process

Applications will be reviewed by the CAC for approval. If approved, UHA personnel will provide a Memorandum of Understanding (MOU) defining the following: contracted parties, how the program addresses the goal(s) of the CHIP, expected outcomes, summary of expectations and associated CHIP Priorities, if and how the project addresses social determinants of health, project timeline, program partners and others who will either be involved or benefit from the program, program reporting, and program funding. The MOU will be reviewed and revised as necessary during a meeting between parties and will become the executed agreement.

**Program Funding**

Projects should have specific, measurable outcomes, and the outcome criteria, which will determine what funding will be received, must be defined. The outcome criteria will be different for every project, but should include a specific way to measure the level of performance or achievement that occurred because of the activity or services your organization provided. Successful programs will demonstrate member-specific and community-wide benefits. In this program, awards will be paid per the MOU and dependent upon the outcomes achieved.

**Reporting**

Approved programs will be required to provide the CAC reports on the program as specified within each program's MOU. Reporting content is dependent on the program design and will be defined in the executed MOU for each program.

**CHIP Program Application**

Please limit your responses to 150 words or less per question.

**Date of application:**

**Project name:**

**CHIP priority (social determinants of health, behavioral health and addictions, healthy lifestyles, families & children). If multiple, list in order of impact:**

**Amount of funds requested:**

**Organization to receive funds:**

**Contact information (name, mailing address, phone, email):**

**How CHIP funds will be used:**

**Project timeline:**

**Other community partners supporting the project and how (committed resources, funding, or collaborative effort):**

**How the project supports CHIP priorities:**

**How the project addresses community need:**

**How is your project grounded in evidence-based medicine, widely accepted best clinical practice, or criteria issued by accreditation bodies, recognized professional medical associations, government agencies or other national health care quality organizations:**

**How the project addresses social determinants of health (indicators including economic, education, food, housing, safety & violence, trauma & resiliency, incarceration, language, social cohesion and discrimination, and stress):**

**How the project addresses health equity:**

**Are there specific health or learning disparities you are trying to address in this work?**

**How does your organization incorporate a lens of equity into this project? Please provide a specific example:**

Which priority population would your project serve? Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> People of color and tribes (Black, Indigenous, People of Color or BIPOC) | <input type="checkbox"/> People with low incomes  |
| <input type="checkbox"/> People who identify as LGBTQ+  | <input type="checkbox"/> People with disabilities |
|   | <input type="checkbox"/> Other (please explain):  |

How do you plan to sustain this project after the 2021 calendar year:

Expected outcomes (S.M.A.R.T. – Specific, Measureable, Attainable, Realistic, Timely):

Expected outputs:

Summary of Expectations:

**Budget**

Item	Source	Amount