



Request for Proposals (RFP)

Central Oregon Health Council Regional Health Improvement Plan Promote Enhanced Physical Health Across Communities Workgroup

Project Name: Building Skills for Promoting Preventative Health

Access Code: PHYSICAL23

Future State Measures:

- Decrease asthma, cancer, cardiovascular disease, diabetes rates, obesity rates, risk factors for cardio-pulmonary and/or preventable diseases.
- Decrease sexually transmitted infections.
- Increase fruit and vegetable consumption and physical activity in youth.
- Increase individuals receiving both an annual wellness visit and preventative dental visit.

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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 the onset of the COVID-19 pandemic.

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 crises. 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.

We also provide smaller funding opportunities for \$5,000 or less called mini grants [HERE](#).

Description of Grant Opportunity

The RHIP Promote Enhanced Physical Health Across Communities Workgroup is accepting grant applications for projects to strengthen and develop skills, processes and resources of individuals, organizations, and communities to continue, initiate, promote and/or support health-related policy changes at all levels of our communities (individual, organizational, city, regional, state, federal). Projects should be related to one or more of the following: prevention of chronic disease, improvement in youth physical activity, fruit and vegetable consumption, reduction in sexually transmitted infections, increasing oral health care. Keep reading for further details and examples.

Why are these efforts needed?

Larger social change efforts are needed to fulfill our vision of improving health for all people living in the Central Oregon region.

To spur improvements in health and social service delivery systems, we must enhance the decision-making structures, communications, relationships with external stakeholders, connections to grassroots partners, staff training and skills, and responsiveness to changing conditions.

This requires increasing staff, volunteer, and client ownership; creating opportunities for clients to speak for themselves; strengthening their leadership skills; and leading improvement efforts.

Organizations, individuals, and communities often have developing, limited or varied skills, resources, and opportunities to promote their needs and make recommendations for improvements in health and social service delivery systems.

Below are types of outcomes that may be included in your projects. This is not a complete list of ideas. Projects may focus on developing and/or expanding current efforts like:

- Individual knowledge, skill, and confidence in navigating health care and social service delivery systems.
- Patient and client advisory councils.
- Opportunities and skills of people with lived experiences to be included in system-changing spaces (such as advocacy training, communications strategies, training to serve on a board of directors, meeting with decision-makers, etc.).

- Technical support for policies, practices, and procedures within an organization or system that would create a welcoming and safe environment for people with lived experience to fully participate.

Prioritized audiences for this community investment include, but are not limited to, organizations serving people who:

- Identify under COHC definition of priority population (see below).
- Live in rural Central Oregon (see below).
- Do not have access to transportation.

Proposal Requirements

Project Criteria

1. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
2. Projects must directly impact the Future State Measures of the Regional Health Improvement Plan specified above.
3. Projects must take place within Central Oregon:
 - Crook, Deschutes, and Jefferson Counties
 - The Confederated Tribes of Warm Springs
 - Northern Klamath County, limited to:
 - Gilchrist, Chemult, Crescent, and Crescent Lake Junction
4. Projects partnering with tribes may be required to submit a memorandum of understanding (MOU).
5. Projects must include **prioritized populations*** & communities that are intentionally excluded from power, access, and privilege.
6. Projects must be culturally and linguistically responsive for prioritized populations.
7. Project must have an education, training, or awareness component.
8. Applicant must be willing to support broader community learning by sharing learnings, implementation, and processes through informal updates to the RHIP Promote Enhanced Physical Health.

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Advocacy work that does not directly improve member and/or community health or quality of health.
- Lobbying
- CCO provider administrative activities
- Any product or service that can be billed to any health insurance plan currently or known in the future (durable medical equipment, screenings, medicines, etc.)
- Indirect costs

- Individual rent/mortgage assistance and utilities (business costs associated with this project are allowable)
- Capital investments in new facilities designed to provide billable health services or brick-and-mortar housing developments.
- Projects benefitting a single individual or single household.
- Health Information Technology that goes against PacificSource's one vendor policy
- COHC staff and household members cannot apply.
- OHA and DHS cannot apply.

Evaluation Criteria

The RHIP Promote Enhanced Physical Health Across Communities Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal. Programs serving individuals at high risk of overdosing and those that are in contact with them are prioritized.

Funding Details and Important Information

Available Funds: \$382,841.00

Funding Duration: Single and multi-year projects will be considered.

Anticipated Selection Schedule

Request For Proposal (RFP) Released: October 6, 2023

Application Submission Closes: November 22, 2023

Notification of Award: January 30, 2024

How to Apply

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

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

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

Once registered and logged in to the grant platform, use this access code to apply for this grant:

PHYSICAL23

Support

The RHIP Promote Enhanced Physical Health Across Communities is available to support this project in a collaborative, advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact Gwen Jones by email at gwen.jones@cohealthcouncil.org or by phone at 541.306.3523.

If you have questions about using the grant platform, please contact Kelley Adams by email at Kelley.adams@cohealthcouncil.org or by phone at 541.306.3523.

Resources

2019 Regional Health Assessment [HERE](#)

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

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

*COHC definition of *prioritized populations*:

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

**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.

Capacity building is defined as the process of developing and strengthening skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world. An essential ingredient in capacity-building is transformation that is generated and sustained over time from within; transformation of this kind goes beyond performing tasks to changing mindsets and attitudes. At the individual level, this may look like training programs, workshops and conferences. At the organizational or institutional level, this may be development of internal policies, organizational and procedural restructuring. At the systemic level, this may look like advocacy initiatives, consultations, open dialogue, and reforms.

<https://www.un.org/en/academic-impact/capacity-building>

<https://www.learlab.com/insights/capacity-building-is-it-only-a-matter-of-training/>

People with Lived Experience is defined in this way: Lived experience is the things that someone has experienced themselves, especially when these give the person a knowledge or understanding that people who have only heard about such experiences do not have. A person with lived experience is someone who has gained knowledge through direct, first-hand involvement in everyday events, rather than through assumptions and constructs from other people, research, or media.

<https://www.oxfordreference.com/display/10.1093/oi/authority.20110803100109997>

<https://communityscience.com/blog/what-evaluators-mean-when-they-talk-about-lived-experience/>