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| LGHlogo-2.jpg |  | **Fair Request Application**  For communities and workplaces | New OHSU.jpg |

Thank you for your interest in *Let’s Get Healthy!* Based out of Oregon Health & Science University (OHSU), *Let’s Get Healthy!* helps participants learn about their own health while contributing to scientific research. This application enables event requests to be evaluated in a transparent, equitable and systematic manner.

**NUMBER OF EVENTS A YEAR:** We are primarily grant-funded, which means that our grants dictate the number of events and the audience that we’re able to serve in a given time period. Please refer to our website (<http://lgh.ohsu.edu>) to see the number of events we are able to offer in the coming years.

**PLANNED REVIEW SCHEDULE:** Applications are reviewed by our Application Committee three times a year in accordance with the following schedule (8-12 months before your event). The schedule is designed to permit ample time to prepare together for your event.

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Due Date** | **Application Review** | **Notification Date** | **For Fair Dates** |
| January 1 | January 15 | January 20 | September – December (Fall Fairs) |
| May 1 | May 15 | May 20 | January-May (Spring Fairs) |
| November 1 | November 15 | November 20 | June-August (Summer Fairs) |

**SELECTION PROCESS:** Our Application Committee includes representatives from OHSU, schools, communities, and workplaces. Please see our website (<http://lgh.ohsu.edu>) for a current list. Applications are reviewed based on:

* **Matching the audience with the scope of our grants**. For example, if we are only funded to conduct school events during a spring period, then we give priority to school audiences during that period.
* **Unmet Need.** We give priority to applications from groups that have one or more of the following characteristics: rural location, low socioeconomic status, high racial or ethnic diversity, high health need (as determined by high obesity rates, poor dietary practices, or other characteristics that makes your population qualify as high health need).
* **Commitment to Partnership and Impact**. We give priority to groups who will play an active role in their event. This includes groups who have infrastructure to support and publicize the event as well as the commitment to extend the impact of the event. For example, groups who will use the resulting data for need assessments, writing grant proposals or helping to guide program and/or policy decisions.
* **Commitment to Evaluation**. We place high priority on groups who can assist us in evaluating the impact of the event. This evaluation piece is critical to our research.
* **Considerations about Winter Travel**. We use a large rental truck to transport our equipment and staff. We place high priority on safety and will not travel if roads are unsafe due to snow/ice. Please plan your fair date to account for the weather in your region.

**If you have questions, please contact Lisa Marriott, Ph.D. (marriott@ohsu.edu / 503-494-8775).**

**We look forward to receiving your application!**

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## ABOUT YOU

1. Please tell us how we can contact you as a representative of your organization.

|  |  |  |
| --- | --- | --- |
| Community or Organization Name: |  | |
|  | Please describe your organization (mark all that apply) | |
|  | Community |
|  | Workplace |
|  | Other (please describe): |
|  |  | |
| Contact Name: |  | |
| Contact Email Address: |  | |
| Phone Number: |  | |
| Best time to reach you: |  | |

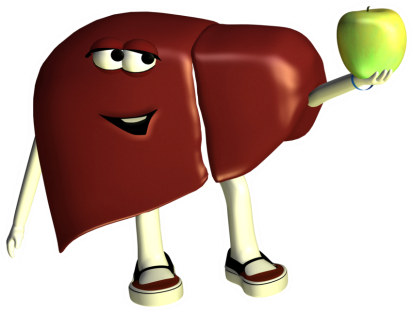
## TIMEFRAME OF EVENT:

1. This application is for an event in the:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Spring**  **(January – May)** |  | **Summer**  **(June – August)** |  | **Fall**  **(September – December)** |  |

1. Would you like to be notified about being involved with future projects?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes: |  | No |  |

Since we are grant-funded, we often look to partner with organizations on new grant applications. These typically involve writing a letter of support for *Let’s Get Healthy!* indicating potential interest in a project. Projects vary in scope from hosting an event, helping develop a new module, or serving as a control site. Indicating “yes” is not binding and does NOT affect the chances of your current application being selected or deferred. You would be able to learn about the project before agreeing to participate!

## LGHlogo-2.jpgABOUT YOUR POPULATION BEING SERVED

1. Please tell us more about your population being served.

* For community-wide events, please describe your community.
* For workplace or organization events, please describe the audience who would be attending your event and the location where the event would be held.

|  |  |
| --- | --- |
| Name of community where your event will take place: |  |
| County and State: |  |
| Is it rural or urban?: |  |
| If you have questions about if you are considered rural, please visit: <http://ims2.missouri.edu/rac/amirural/> | |

1. Please describe your population. Communities can find these data from: <http://quickfacts.census.gov/qfd/index.html> unless otherwise indicated. For workplaces and organizations, please provide your own information about your population to be served for questions a and b. Workplaces and organizations may skip questions c through f if they do not have this information.
2. Please describe the size of your community. Workplaces and organizations, please describe the number of your employees or members.

|  |  |
| --- | --- |
|  |  |
| Number of people (can be an estimate if necessary) |  |
| Source and Year of Data |  |

1. Please describe the race and ethnicity of your population.

|  |  |
| --- | --- |
| Race/Ethnicity | Percent of population |
| American Indian/Alaska Native |  |
| Asian/Pacific Islander |  |
| Hispanic or Latino |  |
| Black, non-Hispanic |  |
| White, non-Hispanic |  |
| More than one race |  |

1. What percent of your population has a language other than English spoken at home?

|  |  |
| --- | --- |
| Language other than English spoken at home |  |

1. What percent of your population is below the poverty level?

|  |  |
| --- | --- |
| Persons below poverty level |  |

1. Is your community medically underserved? Shortage information can be found here: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medically Underserved Area (MUA) | Yes: |  | No |  |
| Health Professional Shortage Area (HPSA) | Yes: |  | No |  |

1. Please describe your community or county’s health.   
   County health data can be found here: [http://www.countyhealthrankings.org/](http://www.countyhealthrankings.org/#app/)

|  |  |
| --- | --- |
| Adult obesity |  |
| Physical inactivity |  |
| Uninsured |  |

1. Are there are other health issues in your community? If so, please describe them.

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## ABOUT YOUR WORKPLACE

If you are applying as a workplace, please tell us more. Communities and organizations may skip this section.

1. Please tell us more about your workplace.

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| --- | --- |
| Name of Workplace: |  |
| Address  City, State & Zip |  |
| Phone Number |  |
| Website |  |
| Briefly describe what your organization does |  |

1. Please describe your workplace’s policy about employee wellness in terms of the following levels: Quality of work approach (fun); Traditional approach (activity-oriented); and Population Health Management (results oriented). Or if your workplace is struggling with the process of implementing an employee wellness policy, please describe.

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## ABOUT YOUR EVENT

1. When would you ideally like to hold your event?

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| --- | --- |
|  | I have a specific date(s) for my event. |
|  | I have a preferred date(s), but could be flexible. |
|  | The event date(s) is/are very flexible. |

1. Please describe the date(s) of your event. If you have flexibility, please indicate other month(s)/date(s) you would consider.

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1. Have you (or another member of your group) previously applied for a *Let’s Get Healthy!* event?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No: |  |  | Yes: |  |  | If so, when?: |  |

1. Have you (or another member of your group) previously attended or been involved in a *Let’s Get Healthy!* event?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No: |  |  | Yes: |  |  | If so, where?: |  |

1. Has your group previously hosted events similar to *Let’s Get Healthy!* (for example, wellness fairs, fitness challenges, etc.)? If so, please briefly describe.

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1. Please briefly describe your desired event and audience. Is the event being held as part of another widely attended event (e.g. family health & fitness day, bike rodeo, county fair, wellness day, etc.)? Describe approximate start and end times. Is the audience the whole community, a portion of the community, workplace employees, or workplace employees and their families?

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1. How many people do you expect to participate in your *Let’s Get Healthy!* event? How did you come up with this estimate?

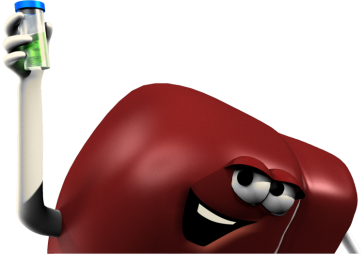
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1. Please select the station(s) you would like to have at your event. If you have questions about these stations, please contact Lisa Marriott, Ph.D. ([marriott@ohsu.edu /](mailto:marriott@ohsu.edu%20/) 503-494-8775)

|  |  |
| --- | --- |
|  | **Demographics (required station)** (age, gender, race and ethnicity) |
|  | **Diet**  (intake of fruits & vegetables, dairy, added sugars) |
|  | **Sleep**  (quality and quantity, daytime sleepiness, time of day preference) |
|  | **Body Composition**  (height, weight, body fat percentage, body mass index, waist and neck circumference) |
|  | **Breast Cancer**  (knowledge, mammography screening history and barriers to screening) |
|  | **Skin Cancer**  (knowledge and behaviors related to sun safety and family history of cancer) |
|  | **Lung Cancer**  (knowledge and behaviors related to tobacco use) |
|  | **Brain Function**  (attention and short-term memory) |
|  | **Blood Pressure**  (systolic and diastolic measurements) |
|  | **Blood Cholesterol & Glucose Testing**  (for participants 18+ only. This station is not available for school events. Includes fingerstick measures of cholesterol, HDL, LDL, triglycerides and non-fasting glucose) |
|  | **Genetics**  (for participants 10+ only. Participants aged 10-18 must have an adult give permission for their participation. This station collects saliva samples for future DNA research –no feedback is provided.) |
|  | **New stations!**  We are constantly developing new educational and research stations. Would you be interested in learning if any additional stations are available for your event? |
|  | **Other partnering groups!**  We have partners at OHSU that have educational displays on a wide range of topics including alcohol, brain safety, drug abuse, and others. If you select this box, we can provide you with a list of possible partners and then contact those you select to see if they’re available for your event. |

1. From whom have you **gathered support for your event**? This would include the CEO/CFO for a workplace or a community organization; or perhaps your community’s mayor, city council, local hospital board, etc.

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## FEASIBILITY

Running a *Let’s Get Healthy!* event is **Very Fun!** and also very time-intensive. A successful event requires the active participation of the partnering organization during the planning and implementation process. Please explain how your organization will provide each of the following. If you are unable to do so, please explain why not (your application will still be considered).

1. Who is your event’s **dedicated point of contact**? Please select a person who will be a reliable and responsive point person. He/she will be the go-to person to plan and implement your event, including helping us with: reserving the space, recruiting volunteers, publicizing the event, and conducting the pre- and post-event evaluations.

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| --- | --- |
| Name: |  |
| Email Address: |  |
| Phone Number: |  |
| Method of preferred contact: |  |

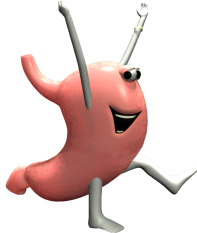
1. Approximately how many hours are you allotting for this person to implement the event?

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1. Please describe the **location for your event**. Include general dimensions and number of electrical outlets. Events are typically held in a school gymnasium, community center, or other large space.

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| --- | --- | --- | --- | --- | --- |
| Is the space wheelchair accessible? | Yes: |  |  | No: |  |
| Are there bathrooms nearby? | Yes: |  |  | No: |  |
| Can this location be reserved 6-18 hours in advance (for setup) and 3 hours after the event (for breakdown)? | Yes: |  |  | No: |  |
| Does a floor plan for this space already exist? | Yes: |  |  | No: |  |
| Can you provide tables for the event? (typically 15-30) | Yes: |  |  | No: |  |
| Can you provide chairs for the event? (typically 30-60) | Yes: |  |  | No: |  |



1. We can accommodate more people through the stations when we’re able to borrow computers for the event. We typically do this for school events, but this is also possible for workplace events (and larger community events that are being held at a school). Please describe if you are able to **loan computers for the event** and, if so, approximately how many. Please also indicate if your group has a technical support person who would facilitate this loan. Our website has more information about system requirements.

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1. **Publicity and Marketing**: Please describe how your organization will publicize the event to increase attendance. Previous examples include radio, newspapers, newsletters, flyers, promotional raffles/drawings or wellness challenge incentives.

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1. **Volunteer Recruitment**: Our events are volunteer-run and, while we provide the training, we need your help with recruitment of community volunteers. Please describe how your organization would assist with volunteer recruitment and some of the possible sources of volunteers that exist in your community (e.g. local colleges, medical centers, local organizations, etc). We typically have 12 or more volunteers per 4 hour shift.

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1. **Evaluation**: We evaluate the impact of some fairs for our research and for our grant funders. Evaluation typically occurs through anonymous surveys given before and after the event (electronic or paper-based) or through focus groups or interviews. For surveys, the trick is getting access to the same people before and after the event – easy in schools, harder in communities. Focus groups and interviews are easier in communities, but it is still important to identify groups before and after an event. We need your help in recruiting the individuals to take the surveys and, if in paper form, your dedicated point-of-contact to help us manage the distribution and return of the surveys.

Is your organization committed to helping us with these evaluation efforts? If so, can you describe how evaluation may work best in your community/organization? If you are not interested in evaluation, please indicate so.

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## FEE-BASED AND IN KIND SUPPORT

The demand for our fairs significantly exceeds our existing resources. Although our current grant funding is available to support some school-based activities, we have no dedicated funding for workplaces or communities. Everyone’s dollar can go further with the receipt of in-kind donations. Please indicate where you might be able to contribute and help us bring our fair to more places. If you cannot support any of these options, your application will still be considered.

1. **Fee-based support** -Costs are based on your anticipated audience and stations requested. Please contact Lisa Marriott, Ph.D. ([marriott@ohsu.edu /](mailto:marriott@ohsu.edu%20/) 503-494-8775) for a quote based on the fair information you provided above.

|  |  |  |
| --- | --- | --- |
| We would pay for the full cost of our event | Yes: |  |
| Our event would need to be partially sponsored by OHSU and/or a corporate sponsor | Yes: |  |
| Our event would need to be fully sponsored by OHSU and/or a corporate sponsor | Yes: |  |

1. **In Kind support** – please indicate if you’re able to provide any in-kind support (e.g. hotel/food for staff members, travel costs, shipping/transportation of exhibits, etc)

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1. **Charitable donation** -- If you’re interested in making a charitable donation to support school or community events in other locations, please contact Bonnie Schade at the OHSU Foundation. Ms. Schade can be reached via email: [schadeb@ohsu.edu](mailto:schadeb@ohsu.edu) or phone: 503-552-0699.

## STATEMENTS OF SUPPORT

Please submit with this application the following materials.

* **A one page statement about why your community or workplace is interested in the program, including but not limited to:**
  + - * + how the event fits with your community or organization’s commitment to health/wellness goals
        + how your community or organization is working to effect change or make improvements to local policies that support local health.
        + how your group would use the resulting summary data from your event.
        + if you are partnering with other groups in your community to enhance the impact of the event.
* **A letter of support for your application from your CEO or community leader.**   
  To help you with this, we have enclosed briefing pages about the program and expectations. Please select the appropriate set of briefing pages based on your application:
  + the CEO or other leader of your workplace or community organization (pages 10 and 11 of this document)
  + the organizer/community leader of your community event (pages 12 and 13 of this document)

Please mail the application, personal statement and the letter of support in ***one envelope***

by***the deadline on page 1*** to:

OHSU

Let’s Get Healthy!

3181 SW Sam Jackson Park Road, L606

Portland, OR 97239

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<https://lgh.ohsu.edu>

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| CEO Information Sheet and Request for Statement of Support |

## Organization Involvement and Your Statement of Support:

You are being given these information pages because your organization is applying to have a *Let’s Get Healthy!* education and research event and needs a statement of support from you.

Each year of the program, we will select 2-3 organizations to participate. Because we want to be sure the environment is supportive of the organization’s participation and can help in expanding the use of the resulting data to effect change to promote local health, we need a letter from you indicating any strengths or abilities that make your organization a particularly good candidate for this program and affirming that you understand that your organization (if selected):

* will receive an interactive education and RESEARCH event for your organization. Based on what is stated in your application, this event may be open to other individuals (e.g. general public, employee families, etc.).
* will receive summary data about the health of your event’s attendees – this will NOT include information about specific individuals or employees.
* will participate in pre-/post surveys about attitudes and understandings about health topics, including your organization’s use of data. Based on what is stated in your application, this evaluation may be extended to other individuals (e.g. general public, employee families, etc.).

**Please provide a brief letter, in a sealed envelope with your signature on the flap (for your organization to include with their application), stating your support of your organization’s participation.**

***Please also include this sheet with your signature below.***

By signing below, you are confirming that you have read the conditions outlined above, which will apply should your organization be accepted to the *Let’s Get Healthy!* program. You also acknowledge the research aspects of this project and agree that you have authorization to sign on behalf of your organization.

|  |  |
| --- | --- |
| Signed | Date |

If you have questions or comments, please contact Lisa Marriott, Ph.D., OHSU *Let’s Get Healthy!*

503-494-8775, marriott@ohsu.edu

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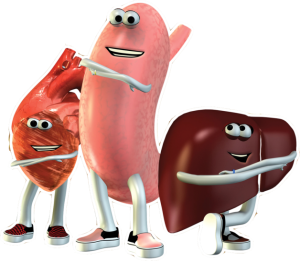
<https://lgh.ohsu.edu>

## CEO Information Sheet

About the *Let’s Get Healthy!* Program:

*Let’s Get Healthy!* is an education and research program at OHSU that invites the public of all ages to learn about their own health while contributing to scientific research. Attendees are invited to enroll as research participants where they learn about the research process and receive immediate feedback about the quality of their own diet, sleep, body composition and other health measures. Attendees can contribute their anonymous health information to a population database that researchers can use to the study the relationships among these health factors. Schools and communities also have access to the anonymous data, which can be used to teach scientific inquiry to students using authentic, local data and encourage healthy living in communities. All information collected is completely anonymous.

*Let’s Get Healthy!* fairs are run by volunteers of all backgrounds. They often take place in a school gymnasium or community center in collaboration with participating communities and organizations (there is a 3 minute video about our school events on our website). Since 2007, more than 10,000 people around the country have participated in the health fairs and enrolled as research participants. The program is made possible by grants from the National Institutes of Health (NIH) and local donations.





Sponsored by NIH grants R25 OD010496, 5UL1RR024140, R25RR026008 and 3P30CA069533

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| Community Information Sheet and Request for Statement of Support |

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* will participate in pre-/post surveys about attitudes and understandings about health topics, including your community’s use of data.

**Please provide a brief letter, in a sealed envelope with your signature on the flap (for your community to include with their application), stating your support of your community’s participation.**

***Please also include this sheet with your signature below.***

By signing below, you are confirming that you have read the conditions outlined above, which will apply should your community be accepted to the *Let’s Get Healthy!* program. You also acknowledge the research aspects of this project and agree that you have authorization to sign on behalf of your community.

|  |  |
| --- | --- |
| Signed | Date |

If you have questions or comments, please contact Lisa Marriott, Ph.D., OHSU *Let’s Get Healthy!*

503-494-8775, marriott@ohsu.edu

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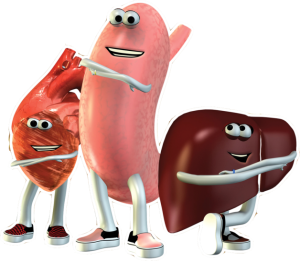
<https://lgh.ohsu.edu>

## Community/Organization Leader Information Sheet

About the *Let’s Get Healthy!* Program:

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