

Request for Proposals (RFP)

Central Oregon Health Council Regional Health Improvement Plan Address Poverty and Enhance Self-Sufficiency

Project Name: Food Delivery to Strengthen Food Access for Seniors and those with Disabilities

Access Code: FOODACCESS

[Supporting] Future State Measure: By December 2024, develop a regional metric to evaluate food insecurity among seniors in our community (ages 65+)

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Maximum Award Amount: Up to \$178,407

Award Pool: \$178,407

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.

Description of Grant Opportunity

The RHIP Address Poverty and Enhance Self-Sufficiency Workgroup is accepting applications to increase access to food, prepared meals, and groceries for food-insecure seniors and those with

disabilities*. Projects can include supporting existing programs providing grocery and meal delivery and increasing access to food and/or grocery services. Preference will be given to programs providing prepared meals. Programs must also be easy to access, enroll, and navigate, especially for those who are not computer literate. Organizations requesting larger award amounts are encouraged to partner with other organizations.

** “An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.” ADA.gov*

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, ageism, and competing needs of other household members, particularly for older adults in multigenerational households.

In 2020, Feeding America conducted the *Map the Meal Gap* study and found communities with high proportions of households with a member who is disabled often have higher rates of food insecurity. Additionally, in counties that have high food insecurity, one in five people have a disability.

Other factors that can exacerbate food insecurity among older adults include:

- The intersectionality of age with race, economic status, sexual orientation, gender identification, geographical region, and/or ability leaves older adults in double or triple jeopardy when it comes to food insecurity.
- Older adults in extremely rural areas may lack broadband accessibility or comfort with technology – thereby isolating them from navigational tools for access.
- Placing orders for food by phone may be difficult due to hearing impairment or isolation leading to some older adults wanting to engage in longer conversations with service people who may not have the time or patience or skills to assist.
- Low-income older adults may have to choose between health care (prescriptions), utility bills, and food. Often that means scraping by undernourished (not eating enough or well), which in turn leads to adverse health conditions and higher costs (both personally & systemically).

Sources:

[Feeding America](#)

[Feeding America: Health, Disability, and Food Insecurity](#)

[Healthy People 2030](#)

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

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, Klamath Tribes, Cow Creek Band of Umpqua Tribe of Indians
 - c. Northern Klamath County, limited to:
 - d. Gilchrist, Chemult, Crescent, and Crescent Lake Junction (zip codes 97731, 97733, 97737, and 97739)
4. Projects partnering with tribes are required to submit a memorandum of understanding (MOU) or Letter of Support (LOS).
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. Applicants partnering with other organizations or community groups must submit at least one letter of support.

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Activities that can be billed as clinical services
- Administrative activities to support the delivery of covered services
- Tenant assistance, housing assistance, housing construction, and utilities
- Building new buildings and capital investments in facilities designed to provide billable health services
- 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
- COHC staff and household members cannot apply
- OHA and DHS cannot apply
- Projects that are primarily designed to control or contain healthcare costs
- Provider workforce and certification training, including provider credentialing
- Broad assessments or research that does not directly improve community health
- Advocacy work that does not directly improve community health or healthcare quality
- Patient incentives and items and services that could be covered by Flexible Services
- Projects that are inherently religious

Partnerships Examples

The following is a list of potential partnerships:

- Council on Aging for Central Oregon
- Senior Centers
- Food Banks
- Social Service entities
- Department of Human Services
- Public Health Departments
- Mental Health Departments
- Community-Based Organization
- Faith-Based Organizations
- Adult Care Facilities
- Discount and rural groceries
- Healthcare organizations

Additional Documentation Required

At least one letter of support is required if partnering with other organizations or community groups.

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

Maximum Award Amount: Up to \$178,407

Award Pool: \$178,407

Anticipated Selection Schedule

Request For Proposal (RFP) Released: December 15, 2023

Application Submission Closes: February 13, 2024

Notification of Award: April 5, 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:

FOODACCESS

Support

The Address Poverty and Enhance Self-Sufficiency 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, Program Manager at macayla.arsenault@cohealthcouncil.org or 541-306-3523

If you have questions about the application, parts of the application, or using the grant platform, please contact Kelley Adams, Grant Platform Manager at kelley.adams@cohealthcouncil.org or 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.