UMPQUA HEALTH
ALLIANCE

2023 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. Funds must be used in accordance with Health Related Services Guidelines as defined in OAR 410-141-3845.

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 funding must be expended by December 31, 2023.

Please submit completed applications for consideration by the CAC to
CHIP@umpquahealth.com

For more information on CHIP Program funding, contact Kat Cooper at
kcooper@umpquahealth.com or (541) 229-7058.

Application Submission Timeline
Applications will be accepted beginning October 1, 2022 and must be submitted prior to December 15, 2022.

Approval Process
Applications will be reviewed by the CAC for approval. If approved, UHA personnel will provide a Master Funding Agreement (MFA) 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 MFA 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 MFA 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 MFA. Reporting content is dependent on the program design and will be defined in the executed MFA 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:

What is your organization's internal approach to enhancing equity, as it relates to health?:

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

☐ **People of color and tribes (Black, Indigenous, People of Color or BIPOC)**

☐ **People who identify as LGBTQI+**

☐ **People with low incomes**

☐ **People with disabilities**

☐ **Other (please explain):**

How do you plan to sustain this project after the 2023 calendar year:

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

Expected outputs:

Summary of Expectations:

Budget

Item	Source	Amount

Health Related Services Program Overview

Program Name:

Background
Brief background of the program; any relevant information about the need for the program.

Purpose
The purpose of the _____ Program is to:

Process
Outline the process to implement and track the program.

Timeline
List timeline of the program, and future plans for the program.

Program Cost
Estimated program costs. This is not a full budget, just overall costs.

Measuring Impact or Effectiveness
List ways to measure the impact of the program or determine effectiveness. This might include KPI's, a baseline measurement and improvement target, number of OHP members who will directly benefit from the program, patient outcomes, or direct return on investment, etc.

Health Equity
Describe how the program strategy addresses the health equity needs of a priority population.

HRS Classification [check all that apply]:

☐ Flex Services
☐ Community Benefit Initiative

    ☐ Improve health outcomes and reduce health disparities among specified populations.

    ☐ Prevent avoidable hospital readmissions through a program for hospital discharge.

    ☐ Improve patient safety, reduce medical errors, and lower infection and mortality rates.

    ☐ Implement, promote and increase wellness and health activities.

    ☐ Support expenditures related to health information technology and meaningful use requirements.

Explain how the program meets the selection above:

State Health Improvement Plan Implementation Area [check all that apply]:

Equity and Justice
☐ Disaggregated Data
☐ Cultural Responsiveness Training
☐ Community Driven Decision Making Integration
☐ Policy, Procedure and Investment

Healthy Communities
☐ Built Environment
☐ Economic Development
☐ Education Attainment
☐ Transportation

☐ Community Resilience
☐ Workforce & Job
☐ Social Service

Healthy Families
☐ Preventive & Primary Care
☐ Access to Insurance Coverage Stress
☐ Prenatal & Postnatal Care Care
☐ Sexual & Reproductive Health
☐ Physical Activity

☐ Early Childhood
☐ Care Coordination
☐ Health Education
☐ Health Literacy
☐ Oral Health

☐ Family Resilience
☐ Trauma & Toxic
☐ Trauma Informed
☐ Chronic Conditions

Healthy Youth Development
☐ Behavioral Health Recruitment
☐ Youth Health Education Care Training
☐ Youth Oral Health & Training
☐ Preventive Care Workers

Housing and Food

☐ Housing Stability

☐ Food Security

☐ Nutrition Policy & Ed

Workforce

☐ Provider

☐ Trauma Informed

☐ Provider Education

☐ Traditional Health

Behavioral Health
☐ Awareness & Education
☐ Alcohol & Substance Use
☐ Crisis Intervention
☐ Mental Health Treatment
☐ Prevention & Screening
☐ Suicide Prevention
☐ Treatment Integration

Technology & Health
☐ Telehealth
☐ Electronic Health Records
☐ Community Information Exchange