Upstream Prevention: Promotion of Individual Well-Being
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/86303791051?pwd=cTFNMldRdHlieEFMTVZaQnIoMjZFZz09
Meeting ID: 863 0379 1051
Passcode: 168706

Join by Phone
1.253.215.8782

February 27, 2024
3:30-5:00pm

Aim/Goal

All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life from prenatal to adulthood.

Future State Metrics

1. Increase letter name recognition at kindergarten
2. Increase third grade reading proficiency
3. Increase proportion of pregnancies that are planned
4. Increase two-year-old immunization rates
5. Establish a regional measure for belonging and measure yearly

AGENDA

3:30 - 3:45 Welcome and Announcements

3:45 - 4:55 Implementation Plan
   • Third Grade Reading – Funding Allocation Discussion

4:55 - 5:00 Closing

Working Document: https://docs.google.com/presentation/d/1SR6ThnxkIYDpcT2LHHw_beu4ldsDkAWdd1fhHSNAneo/edit?usp=sharing

Workgroup Budget: https://docs.google.com/spreadsheets/d/1Gw9dl6ilRe1olGhJRMloxp9pEUofj-KzUSWncBbEX8/edit?usp=sharing
**Upstream Prevention: Promotion of Individual Well-Being**

Regional Health Improvement Plan Workgroup

### Future State Metrics – Full Detail

1. **By December 2023, letter name recognition at kindergarten readiness will be the following by county:**

<table>
<thead>
<tr>
<th>Average Number of Upper Case Letters Recognized (scale 0-26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>Crook County</td>
</tr>
<tr>
<td>Deschutes County</td>
</tr>
<tr>
<td>Jefferson County</td>
</tr>
</tbody>
</table>

   Overall increase of at least 10% for all students, a 20% increase for students from economically disadvantaged (ED) and underserved races (UR).

2. **By December 2023, increase third-grade reading proficiency to the following by county:**

<table>
<thead>
<tr>
<th>3rd Grade English Language Arts Proficiency by County (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students</td>
</tr>
<tr>
<td>Crook County</td>
</tr>
<tr>
<td>Deschutes County</td>
</tr>
<tr>
<td>Jefferson County</td>
</tr>
</tbody>
</table>

   Increase of 10% overall, and 15% for economically disadvantaged students (ED) and students from underserved races (UR).

3. **By December 2023, increase the proportion of pregnancies that are planned in Central Oregon to 56%.**

4. **By December 2023, increase the Central Oregon two-year-old up-to-date immunization rates to 80%.**

5. **By December 2023, a Resilience Measure, such as the Child/Youth/Adult (CYARM) will be established, and the number of people who feel like they belong in their community (by gender, race, and ability) will increase by 10% from the baseline.**
Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”

Upstream Prevention: Promotion of Individual Well-Being

RHIP Workgroup Virtual Meeting
Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus
We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region’s shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics
We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Partner with Priority Populations
The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues
Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts
We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together
We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.
Upstream Prevention: Promotion of Individual Well-Being

Background: Why are we talking about this?

1973 Roe v. Wade
1990s ACEs Study
2000s Tech Advancement and Screen Time
No Child Left Behind
National Traumas (9/11, school shootings)
Anti-Vax (Vaccine) Movement

Upstream strategies improve fundamental social and economic structures that allow people to achieve their full health potential. Discrimination and racism impact all aspects of a person’s well-being and intersect with all major systems of society. Educational status provides a significant predictor of health outcomes. Third-grade disparities exist for marginalized populations by race and economic status.

Current Condition: What’s happening right now?

• In Central Oregon, early literacy had a decreasing trend from 2016 to 2018

Current State Metrics:
1. Letter recognition at kindergarten for economically disadvantaged: Crook 11.9, Deschutes 12.1, Jefferson 9.4
2. Third grade reading for underserved races: Crook 29%, Deschutes 41%, Jefferson 35.4%
3. 44.8% of pregnancies were intended in Central Oregon
4. Two-year-old up-to-date immunization rates: Crook 70%, Deschutes 69%, Jefferson 71%
5. No established baseline for a metric such as the Child/Youth/Adult Resilience Measure

Goal Statement: Where do we want to be in 4 years?

 Aim/Goal
All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life.

Future State Metrics - By December 2024:
1. Increase letter name recognition at kindergarten for economically disadvantaged and/or underserved races
2. Increase third grade reading proficiency for economically disadvantaged and/or underserved races
3. Increase proportion of pregnancies that are intended
4. Increase two-year-old immunization rates
5. Establish a resiliency measure, measure yearly and increase the number of people who feel they belong in their community

Analysis: What’s keeping us from getting there?

• Unbalanced distribution of resources across the region
• Decision-making based on misinformation and personal belief
• Systemic inequity prevents access to usable information
• Unbalanced bias creating isolation (connection vs alienation)
• Generational impact of foundational instability

Strategic Direction: What are we going to try?

• Transforming care coordination across health systems
• Cultivating equity and inclusion in our communities
• Operationalizing DEI practices
• Broadening education to improve health outcomes
• Advocating for policies that improve health outcomes

Focused Implementation: What are our specific actions? (who, what, when, where?)

<table>
<thead>
<tr>
<th>Future State Measures</th>
<th>What</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving kindergarten readiness</td>
<td>Multi-pronged, culturally specific, community-developed program</td>
<td>Anticipated Fall 2023</td>
<td>Warm Springs. Focus on priority populations</td>
</tr>
<tr>
<td>Improving kindergarten readiness and 3rd grade reading</td>
<td>Community Grant Opportunity</td>
<td>Awarded 7.2021</td>
<td>Full region. Focus on priority populations</td>
</tr>
<tr>
<td>Increase proportion of pregnancies that are intended</td>
<td>Media Campaign Promoting Intended Pregnancies</td>
<td>Awarded 1.2022</td>
<td>Full region. Focus on 18-24yo, under resourced, specific identities and their partners</td>
</tr>
<tr>
<td>Increase two-year-old immunization rates</td>
<td>Central Oregon Immunization Quality Improvement Coordinator</td>
<td>Awarded 2.2022</td>
<td>Full region. Clinics and public health</td>
</tr>
<tr>
<td>Create a regional measure for resilience and belonging</td>
<td>Create a regional measure for resilience and belonging</td>
<td>Awarded 12.2021</td>
<td>Full region. Representative sampling.</td>
</tr>
</tbody>
</table>

Follow-Up: What’s working? What have we learned?

{insert}
# Upstream Prevention: Promotion of Individual Well-Being

## Root Cause Barriers: What is blocking us from moving toward our future state measures?

<table>
<thead>
<tr>
<th>Unbalanced distribution of resources across the region</th>
<th>Systemic inequity prevents access to useable information</th>
<th>Decision making based on misinformation and personal belief</th>
<th>Unbalanced bias creating isolation (connection vs alienation)</th>
<th>Generational impact of foundational instability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic distribution across the region</td>
<td>Intended pregnancy - onsite education and access to age appropriate contraception</td>
<td>Policy level – school boards blocking access to contraceptives</td>
<td>Exclusiveness of opportunities (language, literacy, economic)</td>
<td>Family access to education surrounding parenting</td>
</tr>
<tr>
<td>Duplication of efforts</td>
<td>Intended pregnancy - onsite education and access to age appropriate contraception</td>
<td>Pervasive misinformation around immunizations</td>
<td>Connections to schools (attendance, &quot;community&quot;)</td>
<td>Inconsistency of adults in child's life</td>
</tr>
<tr>
<td>Unbalanced resource allocation</td>
<td>Decreased access to in person medical visits - pandemic</td>
<td>Philosophical differences on reproductive health</td>
<td>Intensive focus on academic success</td>
<td>Trusting relationships with resources</td>
</tr>
<tr>
<td>Technology access and know how</td>
<td>Social media amplifies rhetoric to spread (echo chamber)</td>
<td>Racism and unconscious bias</td>
<td></td>
<td>Overarching barrier: Poverty</td>
</tr>
<tr>
<td>Health literacy</td>
<td>Attitude that individual rights trump group rights</td>
<td>Language barriers</td>
<td></td>
<td>Lower parental literacy</td>
</tr>
<tr>
<td>Access to/stigma contraceptive counseling</td>
<td></td>
<td></td>
<td></td>
<td>Kids are raising kids</td>
</tr>
<tr>
<td>Beliefs of gov. Overstepping boundaries</td>
<td></td>
<td></td>
<td></td>
<td>Access to childcare</td>
</tr>
<tr>
<td>Trusted institutions are highly politicized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pervasive misinformation around immunizations</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Philosophical differences on reproductive health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Directions: What Moves Us Toward Our 2023 Practical Visions

<table>
<thead>
<tr>
<th>Deepen approaches to pre-literacy development</th>
<th>Reduce unintended pregnancies</th>
<th>Increase and diversify approach to health literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Support early introduction of books to kids; library programs</td>
<td>- Screen for pregnancy intention</td>
<td>- Education of school board and teachers “teach the educators” on updated health literacy approaches</td>
</tr>
<tr>
<td>- Expand access to pre-literacy and pre-numeracy programs</td>
<td>- Timely access to contraception and long-acting reversible contraceptives</td>
<td>- Health literacy varies by audience, how do we convey overall idea – story talk</td>
</tr>
<tr>
<td>- Increase awareness and promotion of strategies for early literacy</td>
<td>- Audit schools to ensure comprehensive sex education</td>
<td>- Combat misinformation – some sort of fact-check clearing house?</td>
</tr>
<tr>
<td>- Support early education programs</td>
<td>- Ensure comprehensive sex ed programs are in all schools</td>
<td>- Creating spaces for sharing of evidence-based Health information</td>
</tr>
<tr>
<td>- Tap into the national conversations about leading research in pre-literacy activities and reading acquisition in order to strengthen our community knowledge about the science about how kids learn to read</td>
<td></td>
<td>- Increase awareness and promotion of strategies for health literacy (awareness campaign)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Develop culturally inclusive community support jobs</th>
<th>Improve our individual organizational internal DEI practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Expand culturally responsive home visiting programs for pre and post-natal women by leveraging traditional health workers</td>
<td>- Assess staff diversity and look at recruitment and retention strategies</td>
</tr>
<tr>
<td>- Peer to peer support programs (MOMs, Boost, Drug and Alcohol)</td>
<td>- Look at our own organizations and establish a baseline about diversity (for improvement)</td>
</tr>
<tr>
<td>- Stipend/Hiring from within communities (LCA, withing low-income housing communities, etc.) to be advocates, create trust to refer individuals and families to meet their needs.</td>
<td>- Evaluate how bias and racism is being experience in CO schools before we offer solutions</td>
</tr>
<tr>
<td>- Bias/equitable access (provide doula model/liaison to provide additional health and promotion Latinx community)</td>
<td>- Reach out to partners to assess, identify, and implement strategies to better communicate information that meets the language, literacy, and cultural needs of the community</td>
</tr>
<tr>
<td>- Regional Community Health Workers in inequitable regions</td>
<td>- Greater anti-racism training in educational, health, and safety sectors</td>
</tr>
<tr>
<td>- Community health worker models</td>
<td></td>
</tr>
</tbody>
</table>

**Broadening Education to Improve Health Outcomes**

**Operationalizing Organizational DEI Practices**
### Cultivate equity and belonging thru community programs

- Create more access to academic, stem, arts programs
- Support community cultural programs
- Create free high quality parenting classes for all people
- Establish a baseline metric for belonging such as the Child youth Adult Resilience Measure
- Include parents in children’s programs (not just kids)

### Actionable elevate marginalized lived experience in our communities

- Cover technology options for inequitable regions
- Creating more opportunities/career pathways for undocumented residents/students
- Systemic inequity (involve people who have been in others’ shoes, to share their own stories and reduce stigma)
- Identify and implement strategies to assure more diverse representation on local committees
- Support diverse representation on boards and at meetings with child care, etc.; but also recognize burden on people of color to “represent” their communities

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### Invest in Social Determinants of Health

- Deliver preventive dental services to children and pregnant women in non-traditional settings
- Mapping out who is doing service where
- System is still fragmented: where do I go for care? Public Health, Health System, or PCP, Urgent Care.
- Reimagine medical homes to better support care coordination
- Think very honestly about duplication and removing services to make room for streamlined support to work easier with each other
- Discussion around lack of direct care services (mental health therapy, alternative therapies, strategically attract top talent)
- Survey to gain information about how telehealth is going. Is it improving access? How can we make it even better for equity?
- Increasing hours of all services in rural communities

### Advocate for legislation and local policy

- Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote Health in all Policies
- Work directly with communities to co-create policies, programs and strategies to ensure that health interventions are equitable and culturally responsive
- Make healthy foods more accessible
- Lobby for universal sex education and birth control
- Move funds from the police budget to these community outreach positions
- Litmus test question for all policy proposals – how does this policy prevent system racism? How does this policy support equity?
- Legislative action to mandate vaccines

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### Transforming Care Coordination Across Health Systems

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### Advocating for Policies that Improve Health Outcomes
# Five-Year Investment Overview
## All Workgroups
### January 2020–December 2024

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$12,000,000</td>
<td>$8,429,360.28</td>
<td>$3,570,639.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Spent</th>
<th>Available</th>
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</thead>
<tbody>
<tr>
<td>Address Poverty</td>
<td>$941,993.79</td>
<td>$1,058,006.21</td>
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<tr>
<td>Behavioral Health</td>
<td>$1,974,157.00</td>
<td>$25,843.00</td>
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<tr>
<td>Physical Health</td>
<td>$1,500,478.10</td>
<td>$499,521.90</td>
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<tr>
<td>Stable Housing</td>
<td>$1,129,654.00</td>
<td>$870,346.00</td>
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<tr>
<td>Substance and Alcohol Misuse</td>
<td>$1,195,251.39</td>
<td>$804,748.61</td>
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<tr>
<td>Upstream Prevention</td>
<td>$1,687,826.00</td>
<td>$312,174.00</td>
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</table>
## UPSTREAM PREVENTION
### 2024 Budget

#### Overview

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Year</td>
<td>$2,000,000</td>
<td>$1,687,826.00</td>
<td>$312,174.00</td>
</tr>
<tr>
<td>Cycle to Date</td>
<td>$2,000,000</td>
<td>$1,687,826.00</td>
<td>$312,174.00</td>
</tr>
<tr>
<td>Yearly</td>
<td>$500,000</td>
<td>$268,700.00</td>
<td>$312,174.00</td>
</tr>
<tr>
<td>Yearly Mini-Grant</td>
<td>$0</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Yearly Standard Grant</td>
<td>$0</td>
<td>$268,700.00</td>
<td>-$268,700.00</td>
</tr>
</tbody>
</table>

#### By Future State Measure (5 year)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
<th>Currently Allocated</th>
<th>Projected Available</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization</td>
<td>$429,428.00</td>
<td>$429,428.00</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td>Fulfilled Childhood Immunization Budget</td>
</tr>
<tr>
<td>Third-Grade Reading</td>
<td>$361,846.25</td>
<td>$111,518.50</td>
<td>$250,327.75</td>
<td></td>
<td>$250,327.75</td>
<td>Partnership with Papalaxisha</td>
</tr>
<tr>
<td>Kindergarten Readiness</td>
<td>$384,693.50</td>
<td>$384,693.50</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td>Fulfilled Resilience Measure Budget</td>
</tr>
<tr>
<td>Resilience Measure</td>
<td>$384,686.00</td>
<td>$384,686.00</td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Intended Pregnancies</td>
<td>$361,846.25</td>
<td>$300,000.00</td>
<td>$61,846.25</td>
<td></td>
<td>$61,846.25</td>
<td></td>
</tr>
</tbody>
</table>

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared minigrant budget and adjustments for historical investments.

### 2024 Investments
<table>
<thead>
<tr>
<th>Organization</th>
<th>Process</th>
<th>Project</th>
<th>Award</th>
<th>Decision Date</th>
<th>Future State Measure</th>
<th>Latest Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Together</td>
<td>Rhip</td>
<td>Kindergarten Readiness</td>
<td>$268,700.00</td>
<td>1.2024</td>
<td>Kindergarten Readiness</td>
<td></td>
</tr>
</tbody>
</table>
DRAFT. Request for Proposals (RFP)
Central Oregon Health Council Regional Health Improvement Plan
Upstream Prevention: Promotion of Individual Well-Being Workgroup

Project Name:
Access Code:

Future State Measures:
- Increase third grade reading proficiency to the following by county:
  - Crook County 51%(ED) 33.5%(UR)
  - Jefferson County 49.5%(ED) 40.5%(UR)
  - Deschutes County 52%(ED) 47%(UR)

ED=Economically Disadvantaged*   UR=Underserved Races*
*As defined by Oregon Department of Education

Contact Person: Gwen Jones
Email: Gwen.jones@cohealthcouncil.org
Phone Number: 541-306-3523

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 Regional Health Improvement Plan (RHIP) Upstream Prevention: Promotion of Individual Well-Being Workgroup is investing in programs aligned with the Science of Reading to support early literacy. Programs should include professional training and support for teachers alongside learning and skills workshops for non-teachers who are serving youth and families.

Why are these efforts needed?

“Literacy empowers and liberates people. Beyond its importance as part of the right to education, literacy improves lives by expanding capabilities which will then reduce poverty, increase participation in community and has positive effects on health...” UNESCO.org

“Reading is a foundational skill for children to acquire knowledge, success in school and access many opportunities. Decades of research indicate that a child’s reading level in 3rd grade is directly related to their ability to thrive later in school and life.” OurChildrenOregon.org

The Science of Reading is based on interdisciplinary, scientific research from cognitive psychology, education, neuroscience and communication sciences to inform best practices in how teachers are trained to teach children to read. Educators and people supporting children’s reading development, who learn about the Science of Reading will better meet the needs of over 60% of children who need explicit and systematic teaching of all important component of literacy additional time to learn.

Proposal Requirements

Project Criteria

Applicants should demonstrate how projects:

1. Align with the Science of Reading.
   - Examples include trainings like Language Essentials for Teachers of Reading and Spelling (LTRS), Reading Rockets Reading 101, Cox Campus, University of Florida Literacy Institute (UFLI), or Eastern Oregon University’s K-3 Literacy Training.
2. If a professional development, instruction, or tutoring is proposed, identify the company or materials and explain how it aligns with the Science of Reading.

3. Align with Oregon Department of Literacy’s framework.

4. Include training and professional support for educators.

5. Include training, learning and skills support for cohorts of non-teachers serving youth and family.

6. Occur in physical proximity to the priority populations served by the project.

7. Partner with the people they are serving in the design, adaption, implementation and/or review of outcomes.
   - Include letters of support from these project partners.

8. Be culturally and linguistically responsive for prioritized populations.

9. If a project partners with tribes, a memorandum of understanding (MOU) with the Tribal partner must be included.

10. Include prioritized populations* & communities that are intentionally excluded from power, access, and privilege.
   - Special consideration will be given to projects serving Jefferson County schools, Crook County school, Culver School District, Title Schools in any school district, and students with disabilities.

11. 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

12. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.

13. Projects must directly impact the Future State Measures of the Regional Health Improvement Plan specified above.

Restrictions
Regional Health Improvement Plan grants cannot be used for:
- 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.

Recommended Partnerships

Partnership to consider include: The Reading Clinic at Eastern Oregon University K-3 Literacy Training

Evaluation Criteria

The RHIP Upstream Prevention: Promotion of Individual Well-Being 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

Available Funds: Multiple awards.
Funding Duration: Single and multiple year projects accepted.
Anticipated Selection Schedule
  Request For Proposal (RFP) Released:
  Application Submission Closes:
  Notification of Award:

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 Upstream Prevention: Promotion of Individual Well-Being 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 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.