

Request for Proposals (RFP)

Project Name: Decrease Food Insecurity in Rural Central Oregon

Access Code: [FOODSECURE](#)

Organization Name: Central Oregon Health Council; Regional Health Improvement Plan (RHIP)

Regional Health Improvement Workgroup: [Address Poverty and Enhance Self-Sufficiency](#)

Future State Measure: [Decrease food insecurity](#)

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About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before COVID-19.

We recognize that when we invest in long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crisis. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system level change.

Grants Awarded: up to \$50,000

Available Funds: \$300,000

Funding Duration: Single and multi-year projects will be considered. Multi-year projects may be subject to re-approval/revision after the year one report has been reviewed.

Description of Grant Opportunity

The *Address Poverty and Enhance Self-Sufficiency* workgroup is accepting applications for projects focused on connecting people and establishing pathways to enhance community resources aimed at improving the following [Future State Measure of the Regional Health Improvement Plan](#) (RHIP): By December 2024, decrease the percent of the total population reported as food insecure by 2 percentage points to: Crook 13%; Deschutes 11%; Jefferson 11.3%

Projects will focus on food deserts, rural areas, seniors, people with disabilities, people with transportation issues, and gap populations that don't qualify for other benefits. Collaboration and sustainability are encouraged through partnerships.

Why are these efforts needed?

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. According to Food Insecurity Index which measures food access correlated with economic and household hardship, communities with the highest values (1-100, 100 being extreme) are estimated to have the highest food insecurity, which is correlated with household and community measures of financial stress, such as Medicaid enrollment, SNAP enrollment, and mental health burden. Scores for communities with the greatest need in Central Oregon: Warm Springs (99), Madras/Metolius (89.1), Prineville (80.9), Crescent (78.7), Chemult (77.6), Gilchrist (60.7), and La Pine (54.4). COVID-19 has only worsened these conditions and future impacts of the pandemic are still unknown.

Community conditions affect access to food. People living in rural areas and low-income neighborhoods may have limited access to full-service grocery stores. Predominantly black and Hispanic neighborhoods have fewer full-service supermarkets than predominantly white and non-Hispanic neighborhoods. Communities that lack affordable and nutritious food are commonly known as "food deserts." Convenience stores are more common in food deserts and may have higher food prices, lower quality foods, and less variety of healthy foods. Access to healthy foods is also affected by lack of transportation and long distances to grocery stores.

Oregon is recognized nationally for relatively high rates of older adult SNAP enrollment, ranked number one in 2019. However, food insecurity remains an issue for many older Oregonians. Older adults face a variety of challenges to food security, including barriers due to income, transportation, access to healthier food options, cognitive and physical challenges to preparing meals, health and dental issues that impact eating, and competing needs of other household members, particularly for older adults raising grandchildren.

Adults and children who are food insecure are at an increased risk for a variety of negative health outcomes and health disparities. For example, food insecure adults may be at an increased risk for chronic disease. Food-insecure children also face a higher risk of developmental problems. In addition, reduced frequency, quality, variety, and quantity of consumed foods may have a negative effect on children's mental health.

Sources:

[Feeding America](#)

[Healthy People 2030](#)

[Older Adult Food Insecurity and Hunger Strategies](#)

Proposal Requirements

Projects must include one or more of the following populations:

1. Seniors and/or people with disabilities
2. People who are not eligible for SNAP, WIC, Medicaid, prescription assistance, transportation benefits, or home delivered meals (i.e. Meals on Wheels, Medicare Advantage Food Delivery, etc.)
3. Rural Communities (specifically the Confederated Tribes of Warm Springs, Jefferson County, Crook County, northern Klamath County, and rural parts of Deschutes County)

COHC Definition of Rural:

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less and one or more of the following:

Low income such as:

- High levels of poverty*
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

*Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.

Applicants will be asked to submit the following supplemental materials:

- Letters of Support
- Budget Narrative

- Memorandum of Understanding (MOU) if partnering with the Confederated Tribes of Warm Springs

Restrictions:

Regional Health Improvement Plan grants cannot be used for:

- Any product or service that can be billed to any health insurance plan (durable medical equipment, screenings, medicines, etc.)
- Rental assistance, housing assistance, housing construction, and utilities
- Projects benefiting a single individual or single household
- Projects that do not address the specified Future State Measures of the RHIP
- Projects *only* serving undocumented community members

Evaluation Criteria:

The *Address Poverty and Enhance Self-Sufficiency* workgroup will review your grant application using this [scorecard](#). We encourage you to use it to help build your proposal.

Funding Details and Important Information:

Grants Awarded: up to \$50,000

Available Funds: \$300,000

Funding Duration: Single and multi-year projects will be considered. Multi-year projects may be subject to re-approval/revision after the year one report has been reviewed.

Anticipated Selection Schedule:

Request For Proposal (RFP) Released: November 15, 2021

Application Submission Closes: January 17, 2022 at 11:59PM PST

Notification of Award: February 28, 2022

How to Apply

This Request for Proposal is posted [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Please use this code to gain access to this application once in the grant platform: [FOODSECURE](#)

Support

If you have questions about this Request for Letters of Interest, please contact:
MaCayla Arsenault, Project Manager at macayla.arsenault@cohealthcouncil.org

Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)