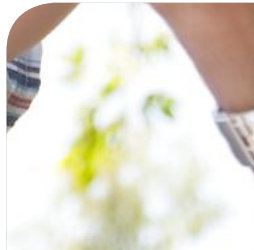
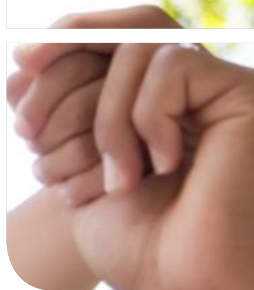


CHEF PROGRAM

CULINARY HEALTH EDUCATION & FITNESS



STRATEGIC PLAN 2017-2020

BENTON, LINCOLN & LINN COUNTIES

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Network Purpose & Shared Vision

Network History

In 2009, an ad hoc group of regional health professionals hosted the Coast to Cascades Childhood Obesity Key Leaders Summit. As a result, they created an informal community health network. In 2010, with support from the Rural Health Network Development Planning Program (HRSA-10-020), this network was formally organized as Coast to Cascades Community Wellness Network (CCCWN). Its primary strategic objectives include:

- Achieving and maintaining health care for all residents of Benton, Lincoln and Linn counties
- Fostering collaboration and coordination between public and private health care providers
- Supporting the work of local health coalitions
- Developing proven community resources for health

To address obesity at the community level, Obesity Prevention Coalitions were formed in Lincoln and Linn counties in 2010 and in Benton County in 2014. In 2016, these CCCWN subgroups merged and were renamed Partners for Health (PFHs); they represent regional health, education, nonprofit, government, faith-based, ethnic/racial, and community groups. Each PFH has completed a county needs assessment and strategic plan for addressing obesity, which identified local gaps, resources and priorities.

Network Members

CCCWN comprises a seven-person Steering Committee and 21 members representing county health departments, schools, hospitals, federally qualified health centers (FQHCs), community-based organizations, and tribal councils. Current members include:

- Benton County Health Department
- Capitol Dental Care
- College of Osteopathic Medicine – Pacific Northwest
- Community Outreach, Inc.
- Community Services Consortium
- Confederated Tribes of Siletz Indians of Oregon
- East Linn/Benton County FQHC
- Good Samaritan Regional Medical Center
- InterCommunity Health Network CCO
- Lebanon School District
- Lincoln County Health Department

- Linn County Health Department
- Oregon Cascades West Council of Governments
- Oregon Office of Rural Health
- Oregon State University
- Private-practice dentists
- Samaritan Albany General Hospital
- Samaritan Health Services
- Samaritan Lebanon Community Hospital
- Samaritan North Lincoln Hospital
- Samaritan Pacific Communities Hospital

Mission

CCCWN's mission is to improve community health in Benton, Lincoln and Linn counties by providing leadership and support for regional partnerships.

Shared Vision

CCCWN's vision is to lead and sustain a system of partnerships between agencies and organizations working together to provide integrated services and programs that promote individual and community health.

Members were included based on their history of successful collaboration and their willingness and capacity to commit personnel and in-kind resources to network activities. They bring diverse perspectives to the table, as well as administrative and clinical skills that are essential for the success of the network and for the implementation of health promotion and disease prevention programs. Members frequently support each other's activities, including obesity prevention. This has created an environment conducive to filling service gaps and reducing overlap.

CCCWN meets quarterly to discuss projects, goals, funding, grant opportunities, and activities relating to tri-county health. Members provide information and recommendations on activities that address local health issues. Approved recommendations are forwarded to the Steering Committee, which meets every other month to review and finalize recommendations, allocate resources and monitor progress. Because members are executive decision-makers, they can ensure the timely implementation of agency activities and services, which increases the effectiveness of network collaborations.

CHEF Program Goals

CHEF is a collaborative, community-level obesity prevention program that will help children and families in Lincoln, east Linn, and rural Benton counties to achieve higher-quality lives free of preventable diseases related to poor nutrition and obesity. It consists of evidence-based and promising-practice programs that combine physical activity, nutrition education and experiential culinary education (CE) to foster a culture of health. CHEF program goals align directly with CCCWN’s shared vision.

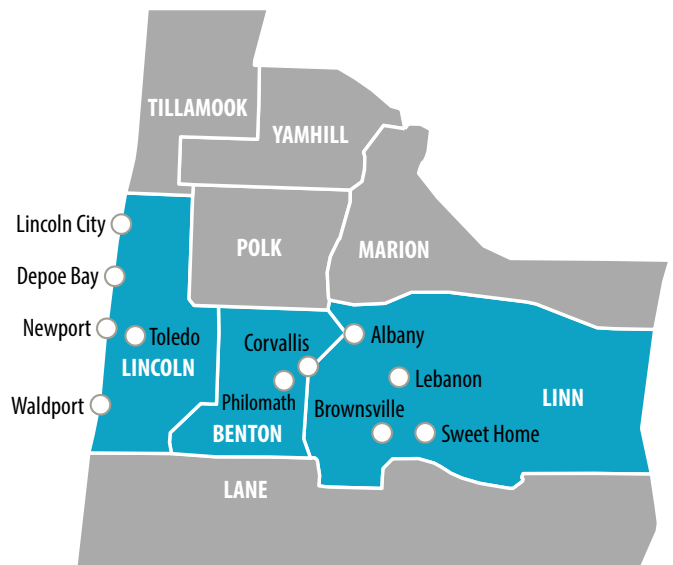
Target communities currently face health disparities and inequities resulting from low socioeconomic status and from unhealthy lifestyle factors such as poor eating habits and limited physical activity. The regional need for the CHEF program was identified through a community-based participatory research project. Program development stemmed from a series of CCCWN and PFH meetings that identified collaborative best-practice strategies for obesity prevention. Specific program goals and objectives appear in the *Strategic Objectives* table on page 5.

Culinary Education

The CE program will provide 69 hands-on classes to elementary and middle school students and families while also training the next generation of physicians in a whole-foods approach to health. East Linn and rural Benton classes will be staffed by volunteers and students from the College of Osteopathic Medicine – Pacific Northwest (COMP-NW). The Linus Pauling Institute (LPI) will provide two five-week courses: *Fresh Grown Cooking for Kids* and *Simply Delicious* for families. LPI will provide lead instruction in addition to training volunteers and medical students in these curricula.

In Lincoln County, Food Share of Lincoln County will train community volunteers in the six-week *Cooking Matters for Families* and *Cooking Matters for Kids* curricula, both of which pair age-appropriate nutrition education with hands-on cooking skills. Strong volunteer engagement will create a high staff-to-student ratio, with one adult supervising three to four students at each cooking station.

Each *Cooking Matters* course meets once a week for two hours. The low-cost recipes are simple, favoring nourishing ingredients, seasonal local produce and minimal sugar. Preparing healthy meals on a budget is a primary focus, with an emphasis on meal planning, smart shopping and nutrition. At the end of each family class, adults will receive a bag of groceries so they can prepare that day’s recipe at home.



CE courses will be taught in various settings, and participants will be recruited through multiple channels. Care coordinators will act as liaisons to clinics, where physicians will “prescribe” culinary education to overweight, obese or diabetic patients. In addition, adults will be referred to classes by nonclinical sites such as WIC. Children will be recruited through physician referrals, school announcements, community advertisements, and teacher referrals.

Coordinated Approach to Child Health (CATCH)

The CATCH program will increase students’ opportunities for physical activity while also providing them with basic nutrition education, introducing them to new fruits and vegetables, and establishing lifelong healthy habits.

Designed to accommodate the cultural, linguistic, religious and socioeconomic differences of target populations, this evidence-based program has already been implemented and sustained in 29 regional schools and afterschool programs. As part of the CHEF program, it will expand to seven additional elementary and middle schools in Year 1. This will bring engaging physical activities and nutrition education to more than 1,700 underserved rural children.

The fitness component of CATCH will augment the limited physical education offered in local schools and the often minimal out-of-school opportunities for safe physical activity. The nutrition components will educate children and families about healthy eating while also exposing them to “Pick of the Month” tasting tables where they can sample seasonal fruits and vegetables.

Environmental Scan & Analysis

Regional Profile

The CHEF program serves children and families in Lincoln, east Linn, and rural Benton counties. Target communities include health professional shortage areas, medically underserved areas and medically underserved populations.

Linn and Lincoln counties are designated as economically distressed, as are targeted Benton County communities. More than 24 percent of children in these areas live in poverty, which is associated with higher rates of childhood obesity. High poverty rates and low wages increase the appeal of the cheap, unhealthy fare available in local fast-food chains and convenience stores.

Afterschool programs are almost nonexistent in the target communities, and nutrition programs that integrate classroom and food service are not available in most schools that have not implemented CATCH. Cooking skills are no longer taught in most schools, and young families often struggle with food preparation. As the region's children reach adulthood, they often lack the skills to prepare basic meals. This deficit is predictive of the poor dietary habits associated with inadequate nutrition and weight gain.

Although nutrition education has typically focused on information, this only minimally changes eating behaviors. Long-term changes are much more likely to occur when education is paired with hands-on skills, such as navigating grocery stores, planning and budgeting for meals, and reading nutrition labels. Learning to cook is associated with improved attitudes about healthy eating and higher consumption of fruits, vegetables and whole grains.

Due to severe budget reductions, many school districts have also cut or eliminated physical education programs.

Further, rural children often lack a safe route to walk or bike to school. More generally, limited rural resources and small populations often result in “recreational deserts” with inadequate access to community pools, play areas and parks.

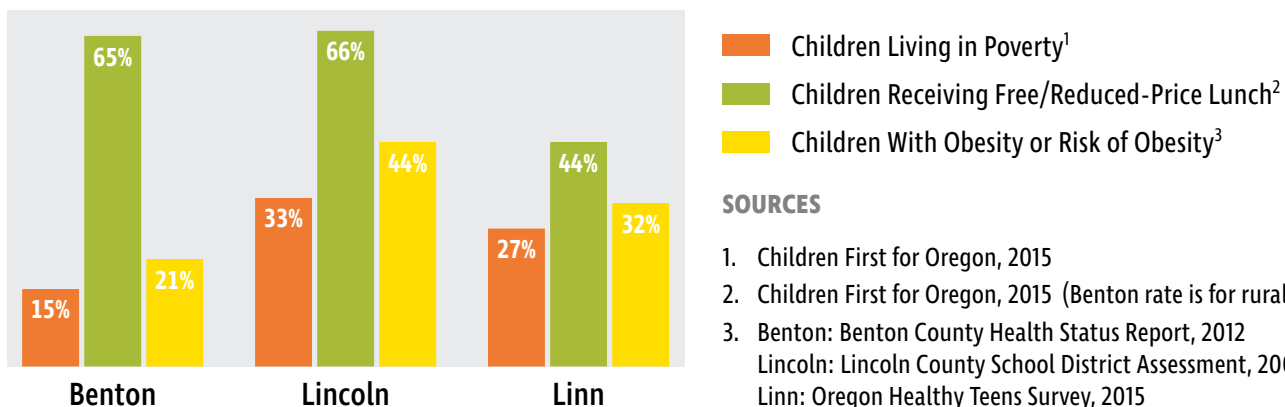
These regional environmental factors have greatly increased the risk of nutritionally poor, calorie-dense diets and inadequate physical activity for children and adults.

In 2016, the Robert Wood Johnson Foundation reported that Oregon has the highest obesity rate west of the Rocky Mountains. Recent community needs assessments found that 44 percent of Lincoln County children, 21 percent of Benton County children, and 32 percent of Linn County children are obese or at risk of obesity. Further, body mass index (BMI) data collected during pediatric visits reveal an alarming trend toward higher obesity rates with increasing child age, underscoring the urgency of expanding obesity prevention efforts to older children.

Obesity prevention services currently available to rural target populations are limited. Federally qualified health centers, school-based health centers, clinics, and nonprofits cannot provide adequate support for fitness and nutrition when working in isolation.

Research and practice both show that working together in strong partnerships increases the level of care each organization can provide. This is especially true for obesity prevention: Obesity stems not just from individual behaviors, but also from socioeconomic determinants such as education, income and access to infrastructure. Thus, it must be addressed with the type of community-level reforms and supports included in the CHEF program.

CHILDHOOD POVERTY & OBESITY IN THE TRI-COUNTY REGION



SOURCES

1. Children First for Oregon, 2015
2. Children First for Oregon, 2015 (Benton rate is for rural areas)
3. Benton: Benton County Health Status Report, 2012
Lincoln: Lincoln County School District Assessment, 2009
Linn: Oregon Healthy Teens Survey, 2015

Environmental Blocks & Levers

ENVIRONMENTAL BLOCKS

Lack of full-service grocery stores often limits rural access to fresh fruits and vegetables

Lack of safe, accessible exercise and recreation options for rural children

Lack of transportation for rural populations

Long travel times for instructors and volunteers serving Lincoln County residents

Risk of unexpected program staff turnover

State budget cuts limit CCCWN members' financial contributions to the CHEF program

The tri-county region is large, with potentially long travel times for stakeholders attending CCCWN meetings

RESPONSE

- Programs will provide participating adults and families with healthy groceries for at-home preparation

- The physical education component of CATCH will augment local opportunities for safe physical activity

- County Coordinators will work with the Project Director to organize carpools and connect with agencies that can provide transportation for participants
- Classes will be held on-site at accessible times

- Food Share of Lincoln County will identify and train local Cooking Matters instructors and class assistants

- County Coordinators and the Project Director will provide schools and organizations with ongoing technical support to ensure adequate staff coverage
- CHEF staff will be cross-trained to assist with all program tasks
- Clear job and program descriptions will help staff fill gaps and orient new personnel

- CCCWN will increase its dues-paying memberships from 50 percent to 80 percent by 2018
- CCCWN will seek funding from other resources, including the SHS Social Accountability Fund
- PFH members will raise money to support school health fairs, wellness nights, 5K walks/runs, and new CATCH equipment

- Meeting locations will rotate between communities, minimizing travel time and distance for any one group

ENVIRONMENTAL LEVERS

CCCWN members are executive decision-makers who can ensure implementation of agency activities and services

CE courses are based on strong partnerships and resource-sharing between CCCWN, Food Share of Lincoln County, Linus Pauling Institute's Healthy Youth Program, and College of Osteopathic Medicine – Pacific Northwest

Local philanthropic organizations, such as Soroptimist and Rotary clubs, often rally to support local health activities aimed at youth

RESPONSE

- Members who oversee rural clinics can ensure that physicians and staff are informed about CHEF and encouraged to "prescribe" culinary education to target patients

- Volunteers will be trained to support local sustainability and to aid in recruiting new volunteers

- These organizations will be engaged to fund take-home groceries for participating families

Strategic Objectives

GOAL 1 Implement nutrition-focused culinary education (CE) courses to empower children and families in Lincoln, rural Benton, and east Linn counties to be self-sufficient in the kitchen and to make healthy food choices.

STRATEGIC OBJECTIVES	TARGET DATE
Convene PFHs to review and finalize CHEF implementation and to establish an annual meeting schedule	Ongoing
Convene CCCWN to review and approve the CHEF implementation plan	Completed
Finalize nutrition-focused CE implementation schedule with providers and partners	Completed
Conduct 69 CE courses across the tri-county region, serving at least 1,500 adults and children	April 2020
At least 80 percent of CE participants show a positive change in knowledge, skills and attitudes about cooking meals at home	April 2020

GOAL 2 Expand CATCH as a sustainable program for promoting health and the attainment and maintenance of a healthy weight for children in Lincoln, rural Benton, and east Linn counties.

STRATEGIC OBJECTIVES	TARGET DATE
Implement CATCH in 11 new schools, increasing the physical activity levels of at least 80 percent of eligible children	April 2020
At least 80 percent of site champions and physical education teachers at CATCH schools advocate 30 minutes or more of daily physical activity in school master schedules	April 2020

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

STRATEGIC OBJECTIVES	TARGET DATE
Give at least 80 percent of eligible children an opportunity to try new fruits and vegetables by hosting monthly tasting tables at CATCH schools	October 2018
At least 80 percent of children at CATCH schools receive instruction on selecting healthy foods	April 2020
Establish a health-conscious culture that promotes healthy choices at all CATCH school events	April 2020

GOAL 4 Establish CE 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 CE's value for patients.

STRATEGIC OBJECTIVES	TARGET DATE
Train at least 96 volunteers and medical students to deliver CE courses	April 2020
At least 96 volunteers and medical students will have taught or assisted with CE courses	April 2020
At least 80 percent of volunteers and medical students who instructed or assisted in CE will show a positive change in knowledge, skills and attitudes about the relationship of health and cooking skills to nutrition	April 2020
At least 80 percent of medical students will report that they intend to take nutrition into account when working with their future patients	April 2020

Communication Plan

Stakeholders

For the purposes of communications planning, CHEF stakeholders include:

- Network members and partners
- Target populations
- Peers in other Pacific Northwest communities
- The general public

Communicating with Network Members and Partners

All CCCWN meetings are held in person. Full meetings are held twice a year, and member input is solicited through requests for agenda items before regular meetings.

The CCCWN Steering Committee meets every other month to receive updates and plan for future projects. CCCWN subcommittees meet monthly.

The Network Director meets twice a month with the CCCWN Chair to share updates on activities.

CHEF progress reports and evaluation data will be emailed to members monthly by the Network Director. Also, in-person reports will be delivered at quarterly meetings by the Network Director.

Real-time program integrity data will be provided monthly by the project evaluation team under the guidance of the CHEF Project Evaluators. The Network Director and the Project Director are ultimately responsible for meeting CHEF reporting requirements.

Resolving Problems and Disputes

Problems requiring resolution will be brought forward at monthly meetings. When urgent issues fall outside this timeframe, participants may contact the Project Director, who will promptly contact the Network Director for recommendations and set a deadline for responses.

Actions based on these recommendations are then reported back to the full network. Use of the Appreciative Inquiry model will ensure that members can raise problems without fear of judgment.

If partners implementing the program have urgent issues, mechanisms are in place to facilitate communication with staff and the Network Director. In most cases, County Coordinators will be located nearby to provide assistance. Site Champions will also be on-site at CATCH schools.

Communicating with Target Populations

CCCWN will support the following primary methods of informing target populations about CHEF activities:

- Elementary and middle school participants will be recruited through physician referrals, school announcements, community advertisements and teacher referrals.
- Participating physicians will recruit adults and families by “prescribing” culinary education to their overweight, obese or diabetic patients.
- Adults will be referred to classes through nonclinical sites, such as the WIC program.
- Flyers advertising family cooking classes will be placed prominently throughout the community.
- Advertisements for family cooking classes will be placed in local newspapers.

Communicating with Peers

To help other rural Pacific Northwest communities navigate the logistical and political waters when implementing such programs, CCCWN will report on its experiences at the Oregon Public Health Association and Oregon Rural Health conferences in 2018, 2019 and 2020, and at the Northwest Regional Rural Health conferences in 2019 and 2020.

Communicating with the Public

SHS will publicize CHEF through in-kind marketing activities, including:

- Articles in *Heart to Heart*, a health magazine reaching 27,000 regional households (one article/year)
- Articles in *SHS Well Informed*, an electronic and print newsletter reaching 6,000 regional SHS employees (multiple/year)
- Information about childhood and adult obesity and CHEF activities in the monthly *SHS Physician* newsletter (multiple/year)
- Articles in local newspapers about upcoming CHEF events and activities (multiple/year)
- Articles and announcements for community members through hospital-based and corporate social media accounts and e-newsletters

Communication Schedule

MESSAGE	AUDIENCE	METHOD	FREQUENCY	RESPONSIBILITY
CCCWN activities	CCCWN members	Meetings	Twice a year	CCCWN Network Director
CCCWN activities	CCCWN Steering Committee	Meetings	Bimonthly	CCCWN Network Director
CHEF dashboard	CCCWN members	Digital reports	Monthly	CCCWN Network Director
CHEF evaluation	CCCWN members	Meetings	Monthly	CHEF Project Evaluators
Problem resolution	CCCWN members	Appreciative Inquiry model	Ongoing	CHEF Project Director CCCWN Network Director
CE recruitment	Target populations	Physician referrals, school announcements, teacher referrals, community advertisements and flyers, newspaper advertisements	Before scheduled cooking classes	CHEF Project Director
CHEF findings	Public health experts and community	Conference attendance	OPHA (2018–20) ORH (2018–20) NWRH (2019–20)	CCCWN Network Director CHEF Project Director
CHEF publicity	27,000 regional households	Articles in Heart to Heart magazine	One article/year	CHEF Project Director SHS Marketing
CHEF publicity	6,000 regional SHS employees	Articles in SHS Well Informed, an electronic and print newsletter	Multiple/year	CHEF Project Director SHS Marketing
CHEF publicity	SHS physicians	Information about obesity and CHEF activities in the monthly SHS Physician newsletter	Multiple/year	CHEF Project Director SHS Marketing
CHEF events	General public	Articles in local newspapers about upcoming CHEF activities	Multiple/year	CHEF Project Director SHS Marketing
CHEF events	General public	Articles and announcements for community members via hospital-based and corporate social media and e-newsletters	Ongoing	CHEF Project Director SHS Marketing

Next Steps

Program Implementation

The following network members and partners will guide and implement CHEF and operationalize the project work plan:

- The Project Director oversees the CHEF program and provides monthly updates to the Network Director.
- The Network Director provides supervision, staffing and support.
- The Project Director ensures timely reporting to the Network Director and appropriate program monitoring under the guidance of the Evaluator.
- The Steering Committee provides general and specific leadership and direction based on coalition input.
- Five partners are responsible for program implementation: Samaritan Lebanon Community Hospital, Food Share of Lincoln County, Lebanon School District, COMP-NW, and the Linus Pauling Institute at Oregon State University.
- The Evaluator will monitor and report on the program.

Partner Roles

- **PFHs** are responsible for recommending promising local strategies and projects.
- **County Coordinators** will organize orientations and trainings, order materials, schedule CE courses, and provide overall program support with oversight and guidance from the Project Director.
- **Site Champions** will work closely with County Coordinators at each CATCH site to troubleshoot the program and coordinate staff training and equipment. They also serve as key contacts and advocates for administrators, staff, and parent volunteers.

Evaluation Plan

CHEF's "outcomes approach" logic model is based on an inclusive process involving the Steering Committee, PFHs and other stakeholders. Dr. Jana Kay Slater, an external program evaluator, and Ms. Kim Waldrep will develop the evaluation plan through a participatory process that engages stakeholders in every phase, including study design, data collection and analysis, and data-based program improvement. This evaluation will link to the work plan and logic model, both of which specify goals, objectives and measures.

Implementation will be tracked monthly through the collection of Performance Improvement and Measurement

System (PIMS) data and related information. This will ensure that the work plan proceeds appropriately, the program reaches target populations, and program delivery matches the written curricula. Slater and Waldrep will also work to refine the evaluation questions, develop data collection methods, and document outputs and outcomes.

Every quarter, findings will be presented to network members, partners and stakeholders, who will then make recommendations for program improvements.

Long-Term Goals and Sustainability

The CHEF program coordinates multiple obesity prevention efforts to conserve limited resources, reach a greater portion of the rural population, create community awareness, change attitudes and transform lives. In the long term, this will improve regional health care and infrastructure.

During Year 3, significant technical support will be provided to enact sustainability strategies. The program's unique collaborative model with Linus Pauling Institute and COMP-NW will result in an efficient and sustainable program with a pool of instructors who will continue beyond the grant period. In addition, Food Share of Lincoln County will train a cadre of volunteers to support local program sustainability and to recruit new volunteers.

At the end of the grant period, selected school staff will have the knowledge and skills to teach nutrition fundamentals and to engage children in moderate to vigorous physical activity. CE will continue to function after funding ends due to the ongoing commitment of CCCWN members.

CATCH will also continue for all three years of the grant. The original CATCH program is already in its fifth year at 29 regional sites. Based on this success, the program is likely to be sustained in all 11 new schools after the grant ends.

Plan Updates

This strategic plan will be updated by the network when necessary to:

- Reflect evaluation findings and incorporate feedback from partners and participants
- Address new or emerging changes in the tri-county region's health care environment

In Year 3, the strategic planning process will be repeated with a focus on ensuring the sustainability of the CHEF program after the grant period ends.



COAST TO **C**ASCADES **C**OMMUNITY **W**ELLNESS **N**ETWORK