Address Poverty and Enhance Self-Sufficiency
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/81419918247?pwd=NGxqYnJrNzh6VFljZUI1SE5GeWlVQT09

Join by phone:
+1 253 215 8782
Meeting ID: 814 1991 8247
Passcode: 546329

February 20, 2024
11:00am – 12:30pm

Aim/Goal

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges.

Future State Metrics - Condensed

1. Increase high school graduation rates among economically disadvantaged students
2. Decrease food insecurity
3. Decrease percent of income constrained households
4. Decrease housing and transportation costs as a percent of income

AGENDA

11:00-11:15 AM Welcome, Land Acknowledgement, Introductions, Announcements

11:15-11:50 PM Implementation
• Application Review Process: Food Delivery to Strengthen Food Access for Seniors and Those with Disabilities
• Childcare Access for ALICE Families
  o RFP update
  o Communication back to listening session participants

11:50-12:00 AM Wrap-Up & Next Steps

Working Document: https://docs.google.com/presentation/d/1jYwyGwMtvUj2QtW2INBiRF9cijl_4HaSLyqgw_28uLg/edit?usp=sharing
Address Poverty and Enhance Self-Sufficiency
Regional Health Improvement Plan Workgroup

Future State Metrics – Full Detail

1. By December 2023, Central Oregon graduations rate among economically disadvantaged students will improve by 3 percentage points to:

   | 2023 Central Oregon Graduations Rate for Economically Disadvantaged |
   |-----------------|------------------|
   | Crook           | 76.60%           |
   | Deschutes       | 77.30%           |
   | Jefferson       | 83.40%           |

2a. By December 2023, decrease the % of total population reported as food insecure by 2 percentage points to:

<table>
<thead>
<tr>
<th>County</th>
<th>% of (total) Population Food Insecure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook</td>
<td>13%</td>
</tr>
<tr>
<td>Deschutes</td>
<td>11%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

2b. By December 2023, develop a regional metric to evaluate food insecurity among seniors in our community (ages 65+).

3. By December 2023, decrease the population of households living at the poverty level and income constrained by 2 percentage points to:

   Crook: 27%
   Deschutes: 24%
   Jefferson: 32%

4. By December 2023, reduce combined housing and transportation cost for residents as a percent of income in their respective counties to no more than:

   Crook County: 64%
   Deschutes: 55%
   Jefferson: 55%
Land Acknowledgement

We recognize and acknowledge the indigenous land of 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 where 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.”
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.

Involve Targeted Population
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 chances, 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.
Address Poverty and Enhance Self-Sufficiency

Background: Why are we talking about this?

<table>
<thead>
<tr>
<th>1990s</th>
<th>Mill Closures / Timber Industry Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000s</td>
<td>Population Growth in Central Oregon</td>
</tr>
</tbody>
</table>

Central Oregon has grown rapidly over the past two decades. Individual communities face different economic and social challenges associated with this development, including increased unemployment, lack of affordable housing, and income inequality. There is significant evidence linking poverty to health disparities and poor outcomes.

Current Condition: What’s happening right now?

- 9-17% of residents in Central Oregon lived in poverty between 2013 and 2017
- Almost 50% of the region’s renters are considered to be cost burdened
- Almost 25% of the civilian labor force in Warm Springs is experiencing unemployment

Current State Metrics:
1. 2018 Central Oregon graduation rates were significantly lower among economically disadvantaged students
2. Food Insecurity by County: Crook 15%, Deschutes 13%, Jefferson 13.3%
3. Income constrained households: Crook 29%, Deschutes 26%, Jefferson 34%
4. Housing and transportation costs combined as a percent of income: Crook 67%, Deschutes 58%, Jefferson 58%

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

Aim/Goal
Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges.

Future State Metrics - By December 2023:
1. Increase high school graduation rates among economically disadvantaged students
2. Decrease food insecurity
3. Decrease percent of income constrained households
4. Decrease housing and transportation costs as a percent of income

Analysis: What’s keeping us from getting there?

- Demand exceeds supply for range of housing needs required
- Disjointed Systems
- Funding/Educational system is designed not to meet the needs of historically marginalized students
- Inactive response to Awareness, Barriers and Cultural Sensitivity
- Transportation can be inaccessible due to distance/economic
- Inequity of resources for income constrained families
- Scarcity culture promotes exclusionary programming
- Historical classism and racist structures undervalue and constrain people
- Complex & excessive restrictions to access safety nets

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

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/21</td>
<td>Invest in programs to increase HS graduation rates</td>
</tr>
<tr>
<td>02/22</td>
<td>Invest in regional ALICE listening sessions</td>
</tr>
<tr>
<td>02/22</td>
<td>Invest in programs to decrease food insecurity</td>
</tr>
<tr>
<td>01/23</td>
<td>Sr. Food Insecurity Measure Development</td>
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<td>02/24</td>
<td>Food Delivery for Seniors and those with Disabilities</td>
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<tr>
<td>02/24</td>
<td>Childcare Access for ALICE Families</td>
</tr>
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Follow-Up: What’s working? What have we learned?

{insert}
## POVERTY
### 2024 Budget

### Overview

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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<tr>
<td>5-Year</td>
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<td>$1,058,006.21</td>
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<tr>
<td>Cycle to Date [9]</td>
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<td>$941,993.79</td>
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<tr>
<td>Yearly</td>
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<td>Yearly Mini-Grant</td>
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<td>Yearly Standard Grant</td>
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<td>$500,000</td>
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### By Future State Measure (5 year)

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<tr>
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<td>ALICE</td>
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<td>$45,700.00 [6]</td>
<td>$439,799.40</td>
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<tr>
<td>Housing/Transportation</td>
<td>$485,499.40</td>
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<tr>
<td>High School Graduation</td>
<td>$518,501.79</td>
<td>$521,001.79</td>
<td>-$2,500.00</td>
<td>-$2,500.00</td>
<td>Measure budget adjusted due to HS Grad overspending</td>
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</tr>
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</table>

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' of $493,750 minus the portion contributed to shared minigrant budget.
# Five-Year Investment Overview
## All Workgroups
### January 2020–December 2024

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
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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+)

Contact Person: MaCayla Arsenault
Email: macayla.arsenault.cohealthcouncil.org
Phone Number: 541-306-3523

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](https://www.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.
Request for Proposals (RFP)

Project Name: Childcare Access for Asset Limited Income Constrained Employed (ALICE) Families
Access Code: CHILDCARE
Maximum Award Amount: $882,099
Organization Name: Central Oregon Health Council; Regional Health Improvement Plan (RHIP)
Regional Health Improvement Workgroup: Address Poverty and Enhance Self-Sufficiency Workgroup
Future State Measures: By December 2024, decrease the total population Asset Limited Income Constrained, Employed (ALICE) by 2 percentage points to: Jefferson 32%, Crook 27%, Deschutes 24%.
By December 2024, reduce combined housing and transportation cost for residents as a percent of income in their respective counties to no more than: Crook 64%, Deschutes 55%, Jefferson 55%.

Contact Person: MaCayla Arsenault
Email: macayla.arsenault@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 disparites 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 Address Poverty and Enhance Self-Sufficiency workgroup is accepting applications for comprehensive programs aimed at improving access to affordable and high-quality childcare services for **Asset Limited, Income Constrained, Employed** (ALICE)* families within Central Oregon. The primary goal is to ensure that parents and caregivers can access safe, reliable, and developmentally appropriate childcare options, reducing barriers for them to work and provide for their families.

Applicants are encouraged to collaborate with local childcare providers, businesses, and other community organizations to create innovative solutions to increase the availability of affordable childcare options for ages 0 - 10. This project can be a part of a larger initiative to increase childcare as long as the funds are allocated to the priority population (ALICE). Projects must address transportation barriers. Examples of this include considering the location of the childcare program such as within a housing complex or worksite or offering bussing services. Special consideration will be given to projects that also address barriers to housing. All projects must be sustainable past COHC grant funding.

Examples of projects include:

- Startup for onsite employer-sponsored childcare
- Embedded daycares in workforce housing complexes
- Expanded childcare hours for working families and school holidays
- Cooperative childcare models, addressing transportation barriers
- Supportive programs for increasing licensed childcare providers in low-income housing settings

**Why are these efforts needed?**

ALICE represents individuals and families that are above the federal poverty line but still struggle to make ends meet due to limited financial resources. ALICE individuals and families often find it challenging to afford basic necessities such as housing, food, childcare, transportation, and healthcare despite being employed or having some income.

The ALICE population typically includes individuals and families who may have low-wage jobs, face unexpected financial hardships or live in areas with a high cost of living. They are often one unexpected expense away from a financial crisis and may not have adequate savings or financial stability.

In 2022, the RHIP Address Poverty and Enhance Self-Sufficiency Workgroup partnered with Quon Design and Communication to conduct 11 focus groups with ALICE individuals and families throughout the region with over 92 participants. Nearly all focus groups identified limited access to childcare impacted their ability to make ends meet.
Furthermore, there is a demonstrated relationship between socioeconomic status and health outcomes. Low socioeconomic status greatly increases an individual’s risk for disease and premature death. There is also significant evidence linking income inequity to health disparities and poor health outcomes.

Healthy People 2020 highlighted the importance of economic stability including employment, food security, housing stability, and poverty status, to consider when developing strategies to positively impact health outcomes (2020-2024 Regional Health Improvement Plan). Sadly, 24.6% of Deschutes County households, 37.6% of Jefferson County households, and 42.2% of Crook County households are employed, but cannot afford the basic necessities to live (United for ALICE). Each community in Central Oregon is unique and requires specialized strategies to allow each household to thrive. Results from the listening session will allow the Address Poverty and Enhance Self-Sufficiency workgroup to partner with and meet the need of each community.

Source:
2020-2024 Regional Health Improvement Plan
ALICE Listening Sessions Final Report

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 or serve the following tribal members:
   a. Crook, Deschutes and Jefferson Counties
   b. Northern Klamath County, limited to:
      i. Gilchrist, Chemult, Crescent, Crescent Lake Junction, and Beaver Marsh (Zip codes at 97731, 97733, 97737, and 97739)
   c. Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes
4. Projects partnering with tribes will be required to submit a memorandum of understanding (MOU) or letter of support
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 population
7. Project must be sustainable past the duration of COHC grant funding
8. Projects must address transportation barriers
9. Applicants must submit 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
• Brick and Mortar construction
• 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
• Projects that are primarily designed to control or contain healthcare costs
• Provider workforce and certification training, including 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
• COHC staff and household members cannot apply
• OHA and DHS cannot apply

Recommended Partnerships
The Address Poverty and Enhance Self-Sufficiency Workgroup recommends applicants partner with the Early Learning Hub of Central Oregon to compliment or enhance regional efforts to increase access to childcare.

Additional Documentation Required
Applicants must submit one letter of support.

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 $882,099

Anticipated Selection Schedule
Request For Proposal (RFP) Released: February 5, 2024
Application Submission Closes: April 5, 2024
Notification of Award: June 4, 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: CHILDCARE

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, Project Manager, at macayla.arsenault@cohealthcouncil.org or 541-306-3523

If you have questions about the application or using the grant platform, please contact Kelley Adams, Grant Platform Manager, 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.
**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](mailto: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](mailto: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.