



## Request for Proposals (RFP)

### Central Oregon Health Council Regional Health Improvement Plan Upstream Prevention: Promotion of Individual Well-Being Workgroup

#### RELAUNCH

**Project Name:** Supporting 3<sup>rd</sup> Grade Reading and Oregon's Literacy Framework

**Access Code:** **READING24**

#### 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](mailto: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 3<sup>rd</sup> 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, adaptation, 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 or serve the following tribal members:
  - Crook, Deschutes, and Jefferson Counties
  - Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes
  - Northern Klamath County, limited to:
    - Gilchrist, Chemult, Crescent, Crescent Lake Junction and Beaver Marsh (Zip codes at 97731, 97733, 97737, and 97739)
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:

- 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
- Projects that are primarily designed to control or contain healthcare costs
- Provider workforce development 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

## 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:** \$52,000.00

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

### Anticipated Selection Schedule

Request For Proposal (RFP) Released: April 25, 2024

Application Submission Closes: June 6, 2024

Notification of Award: July 18, 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:

**READING24**

## 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](mailto: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](mailto: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.