

Request for Proposals (RFP)

Central Oregon Health Council Regional Health Improvement Plan Substance and Alcohol Misuse: Prevention and Treatment

Project Name: Media Campaign to Reduce Binge Drinking Among 18-34 Year Old's

Access Code: **REDUCE2023**

Future State Measure: [By December 2024, only 25% of adults aged 18 to 34 in Central Oregon reported binge drinking on at least one occasion over the past 30 days.](#)

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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

Maximum Award Amount: up to \$125,000

Number of Awards: 1

Funding Duration: Up to 12 months

The RHIP Substance and Alcohol Workgroup is accepting applications for the development and implementation of an inclusive and engaging media campaign to shift cultural norms and attitudes around reducing binge drinking and specifically addresses the following [Future State Measure of the Regional Health Improvement Plan](#) (RHIP):

[By December 2024, only 25% of adults aged 18 to 34 in Central Oregon reported binge drinking on at least one occasion over the past 30 days.](#)

This campaign is to empower individuals and prompt community discussions and change. The RHIP Substance and Alcohol Workgroup intends this campaign to promote community action and change. Outside of this RFP, there will be future separately funded activities and events that align with the campaign materials.

Applicants may, but are not required to, customize and localize the Oregon Health Authority's [Rethink the Drink Campaign](#) material with permission. Applicants are encouraged to review the [Assessment of Factors Contributing to Binge Drinking Among 18-34 year-olds in Central Oregon](#) report to guide their application.

Why are these efforts needed?

In Central Oregon, over one-third of adults aged 18 - 34 reported binge drinking on at least one occasion over the past 30 days (2019 CORHA, p180). There are causes for concern among alcohol-related data. According to the BRFSS, Deschutes County adults who binge drink has increased from 18.5% between 2010-2013, to 20.6% between 2014-2017. Looking at the same data source, binge drinking rates among Deschutes County adults exceeds the rates in Jefferson County, Crook County, and statewide. In addition to binge drinking rates, Central Oregon has a higher rate of people arrested for driving under the influence (DUI), liquor law violations (LLV) and alcohol-related driving deaths than the state.

Sources:

[Assessment of Factors Contributing to Binge Drinking Among 18-34 year-olds in Central Oregon](#)

Proposal Outcomes

Applicants must design a campaign with the following qualities:

- Region-wide
- Research-based
- Engaging and resonates with Central Oregonians
- Culturally responsive
- Empowering people (individuals to come into their full potential and live authentic truths)

- Community-building
- Connecting to existing resources
- Education & understanding of binge drinking and health impacts
- Prompt action/change

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 specified Future State Measures of the Regional Health Improvement Plan (see above).
3. Projects must take place within Central Oregon:
 - a. Crook, Deschutes and Jefferson Counties
 - b. The Confederated Tribes of Warm Springs
 - c. Northern Klamath County, limited to:
Gilchrist, Chemult, Beaver Marsh, Crescent, and Crescent Lake Junction
4. Projects partnering with tribes are 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. Campaign implementation must include creative ways to reach the target audience (i.e. handouts at church)

The selected applicant must provide quarterly progress updates in writing or presented (online or in-person) to the Substance and Alcohol Misuse Workgroup, including opportunities for questions and dialogue.

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Any covered product or service that can be billed to any health insurance plan currently or known in the future (durable medical equipment, screenings, medicines, nonemergency medical transportation, etc.)
- Administrative activities to support the delivery of covered services
- Provider workforce or certification training
 - “Provider” is defined as any entity with a PacificSource Community Solutions contract to provide services to Medicaid recipients
- Individual rent/mortgage assistance and utilities (business costs associated with this project are allowable)

- Brick and mortar construction
- Projects benefiting a single individual or single household
- Health information technology that goes against PacificSource's one vendor policy
- OHA and DHS cannot apply

Recommended Partnerships

- Treatment Organizations
- Community Organizations
- Public Agencies
- Culturally Specific and/or Responsive Organizations/Leaders
- Higher Education Institutions
- Private Businesses
- Media Partners
- Healthcare Providers

Additional Documentation Required

The following documents should be uploaded with the application:

1. Please upload example(s) of related previous work, especially Public Health related work (if available).
2. Please upload a budget outline that includes methods of communication/delivery, and proposed audience reach
3. Please upload proposed timeline for campaign development and launch

Evaluation Criteria

The RHIP Substance and Alcohol Misuse 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

Maximum Award Amount: up to \$125,000

Number of Awards: 1

Funding Duration: Up to 12 months

Anticipated Selection Schedule

Request For Proposal (RFP) Released: Monday, August 14, 2023

Application Submission Closes: Friday, October 13, 2023

Notification of Award: Friday, December 1, 2023

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:

REDUCE2023

Support

The Substance and Alcohol Misuse Workgroup 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, please contact MaCayla Arsenault via email at macayla.arsenault@cohealthcouncil.org or by phone at 541.306.3523.

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

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.