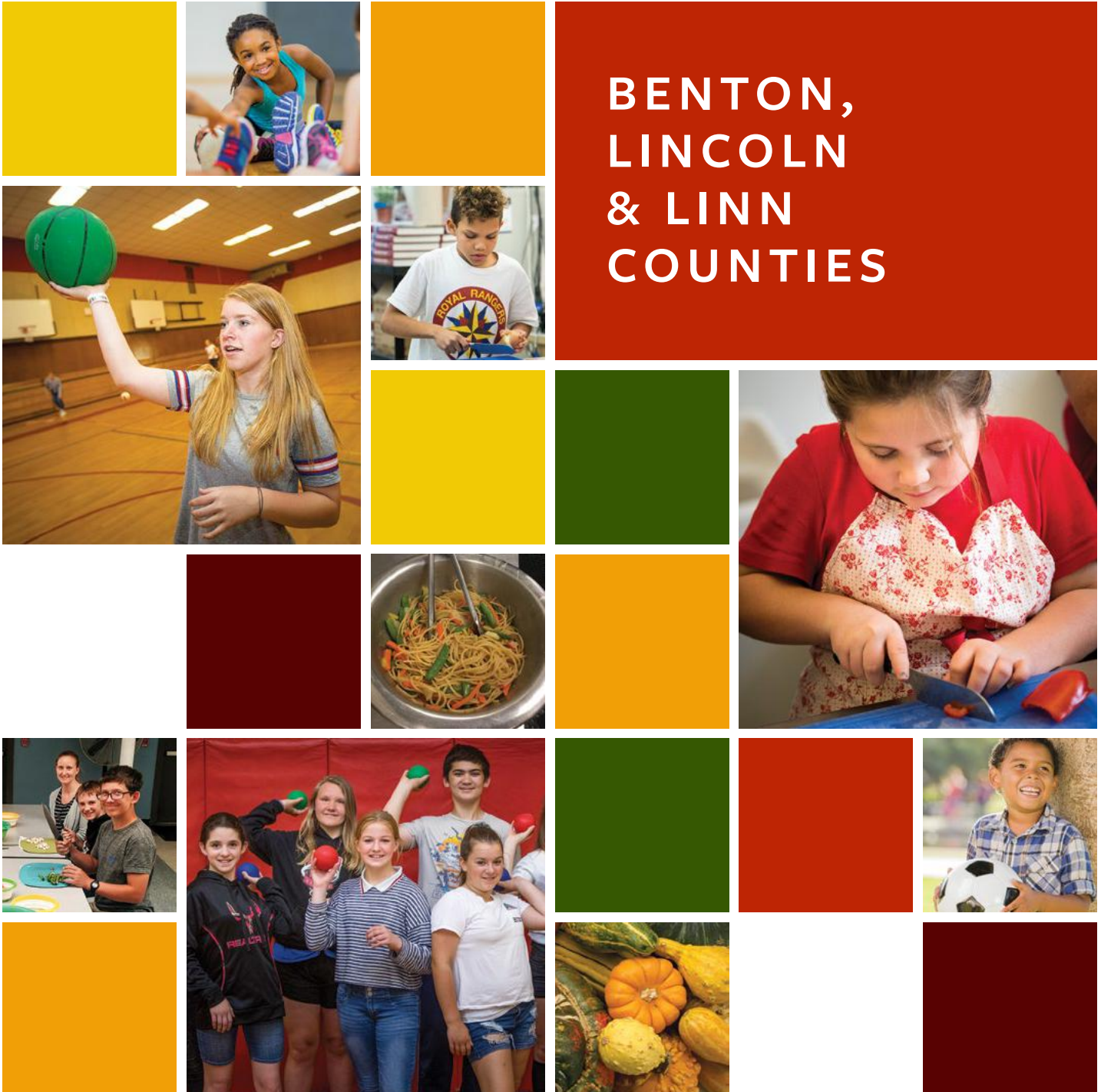


COAST TO THE CASCADES
COMMUNITY WELLNESS NETWORK

C.H.E.F.

Culinary Health Education
& Fitness Program

FINAL REPORT 2017-2020





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This report was reviewed and approved on December 9, 2020, by Coast to Cascades Community Wellness Network.

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This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.

SECTION I

ORGANIZATION INFORMATION

Grant number	D06RH31062
Network	Coast to Cascades Community Wellness Network
Lead organization	Mid-Valley Healthcare, Inc. dba Samaritan Lebanon Community Hospital
Organization type	Critical Access Hospital
Project title	Culinary Health Education & Fitness Program (C.H.E.F.)
Address	525 North Santiam Highway, Lebanon, OR 97355
Grantee website	www.samhealth.org/CHEF
Project Director	Krystal Boyechko C.H.E.F. Program Director 541-768-5717 kboyechko@samhealth.org
Network Director	JoAnn Miller Samaritan Health Services Community Health Promotion Director; CCCWN Network Director 541-768-7330 jomiller@samhealth.org
Project period	2017–2020
Funding level for each budget period	July 2017 to June 2018: \$299,916 July 2018 to June 2019: \$288,465 July 2019 to June 2020: \$296,250
Focus areas	Health promotion and disease prevention Population health
Target population	The C.H.E.F. Program serves children and families in Lincoln, east Linn and rural Benton counties. Target communities experience significant health inequities related to high poverty rates, low wages, high cost of living, health professional shortage areas and medically underserved populations.

SECTION II

NETWORK MEMBERS & PARTNERS

MEMBER/ORGANIZATION	CITY/COUNTY/ STATE	TYPE
Benton County Health Department	Corvallis, Benton County, Oregon	Health department
Capitol Dental Care	Benton, Lincoln and Linn counties, Oregon	Dental care provider
Community Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.)	Corvallis, Benton County; Albany, Lebanon, Linn County; Newport, Lincoln City, Lincoln County; Oregon	Nonprofit agency
Community Outreach, Inc.	Corvallis, Benton County; Lebanon, Linn County; Oregon	Nonprofit agency
Community Services Consortium	Corvallis, Benton County; Albany, Linn County; Newport, Lincoln County; Oregon	Community action agency
Confederated Tribes of Siletz Indians of Oregon	Siletz, Lincoln County, Oregon	Tribal organization
Community Health Centers of Benton & Linn Counties	Corvallis, Benton County; Lebanon, Sweet Home, Linn County; Oregon	Federally qualified health center
Good Samaritan Regional Medical Center	Corvallis, Benton County, Oregon	Level II trauma center
Lebanon Community School District	Lebanon, Linn County, Oregon	K-12 education
Lincoln County Board of Commissioners	Newport, Lincoln County, Oregon	County government
Lincoln County Health and Human Services	Newport, Lincoln County, Oregon	Health department
Lincoln County Sheriff's Office	Newport, Lincoln County, Oregon	Law enforcement
Linn County Department of Health Services	Albany, Linn County, Oregon	Health department
Oregon Cascades West Council of Governments	Corvallis, Benton County; Albany, Linn County; Toledo, Lincoln County; Oregon	Nonprofit agency
Oregon Office of Rural Health	Portland, Multnomah County, Oregon	State office of rural health
Oregon State University	Corvallis, Benton County, Oregon	Higher education
Samaritan Albany General Hospital	Albany, Linn County, Oregon	DRG hospital
Samaritan Health Plans	Corvallis, Benton County, Oregon	Health insurance
Samaritan Health Services, Inc.	Corvallis, Benton County, Oregon	Health system
Samaritan InterCommunity Health Network Coordinated Care Organization	Corvallis, Benton County, Oregon	Affordable care organization
Samaritan Lebanon Community Hospital	Lebanon, Linn County, Oregon	Critical access hospital
Samaritan North Lincoln Hospital	Lincoln City, Lincoln County, Oregon	Critical access hospital
Samaritan Pacific Communities Hospital	Newport, Lincoln County, Oregon	Critical access hospital

NETWORK OVERVIEW

A. NETWORK OVERVIEW

i. **What is the network's current incorporation status?**

Coast to the Cascades Community Wellness Network (CCCWN) is a coalition of community partners. It is not incorporated.

ii. **What year was the formal network formed, and what was the incorporation status at that time?**

CCCWN formed in 2009 and was not incorporated at that time.

iii. **Provide a brief description of the network's governing body, including the network's board composition.**

CCCWN is governed by a Steering Committee consisting of Network members who represent Samaritan Lebanon Community Hospital, Samaritan Health Services, Community Services Consortium, the Confederated Tribes of Siletz Indians, Community Health Centers of Benton and Linn Counties, Lincoln County Health and Human Services, Community Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E) and College of Osteopathic Medicine of the Pacific-Northwest (COMP-NW). A representative from the evaluation team is included on the board.

B. NETWORK FUNDING

i. **If you received a no-cost extension, list the new official end date for your grant.**

CCCWN received a six-month no-cost extension from July 1, 2020, through December 31, 2020.

ii. **List your network's current annual budget and include a breakdown of sources of income.**

EXPENSES		REVENUE	
Network Director (.50 FTE)	\$60,000	Samaritan Health Services	\$85,000
Admin Assistant (.25 FTE)	15,000	Contributions	6,000
Rental fees	4,000	Membership fees	6,000
Projects/programs	8,000	Total Revenue	\$97,000
Travel/mileage	6,000		
Conferences/training	4,000		
Total Expenses	\$97,000		

iii. **Has your network been successful in creating revenue streams to sustain the network and expand services provided by the network?**

CCCWN has been successful in receiving state and federal grants to sustain Network services, including the Federal Office of Rural Health Programs Opioid Outreach, Planning and Opioid Implementation grants. Samaritan Health Services continues to contribute to the staffing costs to sustain CCCWN.

iv. **Describe any resources or opportunities that were successfully leveraged as a result of this RHND grant and the amounts for each, if applicable.**

In addition to the grants listed above, CCCWN members have been able to leverage over \$2 million over the past three years to address community needs.

- Lebanon Community School District—Wellness Grant.
- Samaritan Health Services—Cooking with the Docs Project.
- Community Services Consortium—Healthy Homes Initiative.
- Community Health Centers of Benton and Linn Counties—Expansion.
- Linn County Mental Health Department—Youth Suicide Prevention.
- Lincoln County Stepping Up Initiative—Alternative to Incarceration.

SECTION IV

COMMUNITY CHARACTERISTICS

A. AREA

List the communities/counties that your funded grant project served.

The C.H.E.F. Program serves Linn, Benton and Lincoln counties, with a focus on rural populations.

B. COMMUNITY DESCRIPTION

Describe in one paragraph the primary factors that influence life in your community.

Lincoln, east Linn and rural Benton counties are located in western Oregon with a tri-county population of 272,764 (U.S. Census Bureau Quick Facts, 2019). The communities served are geographically isolated and face many socio-economic disparities and unmet health needs. Target communities include health professional shortage areas, medically underserved areas and medically underserved populations. Housing, food and transportation costs are high and wages are low, resulting in a large number of children and families living in poverty. Over two-thirds of children living in the region qualify for free or reduced-price lunch. Lack of access to full-service grocery stores and fresh produce—as well as safe exercise and recreational opportunities—exacerbates the region's obesity rates. Also, proven obesity prevention and treatment services are limited in our rural communities.

C. NEED

Describe the original need for the project, the specific problems to be solved, benefits to be provided to network members, and the overall mission/goal(s) of the network.

The C.H.E.F. Program is a collaborative, community-level obesity prevention program that helps children and families in Lincoln, east Linn and rural Benton counties achieve higher-quality lives free of preventable diseases related to poor nutrition and lack of physical activity.

The children and families served by the C.H.E.F. Program experience health disparities and inequities due to low socioeconomic status and limited community resources. Many of the communities served can be described as both food and recreational deserts. Fast food establishments and convenience stores permeate the landscape, and resources common in urban areas—such as walking/biking paths, parks and community pools and recreation facilities—are absent.

Body mass index data collected during 2019 Samaritan Health Services pediatric visits reveal an alarming trend toward higher obesity rates with increasing age. Thirty-six percent of Linn County children ages 2-17, 31% of Benton County children and 38% of Lincoln County children have been identified as obese or at risk of obesity. Additionally, 2019 Samaritan Health Services data demonstrate that adult obesity and overweight rates have been increasing, with 79% of Linn County adults, 76% of Lincoln County adults and 65% of Benton County adults obese or overweight.

The C.H.E.F. Program builds a culture of healthy eating and activity in our rural communities by providing nutrition-focused culinary education opportunities and expanding the Coordinated Approach to Child Health (CATCH) and the Pick of the Month Tasting Table programs. Nutrition-focused culinary education courses address the health gap in obesity prevention by teaching low-income children and families about meal planning, healthy cooking skills and food purchase budgeting. The expansion of CATCH brings fun and engaging physical activity and basic nutrition education to more schools and greater numbers of children in our rural communities.

C.H.E.F. Program goals align directly with CCCWN's shared vision to "lead and sustain a system of partnerships of agencies and organizations working together to provide integrated services and programs to promote individual and community health." C.H.E.F. Program activities are carried out by a robust network of partner organizations, many of whom are represented in CCCWN or its subcommittee, Partners for Health. The C.H.E.F. Program advances the collaborative work of partner organizations, allowing partners to address a wide range of regional health concerns, fill in service gaps and reduce overlap. It also encourages the leveraging of resources and expands the capacities of partner organizations to better serve the target population.

SECTION V

NETWORK ACTIVITIES & IMPLEMENTATION

A. DESCRIPTION OF ACTIVITIES

Describe the activities conducted through your funded grant project.

The C.H.E.F. Program uses evidence-based and promising-practice programs that combine physical activity, nutrition education and experiential culinary education to foster a culture of health. We achieved our goal of expanding CATCH to 11 new sites. Lacombe School, Hamilton Creek School and Seven Oak Middle School in

Lebanon; Central Linn Elementary School in Halsey; Monroe Grade School in Monroe; Alsea Charter School in Alsea; Oceanlake Elementary and Taft Middle/High School in Lincoln City; Yaquina View Elementary School in Newport; Waldport Middle School in Waldport; and Siletz Valley School in Siletz signed memoranda of agreement and implemented CATCH.

These partnerships increased the physical activity levels and nutrition knowledge of over 7,000 elementary and middle school students (1,776 in Year 1, 2,588 in Year 2, and 2,662 in Year 3, based on Oregon Department of Education enrollment numbers). Faculty and staff at each site participated in comprehensive initial trainings, followed by booster trainings focusing on hands-on implementation techniques and policy, system and environmental changes. The trainings were held in partnership with Oregon State University (OSU) Extension Service of Lincoln County and reached a total of 78 educators. Physical education teachers served as the primary “CATCH Champions,” but several schools opted to train classroom teachers in order to utilize CATCH for “brain breaks” throughout the school day.

CATCH aims to increase the amount of time students spend in moderate to vigorous physical activity (MVPA) during PE classes, recess and after-school activities. CATCH also strengthens students’ abilities to select healthy food choices by utilizing the “Go-Slow-Whoa” concept, which can easily be reinforced across the school environment. CATCH Champions reported that they were able to easily incorporate CATCH components into existing curricula and/or programs already in place.

Pick of the Month Tasting Tables provided opportunities for approximately 8,900 students to try locally available fruits and vegetables over the course of the three-year grant period (2,311 in Year 1, 3,221 in Year 2, and 3,377 in Year 3, based on Oregon Department of Education enrollment numbers). Tasting Tables are successful due to a high level of collaboration between school nutrition services, school staff, school volunteers and partner organizations. Each month, Samaritan Health Services produces the educational Pick of the Month flyer in both English and Spanish. The flyer contains nutritional facts and a recipe for the featured produce item and is widely distributed by CCCWN, Partners for Health, the 11 CATCH implementation sites, and program partners.

The recipes on the flyer are often used by school nutrition services to prepare the tasting samples. Tasting Table facilitation methods draw on the strengths and resources of each site. Many sites utilize parent volunteers, while others have middle school leadership students distribute Tasting Table samples to their peers and encourage them to engage in healthy eating. In many instances, Tasting Tables have become institutionalized events that students and school staff look forward to each month.

In the first three years of the C.H.E.F. Program, 56 culinary education courses were delivered across the tri-county region, reaching 866 children and adults. Eight remote cooking courses serving 124 participants were conducted during the no-cost extension period, for a grand total of 64 courses and 990 participants. Cooking courses in east Linn and rural Benton counties use a curriculum developed by the OSU Linus Pauling Institute’s Healthy Youth Program, which subsequently transferred to OSU Moore Family Center. In Lincoln County, partnership with Food Share of Lincoln County allow for the use of the Cooking Matters for Kids, Teens and Families curricula. Additional cooking classes tailored to the Spanish-speaking population are offered in partnership with OSU Extension Service of Linn and Lincoln counties.

The evidence-based culinary education experiences emphasize preparing healthy meals on a budget and give participants increased tools for meal planning, smart shopping and kitchen skills. The courses are facilitated by nutrition education staff, students from COMP-NW, and community volunteers. By including COMP-NW students, C.H.E.F. aims to engage the next generation of physicians in a whole-foods approach to health. During the first three-year period of the grant, a total of 89 COMP-NW students and community volunteers attended culinary

education instructor trainings conducted by both OSU Moore Family Center and Food Share of Lincoln County. An additional 11 Oregon State University dietetic and nutrition education interns were trained to facilitate remote cooking classes during the no-cost extension period. The trainings covered the following topics: An introduction to the C.H.E.F. Program and team members; volunteer responsibilities and qualifications; an overview of cooking class curricula and resources; classroom management skills; caring for the shared spaces; dress code; tips for success with both in-person and remote instruction; awareness of target population behavior and development; youth safety; basic first aid; and reporting requirements. Background checks were conducted on community volunteers.

The culinary education classes were conducted at a diverse array of sites including industrial culinary education classrooms, school cafeterias, church kitchens, and library community kitchens and conference rooms. Typically, the classes meet once a week for five weeks, although the schedules were occasionally modified in duration and/or format to better accommodate local needs and improve accessibility. In-kind contributions from partner organizations that hosted the classes included advertising and recruitment, assistance with program facilitation, and the free use of facilities. These contributed greatly to the program's success. Starting in March 2020, remote cooking classes conducted over Zoom allowed instructors and participants to engage with one another, and the culinary education curriculum to be delivered, despite in-person restrictions imposed by COVID-19.

C.H.E.F. Program partners met each spring to review progress and plan for sustainability (May 8 in both 2018 and 2019). They also met with Partners for Health on March 10, 2020, for an extended strategic planning session.

In addition to its core program activities, the C.H.E.F. Program hosted community health summits in 2018, 2019 and 2020. The April 2018 summit addressed the impacts of screen time on youth, teens and families and was held at the River Center in Lebanon, Oregon. Approximately 160 people attended. The 2019 summit examined food insecurity and was held in Newport, Oregon. It drew approximately 95 attendees. The 2020 summit was planned for April 16, 2020, but it was rescheduled for September 11, 2020 as a virtual event due to the COVID-19 pandemic. The 2020 Virtual Community Health Summit on Generational Poverty was hosted on Zoom and had over 200 registrations and 140 attendees on the day of the event.

C.H.E.F. Program staff also engaged in many outreach events throughout the duration of the grant, including:

- Boys & Girls Clubs of the Greater Santiam Harvest Party (October 2018).
- Lacombe School Health and Wellness Resource Fair (March 2018 and 2019).
- Lebanon Chamber Biz Expo (April 2018 and 2019).
- Lebanon Community School District Back-to-School Event (August 2018 and 2019).
- Lebanon Community School District Latino Family Night (November 2018).
- Lebanon Farmers Market (August 2018 and 2019).
- Lincoln City Back-to-School Resource Fair and Clothing Swap (August 2018).
- Monroe School District Back-to-School Event (September 2019).
- Oregon Public Health Association Conference (held in Corvallis, Oregon, in October 2017, 2018 and 2019, and online in October 2020).

- Oregon Rural Health Association Conference (held in Bend, Oregon, in October 2018 and 2019).
- South Benton County Health and Resource Fair (May 2019).
- Sweet Home Farmers Market (August 2018 and 2019).
- Sweet Home Health Fair (August 2018 and 2019).
- Waldport Resource Fair (December 2018).

B. ROLE OF PARTNER COLLABORATION

- Describe the roles and responsibilities that each network member and/or collaborating partner had in the planning and implementation of your grant-funded project.**

Network members and collaborating partners directly involved in the planning and implementation of the C.H.E.F. Program included Samaritan Lebanon Community Hospital, Samaritan Health Services, COMP-NW, Lebanon Community School District, OSU Moore Family Center, OSU Extension Service, Food Share of Lincoln County, community members, and federally qualified health centers in Linn, Benton and Lincoln counties. These key partners attended planning meetings, identified needs and gaps in services as well as opportunities for collaboration, and developed the programmatic goals and objectives. Grant planning was conducted by the CCCWN under the guidance of the Network Director.

- Has the level of collaboration across network members changed since the start of the grant? Did the network collectively work towards meeting the goals, objectives, and targeted measures of the program to the degree that was anticipated at the start of the grant? Please explain.**

The implementation of the C.H.E.F. Program has been successful as a result of the efforts of Network members and collaborating partners. The Network Chair and Network Director met monthly to discuss any challenges or opportunities related to Network activities. The C.H.E.F. Project Director, in conjunction with the independent program evaluators, provided monthly updates and written reports to the Network.

All required HRSA documents were reviewed and approved by the Network members prior to submission to the Electronic Hand Book (EHB). Network members provided technical assistance and support to ensure the C.H.E.F. Program met its goals and objectives. The high level of involvement and commitment from Network members has exceeded expectations since the start of the grant. During the pandemic, member involvement was sustained.

- If your network was successful at collaborating to achieve your network goals, please provide any principles or advice you would offer other networks to enhance collaboration.**

In recognition that many Network members are high-level leaders with limited time, Network meeting agendas are designed to fully engage members and are action-oriented. Their expert input is solicited to optimize program implementation and when developing requests for new funding, which they approve prior to submission.

Additionally, the recent shift from in-person to virtual meetings as a result of COVID-19 has allowed for increased participation, particularly from community leaders. The barriers of travel and time are greatly reduced when meetings are held over Microsoft Teams or Zoom.

C. SUCCESS

What do you feel are your network's strongest and weakest attributes?

Based on the results of our project's Rural Health Network Sustainability Assessment, submitted to HRSA in December 2019, Network attributes receiving the highest scores were *Ongoing Evaluation and Measurement* (100%) and *Collaborative Leadership* (98.2%).

Ongoing evaluation has long been a high priority as members continuously work to strengthen the Network. The Network comprises leaders from a wide range of community and service organizations with a history of working together to address community health issues. The combination of our ongoing evaluative activities with our high level of collaborative leadership results in a well-functioning network.

The characteristics tied with the lowest scores—essentially the weakest attributes of our Network—were *Continuous Improvement* (57.1%) and *Effective Communication* (57.1%). We were surprised at these results. Among those on the leadership team, we would identify financial infrastructure as the weakest attribute. Some of the members contribute financially to the Network, and it is our aspiration that most, if not all, would make a concrete financial show of support to sustain optimal Network functioning.

SECTION VI

RESULTS OF THE GRANT

A. OUTCOMES

i. Describe the short-term and long-term impact of your network activities on the communities you serve.

SHORT-TERM IMPACTS

Short-term impacts are those that are documented at the end of the project. A synopsis of C.H.E.F. impacts is presented here for the following participants: Children and adults, classroom teachers, community volunteers and medical students. The detailed statistical data and narratives from which this synopsis derives are provided in the RHND Final Evaluation Report for the C.H.E.F. Program (2017–2020).

Over 17,000 (duplicate count) children and adults participated in one or more of the following C.H.E.F. Program components: tasted new fruits and vegetables at Tasting Tables; engaged in moderate to vigorous physical activity through the CATCH program; learned about nutrition and gained practical cooking skills through culinary education; or were trained to teach CATCH and/or culinary education in their communities.

- Children ages 5 to 14 benefited from C.H.E.F. participation in important ways. Each year, children at participating schools were exposed to at least two components of the C.H.E.F. Program. Pick of the Month flyers were sent home with all students in the same week that they sampled the featured foods at Tasting Tables. They also participated in CATCH nutrition and physical education activities during their physical education class. Some students then concluded their day by attending culinary education classes after school.
- Participation in culinary education classes introduced children to new foods, taught them practical cooking skills and changed their attitudes about healthful food choices. For example, statistically significant gains between the pretest and the posttest were measured in many areas, such as the percentage of students who had

tried a new fruit or new vegetable in the past two weeks; who were more confident in their abilities to make themselves something to eat with vegetables and with fruits (without help from an adult); and who knew the correct way to use a knife and the proper length of time to wash their hands before preparing food. Similarly, statistically significant gains were measured in children's ability to correctly identify the healthiest foods from a list of foods with different levels of healthfulness (e.g., brown rice is healthier than Rice Krispies cereal), as well as fruits and vegetables that could be included in a healthy lunch.

- When observed, 100% of children were moving and engaged in CATCH activities. The CATCH curriculum emphasizes the importance of engaging in moderate to vigorous physical activities to maximize the health benefits of a 30-minute PE class or recess.
- Tasting Tables allowed students to sample the Pick of the Month fruit or vegetable each month, increasing student exposure to fruits and vegetables.
- Classroom teachers/CATCH Champions who taught the CATCH curriculum learned new approaches for non-exclusionary activities and—importantly—developed new relationships with other PE teachers across their district. These relationships offset the isolation that many physical education teachers feel because there is typically only one PE teacher at each school.
- Adults who attended the cooking classes, as well as the community volunteers who were trained and subsequently facilitated the classes, experienced measurable and impressive increases in their knowledge about nutrition and cooking and in their confidence in their ability to cook healthy meals at home.
- Medical students who were trained and who facilitated cooking classes during their first year of medical school experienced notable short-term benefits, including impressive increases in knowledge about nutritional values of unprocessed foods, food preparation techniques, classroom management, and how to talk with others about nutrition. After facilitating cooking classes, medical students were more likely to report that they would talk about nutrition and diet with their future patients and were also more likely to intend to volunteer in their communities in the future.

LONG-TERM IMPACTS

- **Sustained use of CATCH.** CATCH will continue to promote better health and the maintenance of healthy weight for children in the tri-county region. Once trained and equipped, physical education teachers in the original grant have continued to use CATCH activities for years after participating in the original grant project. We expect the same to be true for the schools participating in this grant. Participating sites have the curriculum and equipment necessary to implement the program. Each site has access to online health and physical activity resources through CATCH.org. CATCH Champions were trained on an annual basis and were given the opportunity to participate in virtual trainings focused on remote and hybrid teaching and learning.
- **Sustained presence of Tasting Tables.** Tasting Tables will continue to increase consumption of fruits and vegetables among children and—unexpectedly—among adults as well. The presence of monthly Tasting Tables featuring a local Pick of the Month became institutionalized with administrative support, involvement of the kitchen staff, and the eager anticipation of students and faculty. While Tasting Tables are on pause due to pandemic-related barriers, these schools have committed to continue providing the Tasting Tables, thus exposing students to fresh fruits and vegetables each month in the future. Tasting Tables have now been adopted at the medical school and in other community settings, increasing adults' access to nutrition education on local produce.

- **Sustained presence of culinary education classes.** In-person and virtual culinary education classes are both vital components of obesity prevention efforts in local communities. We expect that increased knowledge and cooking skills, and the reported changes in eating preferences measured in adults and children who participated in the culinary education component of the program, will be retained over a lifetime. This hopeful anticipation suggests that one of the project's goals—children and families in Lincoln, rural Benton and east Linn County having acquired skills to be self-sufficient in the kitchen and to make healthier food choices—is likely to have been achieved among program participants.
- **Online training has been developed for community volunteers,** creating a free and fully sustainable method for preparing community volunteers—including medical students—to continue to capably teach culinary education classes in our communities.
- **Sustained impacts on medical students.** Participation in culinary education is likely to have contributed to a lifelong shift in the way that the next generation of physicians approaches the topic of nutrition with their patients. After teaching culinary education, medical students' post-graduation intentions to teach culinary education in their local communities and to talk with future patients about healthy eating increased. On a personal level, they learned important teaching and class management skills while also gaining valuable cooking skills they can use at home.
- **Sustained Network functioning.** The health of CCCWN has been sustained for the past 10 years. Serving in an oversight role for the implementation of C.H.E.F. and other Network-sponsored projects strengthens relationships between partners who are engaged in conducting project activities and cements the Network as a vital contributor to the health of the local community.

ii. Describe the services, functions and benefits created as a result of your network.

CCCWN comprises a 23-member board, a nine-person Steering Committee and eight subcommittees. The Steering Committee is responsible for managing and overseeing CCCWN actions, while subcommittees are responsible for locally driven activities around CCCWN priorities. The Network reviews current data to identify community health needs and priority areas for collaborative projects. It reviews grant opportunities and oversees grant implementation to ensure consistency with overarching goals and objectives. The communities served by CCCWN benefit from the broad range of expertise of its members, who include key leaders and executives with a strong interest in the health needs and concerns of children and adults in Linn, Benton and Lincoln counties. A list of funding obtained by member organizations as a result of the Network is provided in Section 3 of this report.

iii. Are there any unintended positive outcomes or opportunities that have resulted from your grant activities?

One unintended positive finding resulted from the pandemic. We learned new technologies could extend our reach to more rural communities. When Partners for Health meetings transitioned to virtual meetings, attendance increased by at least 50%. When the pandemic forced the switch to virtual meetings, more partners from across the region participated; as a result, a broader range of perspectives was represented and discussions were enriched. Approximately 140 people attended the virtual summit, which was highly successful. Over 91% strongly agreed with the statement that they would recommend the summit to a friend or colleague.

The virtual cooking classes were well received by rural communities as well, with many of the classes requiring wait lists. The pandemic forced us all to become more comfortable with new technologies, and we discovered that virtual technologies can indeed facilitate learning while bringing us closer together.

Another unintended but very positive outcome was the establishment of relationships with community libraries. In our smallest communities, the lack of available meeting space caused staff to reach out to libraries as a potential site for culinary education classes. They were enthusiastic hosts. The presence of the classes in a public space also functioned as advertising for the classes and the Network. Many library patrons expressed support of the classes and interest in learning more about participation. When in-person cooking classes were no longer an option, libraries in east Linn County stepped up as a no-contact pickup spot for class welcome packets.

B. SUCCESSES, INNOVATIONS & ACCOMPLISHMENTS

Please describe any particular key successes, innovations or accomplishments achieved as a result of your grant project that you would like to highlight.

We are especially proud of the way that our program leaders and communities have worked together for the past three years to blend three program components into the comprehensive regionwide approach to individual and community wellness that our community members know and embrace as C.H.E.F.

Support for shifting our community culture around healthy eating runs deep among project partners. Pick of the Month flyers and Tasting Tables were initiated in several schools in Linn and Benton counties over 11 years ago to provide educational information about local fruits and vegetables. Over time, Pick of the Month and Tasting Tables were incorporated in additional area schools and workplaces. Pick of the Month and Tasting Tables provided a robust, sustainable foundation on which to build the CATCH approach to basic nutrition education and promotion of moderate to vigorous physical activity for children in preschool, K-8 schools and after-school programs. Through an RHND grant awarded in 2012, we implemented CATCH in 27 rural schools. Through C.H.E.F., the number of schools that have integrated CATCH into their health-promoting school culture has increased from 27 in 2015 to 38 in 2020. Working with many partners, C.H.E.F. also expanded our approach to community health, integrating hands-on culinary education classes throughout our communities, often in the same schools implementing CATCH and Tasting Tables.

The C.H.E.F. Program combined three approaches to promoting community health into a seamless regional initiative that includes exposure to local produce, nutrition education, physical activity and cooking skills. This project was built on the momentum generated initially from smaller-scale, localized efforts to address childhood obesity. From this beginning, we have woven together three strands essential to a healthy lifestyle and grown a culture of health that is embraced throughout our communities.

C. RECOGNITION

Describe any successful recognition or acknowledgment received as a result of this grant funding.

The C.H.E.F. program has received recognition and acknowledgments in various forms, including:

- 2017 article on the American Hospital Association website.
- 2018 Rural Health Innovation Hub recognition.
- 2018 article in the winter/spring *Heart to Heart* by Samaritan Health Services.
- 2019 article in the fall *Heart to Heart* by Samaritan Health Services.
- 2018, 2019 articles in *Samaritan Health Services News*.

- 2018 mention in *Oregon School Board Association News*.
- 2018, 2020 articles in local newspapers (including *The Democrat-Herald*, serving Albany and Lebanon, and *The New Era*, serving Sweet Home).
- 2018, 2019 participation on radio shows on KNPT and KBCH in Lincoln County.

SECTION VII

CHALLENGES & INNOVATIVE SOLUTIONS

CHALLENGES, BARRIERS & SOLUTIONS

Describe any significant barriers faced in achieving the goals and objectives of your program and the strategies used to overcome them. Provide information on any unachieved objectives in your discussion and the barriers that prevented their attainment. Please include any challenges and responses due to COVID-19.

CATCH

- **Challenges:** Staff turnover.
- **Strategies:** Building and sustaining strong connections with school leadership and administrators. Early identification of replacement CATCH Champions. Providing training at the start of the new school year. Providing ongoing implementation support.
- **COVID-19:** The majority of the school sites have been operating remotely since March 2020, affecting CATCH implementation.
- **COVID-19 strategies:** CATCH Champions were given the opportunity to attend “Physical Education During COVID-19: In-School or Hybrid” trainings hosted by CATCH Global Foundation. Additional access to CATCH online resources and curricula were provided to all 11 sites to enhance remote and hybrid classroom instruction.

TASTING TABLES

- **Challenges:** Volunteer turnover; making sure everyone was on the same page between school leadership, CATCH Champions, volunteer facilitators, C.H.E.F. County Coordinators, and kitchen staff.
- **Strategies:** Outreach to parent-teacher groups; increased communication.
- **COVID-19:** Due to health and safety concerns relating to COVID-19, Tasting Tables were not conducted from March 2020 through the end of the 2019–2020 school year or between September and December of the 2020–2021 school year.
- **COVID-19 strategies:** C.H.E.F. Program partners receive the Pick of the Month flyer monthly and are encouraged to distribute these flyers to their constituents. Partner organizations have indicated intentions to resume Tasting Tables when barriers presented by pandemic are resolved.

COOKING CLASSES

- **Challenges:** Recruitment and retention of participants and volunteers.
- **Strategies:** Flexibility with the structure and scheduling of classes. Enhanced training, communication and recognition of volunteers.
- **COVID-19:** Oregon required residents to shelter in place, resulting in the cancellation of cooking classes between March and June of 2020.
- **COVID-19 strategies:** Nine Virtual Cooking Classes were hosted over Zoom. These classes were facilitated in partnership with OSU Moore Family Center, OSU Extension Service of Lincoln County and Food Share of Lincoln County. The virtual format allowed for the training and participation of dietetic and nutrition education interns.

OTHER COVID-19 IMPACTS

In addition to the program activities listed above, all program outreach events were canceled or delayed, including the Linn Benton Lincoln Partners for Health Community Health Summit, Lebanon Business Expo, the Healthier You Expo at the Newport Center for Health Education, and the Lacombe School Health and Wellness Fair. Conferences we planned to attend were canceled, including the Health Literacy Conference in Portland, OR; the Association for Community Health Improvement conference in Cleveland, OH; and the Nutrition Conference in Seattle, WA. All in-person C.H.E.F., CCCWN, Partners for Health and related meetings were replaced by virtual meetings.

SECTION VIII

SUSTAINABILITY

A. NETWORK STRUCTURE

- Will your network continue to sustain after funding?**

Yes, CCCWN will sustain after the RHND ends.

- What methods were developed and implemented to continue the network once grant funding has ended?**

Samaritan Health Services provides funding for staff to sustain CCCWN.

B. ONGOING PROJECTS & ACTIVITIES/SERVICES

- Will all, some or none of the activities and programs created be sustainable once grant funding has ended?**

All elements of the program will be sustained.

- Identify the specific grant project activities and/or services that will be sustained after grant funding ends. Briefly describe the methods/strategies you will use to sustain your activities.**

C.H.E.F. Program activities have strengthened Network infrastructure and increased the capacity of Network members to engage in activities benefiting population health. There is no question that the Network, which has

been functioning well for more than a decade, will continue. We expect all components of the C.H.E.F. Program to be sustained post-grant as well. These components are CATCH physical activities and basic nutrition education, Pick of the Month and Tasting Tables, and the culinary education courses. Partner organizations have demonstrated a commitment to continuing these childhood obesity prevention activities.

CATCH is designed to be sustainable. Once the curriculum and equipment are purchased, the trainings conducted and the program implemented, CATCH is easy to maintain. Leadership buy-in has been secured: School administration, physical education teachers and classroom teachers alike are supportive of CATCH implementation. In times of staff transition, new CATCH Champions are quickly identified and directed toward training and resources. Training will continue to be available: OSU Extension Service of Lincoln County has indicated that it will continue to provide training opportunities and implementation support to CATCH sites in Lincoln County. OSU Extension Service of Linn and Benton counties may also be able to help provide training continuity across the tri-county region.

Curricula and equipment are in place: Grant funding provided each CATCH site with hard-copy curriculum books and access to CATCH's online portal. Online access provided a cost-effective and easily accessible option for multiple staff from each site to utilize the resources, including enhanced resources specific to remote and hybrid teaching and learning. Equipment was purchased and exists at each site. Although anticipated financial costs are associated with periodic replacement of physical activity equipment, sites will be encouraged to reach out to the Network for assistance identifying funding opportunities.

Before COVID-19 disrupted the implementation of Tasting Tables, the program had been a part of schools across east Linn County since 2009 and integrated in rural Benton and Lincoln counties since 2015. In most instances, nutrition service directors ensured the Pick of the Month produce item was purchased and prepared by nutrition services staff each month. Tasting Tables were typically facilitated by parent volunteers with the support of a C.H.E.F. County Coordinator. Tasting Tables at Waldport Middle and High schools, Taft Middle School and Alsea Charter School used a peer-to-peer model and engaged student leadership groups to assist with the tables. Involving school staff, students and parents in the coordination and facilitation of Tasting Tables is a viable step toward program sustainability.

Prior to the pandemic, Lebanon Community School District expanded Tasting Tables to include faculty and staff. The concept also spread to the larger community, as COMP-NW now features the Pick of the Month during its "Wellness Wednesdays." The Pick of the Month program highlighting seasonal, locally available produce has been supported by Samaritan Health Services for the past 15 years and will continue into the future. The Pick of the Month flyers containing nutrition information and recipes are created by Samaritan Health Services dietitians and are available in both English and Spanish. SHS marketing staff distribute the flyers throughout the region.

Culinary education courses will also be sustained, as collaborating partners remain committed to providing nutrition and cooking education for low-income children and families in the region. The OSU Linus Pauling Institute's Healthy Youth Program was administratively moved to the OSU Moore Family Center in July 2019. OSU Moore Family Center will continue to support delivery of in-person and remote classes to the communities served by the C.H.E.F. Program, including Lebanon, Sweet Home, Monroe and Alsea. Partner sites in these communities have expressed interest in hosting in-person and remote cooking classes in the future and will continue to provide in-kind support and resources.

Food Share of Lincoln County is one of a few agencies approved to facilitate Cooking Matters classes in Oregon. In the past, they have primarily held Cooking Matters for Adults classes. By partnering with C.H.E.F., Food Share of Lincoln County now has the capacity to offer Cooking Matters for Families and Cooking Matters for Kids both in-person and virtually.

Additionally, partnerships with OSU Extension Services have allowed for in-person and virtual outreach to the Latinx communities of Lebanon, Monroe, Newport and Lincoln City.

Volunteer training will continue to be provided by staff at the OSU Moore Family Center and Food Share of Lincoln County. It will be challenging to sustain a robust team of cooking class instructors. Through an ongoing agreement with COMP-NW, students on the lifestyle medicine track will continue to earn credit as C.H.E.F. cooking class facilitators in the valley, and Food Share of Lincoln County will continue to recruit and train volunteers on the coast.

Training specific to remote cooking class delivery has been developed and is ready to share with partners. This unique model of collaborating with multiple partner organizations has resulted in an effective, efficient and sustainable nutrition-focused culinary education programming across the region.

As always, the Network will seek new funding from other local, state and national resources in order to better support a wide array of community health activities.

C. REPLICATION

Provide your opinion on whether similar projects as yours could work well in other rural settings.

This type of program would do well in any rural area with a need to improve health outcomes and an ability to develop a strong network. Factors that lead to a successful program include developing concrete goals and measurable objectives, using evidence-based and/or practice-proven programs, and maintaining strong relationships with highly engaged and collaborative community partners.

D. SUSTAINED IMPACT

Please calculate the economic impact of your program by using the Economic Impact Tool on the RHHub webpage (<https://www.ruralhealthinfo.org/econtool>).

- Ratio of economic impact to total spending: 1.33.
- Ratio of economic impact to HRSA funding: 3.16.

WORK PLAN STATUS

OVERARCHING GOAL
 Help the children and families of Benton, Lincoln and Linn counties achieve higher-quality lives free of preventable disease related to poor nutrition and obesity.

Level of completion for each activity

- Completed (100% of this activity has been completed)
- Near Completion (70–99% of this activity has been completed)
- In Progress (30–70% of this activity has been completed)
- Just Started (1–30% of this activity has been completed)
- Not Started (0% of this activity has been completed)

Goal 1: Implement nutrition-focused culinary education courses for children and families to empower Lincoln, rural Benton and east Linn County families to be self-sufficient in the kitchen and make healthy food choices.

OBJECTIVES	ACTIVITIES	OUTPUTS	MEASUREMENTS	TIMELINE	RESPONSIBLE PERSONS
By July 2017, convene the Obesity Prevention Coalitions to review and finalize C.H.E.F. Project implementation and establish an annual meeting schedule.	<ul style="list-style-type: none"> Partners for Health (PFH) reviews and approves C.H.E.F. Project implementation plan. PFH members attend regular meetings to review C.H.E.F. progress. 	<ul style="list-style-type: none"> Implementation plan approved PFH members have protocols to review C.H.E.F. progress. 	<ul style="list-style-type: none"> Finalized plan Attendance roster 	<ul style="list-style-type: none"> July 2017 (Completed) Aug 2017–Dec 2020 (Completed) 	<ul style="list-style-type: none"> Project Director County Coordinators Obesity Prevention Coalition Chairperson
By August 2017, convene CCCWN to review and approve the C.H.E.F. Project implementation plan.	<ul style="list-style-type: none"> CCCWN meets to review and approve C.H.E.F. implementation plan. 	<ul style="list-style-type: none"> Implementation plan approved 	<ul style="list-style-type: none"> Finalized plan 	<ul style="list-style-type: none"> Aug 2017 (Completed) 	<ul style="list-style-type: none"> Network Director Project Director
By September 2017, finalize nutrition-focused culinary education implementation schedule with providers and partners.	<ul style="list-style-type: none"> Project Director will convene a meeting with Linus Pauling Institute, COMP-NW, Food Share to finalize schedule. Order course curriculum. 	<ul style="list-style-type: none"> Culinary education courses scheduled 	<ul style="list-style-type: none"> Culinary education course schedule 	<ul style="list-style-type: none"> Sept 2017 (Completed) 	<ul style="list-style-type: none"> Project Director County Coordinators COMP-NW Linus Pauling Institute Food Share of Lincoln County
By April 2020, conduct 69 (was 77) culinary education courses across the tri-county region, serving at least 1,380 (was 1,500) adults and children. *Number changed based on partner organization availability.	<ul style="list-style-type: none"> Confirm course dates. Send out agreement forms. Recruit and train volunteers and med students. Review course sites. Order food and materials. Recruit and register participants. Conduct classes (Direct service activity). 	<ul style="list-style-type: none"> Staff meeting held Agreements signed and returned Volunteers and med students trained Course site approved by instructors Food and materials ordered Participants registered Classes conducted 	<ul style="list-style-type: none"> Culinary education courses initiated Number of volunteers and students trained Food and materials obtained Number of participants Post survey 	<ul style="list-style-type: none"> Oct 2017 (Completed) Nov 2017 (Completed) Nov 2017–Dec 2020 (Near completion; 56 courses and 866 participants in Years 1-3; 8 courses and 124 participants reached remotely in NCE) 	<ul style="list-style-type: none"> Project Director County Coordinators Linus Pauling Institute COMP-NW Food Share of Lincoln County
By April 2020, at least 80% of participants in culinary education will show a positive change in knowledge, skills and attitudes about cooking meals at home.	<ul style="list-style-type: none"> Administer pretest and posttest surveys. 	<ul style="list-style-type: none"> Surveys conducted 	<ul style="list-style-type: none"> Number of surveys completed 	<ul style="list-style-type: none"> Nov 2017–Dec 2020 (Completed) 	<ul style="list-style-type: none"> Project Director County Coordinators COMP-NW Linus Pauling Institute Food Share of Lincoln County

Goal 2: Expand CATCH as a sustainable program for the promotion of health and the attainment and maintenance of a healthy weight for Lincoln, rural Benton and east Linn County children.

OBJECTIVES	ACTIVITIES	OUTPUTS	MEASUREMENTS	TIMELINE	RESPONSIBLE PERSONS
By April 2020, implement CATCH in 11 schools, increasing physical activity levels of at least 80% of eligible children.	<ul style="list-style-type: none"> Schedule and conduct CATCH training for all staff. Order CATCH materials. Host CATCH kickoff event at all 11 schools (direct service activity). CATCH implemented in 11 elementary and middle schools. Conduct staff booster training. 	<ul style="list-style-type: none"> Staff trained and prepared to implement CATCH Materials distributed CATCH kickoff held at each school CATCH implemented in 11 schools Schools report student participation in CATCH physical activities. Booster training is conducted. 	<ul style="list-style-type: none"> Staff training attendance rosters Purchasing invoices Attendance rosters Attendance rosters and classroom enrollment School reports Attendance roster 	<ul style="list-style-type: none"> Nov 2017 (Completed) Nov 2017 (Completed) Jan 2018 (Completed) Jan 2018–Dec 2020 (Completed) Jan 2018–Dec 2020 (Completed) Sept 2018–2020 (Completed) 	<ul style="list-style-type: none"> Project Director County Coordinators Site Champions County Coordinators and Site Champions Site Champions County Coordinators County Coordinators Site Champions
By April 2020, at least 80% of site Champions and physical education teachers at CATCH schools advocate for at least 30 minutes of daily physical activity in school master schedules.	<ul style="list-style-type: none"> Site Champions and PE teachers promote 30 minutes of physical activity a day in CATCH schools. 	<ul style="list-style-type: none"> Students receive 30 minutes of physical activity each day. 	<ul style="list-style-type: none"> School reports 	<ul style="list-style-type: none"> Oct 2017–Dec 2020 (Completed) 	<ul style="list-style-type: none"> Site Champions PE Teachers

Goal 3: Increase the consumption of fruits and vegetables among children in Lincoln, rural Benton and east Linn counties.

OBJECTIVES	ACTIVITIES	OUTPUTS	MEASUREMENTS	TIMELINE	RESPONSIBLE PERSONS
By October 2018, provide at least 80% of eligible children with the opportunity to try new fruits and vegetables by hosting monthly Tasting Tables at 100% of CATCH schools.	<ul style="list-style-type: none"> Establish Tasting Tables at all program sites. 	<ul style="list-style-type: none"> Children exposed to tasty and healthful foods 	<ul style="list-style-type: none"> Tasting Tables at CATCH sites 	<ul style="list-style-type: none"> Dec 2020 (Completed; activities disrupted by COVID-19) 	<ul style="list-style-type: none"> County Coordinators Food service workers
By April 2020, at least 80% of children at CATCH schools receive instruction on how to select healthy foods.	<ul style="list-style-type: none"> Distribute Pick of the Month flyers to students and staff at all 11 sites (direct service activity). 	<ul style="list-style-type: none"> Children able to select and prepare healthy snacks 	<ul style="list-style-type: none"> Pick of the Month flyers distributed monthly 	<ul style="list-style-type: none"> Dec 2020 (Completed) 	<ul style="list-style-type: none"> County Coordinators Food service workers
By April 2020, establish a health-conscious culture that promotes healthy choices at school events at 100% of CATCH schools.	<ul style="list-style-type: none"> Develop work plan matrix with timeline. Meet with volunteers, administrators and staff to coordinate activities. 	<ul style="list-style-type: none"> Annual events established at each site to promote healthy food choices 	<ul style="list-style-type: none"> Health fairs and other events conducted annually 	<ul style="list-style-type: none"> Oct 2017 – April 2020 (Completed) 	<ul style="list-style-type: none"> Project Director County Coordinators Site Champions Volunteers

Goal 4: Establish culinary education as a vital and sustainable component of local obesity prevention efforts by building local capacity to promote and deliver standardized courses and introducing the next generation of physicians to its value for patients.

OBJECTIVES	ACTIVITIES	OUTPUTS	MEASUREMENTS	TIMELINE	RESPONSIBLE PERSONS
By April 2020, train at least 96 volunteers and medical school students to deliver culinary education courses.	<ul style="list-style-type: none"> Linus Pauling Institute and Food Share of Lincoln County train volunteers and staff. 	<ul style="list-style-type: none"> Volunteers and medical students trained in culinary education 	<ul style="list-style-type: none"> Volunteers and medical students conducting cooking classes 	<ul style="list-style-type: none"> Oct 2017–Dec 2020 (Completed; 89 trained in Years 1-3 and 11 trained in NCE) 	<ul style="list-style-type: none"> Project Director County Coordinators
By April 2020, at least 96 volunteers and medical students will have instructed or assisted in culinary education.	<ul style="list-style-type: none"> Volunteers and medical students lead or assist cooking classes. 	<ul style="list-style-type: none"> Cooking courses conducted by volunteer and medical students 	<ul style="list-style-type: none"> Number of cooking classes conducted 	<ul style="list-style-type: none"> Oct 2017–Dec 2020 (Near completion; 56 courses and 866 participants in Years 1-3; 8 courses and 124 participants reached remotely in NCE) 	<ul style="list-style-type: none"> Project Director County Coordinators
By April 2020, at least 80% of volunteers and medical students who instructed or assisted in culinary education will show a positive change in knowledge, skills and attitudes about the relationship between nutrition and health.	<ul style="list-style-type: none"> Volunteers and medical students learn new knowledge and cooking skills. 	<ul style="list-style-type: none"> Volunteer and medical students demonstrate new knowledge by conducting cooking classes. 	<ul style="list-style-type: none"> Survey and self-report 	<ul style="list-style-type: none"> Dec 2020 (Completed) 	<ul style="list-style-type: none"> Project Director County Coordinators
By April 2020, at least 80% of volunteer medical students will report that they intend to take nutrition into account when working with patients.	<ul style="list-style-type: none"> Medical students will instruct or assist in culinary education courses as a community service project. 	<ul style="list-style-type: none"> Medical students successfully complete their community service project. 	<ul style="list-style-type: none"> Survey and self-report 	<ul style="list-style-type: none"> Dec 2020 (Completed) 	<ul style="list-style-type: none"> COMP-NW



Coast to the Cascades
Community Wellness
Network