



SHARE  
Application

## Program Description & Requirements

### Program Overview

Umpqua Health Alliance (UHA) will distribute funding to program partners to improve the health of our community. These payments are available to 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 SHARE Guidelines as defined in Committee (MAC), OAR 410-141-3735, and CCO Contract.

### Program Applications (attached)

Applicants must complete the application for consideration. Applications should include: the Community Health Improvement 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 executive team's questions.

Please submit completed applications for consideration to [UHReports@umpquahealth.com](mailto:UHReports@umpquahealth.com).

### Approval Process

Applications will be reviewed by the executive team 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), expected outcomes, summary of expectations, 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 UHA 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.

### Program Application

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

**Date of application:**

**Project name:**

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

**Amount of funds requested:**

**What is the minimum amount of funds that could be received that would permit the project to still move forward?**

**Organization to receive funds:**

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

**How will SHARE funds be used?** *(Please include specific project details)*

**Project timeline:**

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

**Previously UHA Funded Projects** *(Project name and funding amount):*

**Previously Submitted Unfunded Applications:**

**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 does this project address social determinants of health? (*Indicators including economic, education, food, housing, safety & violence, trauma & resiliency, incarceration, language, social cohesion and discrimination, and stress*):**

**Is there anything you would like to share about how this project impacts health equity, diversity, or inclusion? (*Optional*):**

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):  |

Expected outcomes (*overall impact or value*):

**Expected outputs (SMART Goals):**

*Specific – Your goal should be well defined, detailed, and clear.*

*Measurable – You should be able to tell when you reach your goal.*

*Attainable – Can you reach your goal, considering your available time, skills, and financial status?*

*Realistic – Is your goal achievable within the given time frame and with available resources?*

*Timely – Set a start and finish date for your goal.*

**Summary of Expectations:**

**Budget**

| Item | Source | Amount |
|------|--------|--------|
|      |        |        |
|      |        |        |
|      |        |        |
|      |        |        |
|      |        |        |
|      |        |        |
|      |        |        |

**If this project is intended to continue past this calendar year, what is the sustainability plan? (Include specific details of your future funding plans):**

**Background:**

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

**Process:**

Outline the process to implement and track the program:

**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.

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

**Equity and Justice**

- Disaggregated Data
- Cultural Responsiveness Training
- Community Driven Decision Making
- Policy, Procedure and Investment

**Healthy Communities**

- Built Environment
- Economic Development
- Education Attainment
- Transportation
- Community Resilience
- Workforce & Job
- Social Service Integration

**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**

- Behavioral Health
- Youth Health Education Care Training
- Youth Oral Health
- Preventive Care Workers

**Housing and Food**

- Housing Stability
- Food Security
- Nutrition Policy & Ed

**Workforce Development**

- Provider Recruitment
- Trauma Informed
- Provider Education & Training
- 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