



## Deschutes County Health Services

### GRANT APPLICATION REQUEST

Official Grant Title:	Living Well Central Oregon
Source of Grant Funds:	Regional Health Improvement Resource from the Central Oregon Health Council
Funding Amount (include amount per year if multiple years):	\$410,000 for three years
Required Matching Funds (if applicable):	NA
Application Due Date and Submission Method:	No due date, but will be submitted on August 8, 2016 via e-mail
FTE Required and Cost of FTE:	1.0 FTE for three years
Staff Responsible:	Health Educator II TBD
Grant Administrator (if awarded):	Tom Kuhn

Please answer the following questions:

1. Briefly summarize what work the grant is intended to accomplish:

The goal of Living Well Central Oregon (LWCO) is to provide regional coordination for the Stanford suite of chronic disease self-management workshops in our region. While this proposal includes support for all of the self-management programs currently offered, special emphasis is being placed on diabetes and chronic pain programs for both English and Spanish speaking members of our community.

2. What priorities in the Health Services Strategic Plan would this grant activity support? Provide data to describe a documented health need that would be addressed and that is consistent with the Strategic Plan.

Working with providers to increase referrals to chronic disease self-management and prevention programs is an action in the 2016-20 DCHS Strategic Plan, and there are several strategies in the 2016-19 Central Oregon Regional Health Improvement Plan addressed by this project, including:

- Increase availability of diabetes self-management programs,
- Increase referrals to diabetes self-management and prevention programs,
- Increase provider and community referrals to the Spanish language Tomando Control chronic disease self-management program.
- Engage health systems to implement systematic EHR referrals to diabetes self-management and prevention programs.
- Improve provider and community awareness of diabetes self-management.
- Educate physicians to best practice standards and to support alternative pain management strategies.

3. Would this support core program activities and, if so, which one(s)? Are additional funds needed to support these activities?

DCHS has been the lead coordinating agency and license holder for Stanford's Self-Management Programs in Central Oregon since 2007. This project seeks to continue this work as well as expand partnerships, workshop offerings, and referrals to LWCO. Indirect cost are not allowed by the grant funder and need to be covered.

4. Does this funding add new program activities? If so, what are the activities? Is it appropriate to add these new activities at this time?

While the diabetes and chronic pain self-management programs are recently introduced programs, this project would increase their availability. They have been identified through the 2016-19 Central Oregon Regional Health Improvement Plan as needed services.

5. Is there a science base to support delivering the activities and services listed? Please describe that science base.

Developed at Stanford University, Chronic Disease Self-Management Programs (CDSMP) have been implemented in 48 states, 20 countries and in 19 different languages. CDSMP has been supported by decades of federal research (NIH, AQHR, NCOA, and CDC/Prevention). There is a large body of evidence that has demonstrated that CDSMPs have many significant positive impacts on individuals living with one or more chronic conditions. Reported effects include improved health behaviors, improved health outcomes, and reduction in health care utilization, including ER visits and hospitalizations

6. How long would the funding be available? If the funding is for less than three years, what is the plan to transition the work, staffing and expenses after the funding ends?

We are applying for three years of funding. It is a goal of the program to identify a plan for sustainability by the end of the funding period.

7. What is the application deadline? Do you anticipate any problems meeting this deadline?

No due date, but will be submitted on August 8, 2016 via e-mail.

8. Do you have the staffing to write a competitive proposal? If not, how will you contract for these services?

Yes, the proposal has been written by staff.

9. Are there any matching requirements?

No, however, the grantors ask that any in-kind contributions be identified.

10. What other partner organizations could potentially be applying? What is the plan to work with them?

There are no other agencies applying to coordinate or implement CDSMPs. All agencies in Central Oregon who will be implementing LWCO are partnering with us on this proposal, including Mosaic Medical, Crook County Health Department, Jefferson County Health Department, St. Charles Health System, the Central Oregon Council on Aging, and Health Insight (Medicare) have all provided letters of support for and participation in this project.

11. What are the potential political issues that could arise as a result of this application, funding, and/or activity?

None that are anticipated. LWCO is an established and popular intervention and is an identified strategy in the Central Oregon Regional Health Improvement Plan.

12. What is the fiscal impact to the department if we are awarded this grant? Please attach fiscal impact analysis form completed with Business Manager approval.

There will be minimal fiscal impact if awarded this funding. The budget has been reviewed by Business program staff.

13. Will a contract be required if we are awarded this grant? If yes, is there sufficient time to complete the contract process (estimated timeline: 4-6 weeks) prior to starting the work?

Yes, there will be a contract needed with Central Oregon Health Council and MOUs needed with any partners in which an MOU does not already exist. It is unknown at this time when the funding will be awarded.

  
Public Health Deputy Director Signature

  
Date

Director to Attend Board Meeting? (check one)

Yes

No

*Jessica Jacks  
will attend*

---

**Contract Specialist Review:**

Board Meeting Date: \_\_\_\_\_

Time: \_\_\_\_\_

Grant Application Number: \_\_\_\_\_