

## 2022 Letters of Intent Small RFP (under \$50,000)

Name	Pilot Champion	Addressing trauma	Technology disparities	Bilingual/bicultural workforce	Innovative housing	Language access	Oral health integration	Pay equity	Reengaging the community	Rural Impact	Subpopulations
<a href="#">Coastal Kids Mentoring Program</a>	Neighbors For Kids										
<a href="#">Family and Me Smoke-Free</a>	Family Tree Relief Nursery										
<a href="#">Health Navigation Station</a>	St. Martin's Episcopal Church										
<a href="#">Patient-Centered Fitness Delivery</a>	Newport 60+ Activity Center										
<a href="#">Social-Media Health Promotion</a>	Samaritan Lebanon Rehab										
<a href="#">Transitioning into a Home</a>	Furniture Share										

# Coastal Kids Mentoring Program

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Primary Organization: Neighbors For Kids (NFK)

Primary Contact: Toby J. Winn

Primary Contact Email Address: [director@neighborsforkids.org](mailto:director@neighborsforkids.org)

Partnering Organization(s): Lincoln County School District, Dept. of Human Services, Olalla Center for Children & Families, Samaritan House, Samaritan Health Services

Project Name (4 words or less): Coastal Kids Mentoring Program

Describe your project in a few paragraphs. Neighbors For Kids (NFK), a non-profit organization serving youth in Lincoln County, Oregon, would like to implement the “Coastal Kids” Mentoring Program. This pilot project is designed to improve the health of NFK’s young participants, while helping to transform the health care delivery system within the region. This mentoring program will be implemented by NFK using a successful program developed by Committed Partners For Youth (CPY), an organization that provided mentorship programs in the Eugene & Springfield area for 23 years. The original concept came from a local psychologist and single-parent mother who saw an urgent need for delivering prevention and intervention methods through mentoring, in order to improve the social and emotional health of youth. CPY operated from 1991-2014, and the founder and past executive staff members are in full support of Neighbors For Kids utilizing their grassroots mentorship model in order to support the health of youth within another rural Oregon community.

Coastal Kids will use a one-on-one matching system to connect adult volunteers and youth. The program will provide a 12-month mentorship program (at minimum) and will support 20 youth between the ages of 6-18 who live within the rural communities of Lincoln County, Oregon. The target population will be youth who have been identified by parents, school staff, therapists, counselors, juvenile justice system staff, and/or health professionals as needing significant behavioral, emotional and mental health support/interventions. The project aims to serve a diverse group of students, emphasizing youth who come from disadvantaged circumstances and might not otherwise have access to a quality mentoring program, such as youth who come from low income families, who live in rural communities, youth from diverse ethnic backgrounds, English Language Learners, youth in the foster care system, youth experiencing homelessness, youth who have special needs, and youth with mental and/or behavioral health challenges.

The coordinator of this program will match each adult mentor with each youth mentee, based on shared pasts or cultural backgrounds, common interests, compatibility and skill sets needed to best develop a safe, healthy relationship during the 12-month program. The program will help each mentor-mentee pair develop a deeper bond of trust and support over time, and opportunities for positive communication. Over the course of each year, they can take part in new experiences together, such as outdoor recreation and physical activity, hiking, surfing, kayaking, art classes, bowling, enjoying meals or other opportunities. Each month, there will be monthly support meeting for the full mentoring cohort, family night events, guest speakers

from the community and ongoing skill-building for participants. As the project aims to produce measurable outcomes, NFK will use the Search Institute's "40 Developmental Assets" Framework, to guide the program and build internal and external assets youth need to be healthier and succeed in life. This type of project has always been a vision for NFK, and as we continue through what we hope is the tail end of the pandemic, the Coastal Kids Mentoring Program has great significance. We are already witnessing how youth are challenged with transitioning back to normal social lives and they need significant social and behavioral supports. We believe in the power of human connections, providing intentional supports and that caring adult mentors can and will change young people's lives.

Which of the following does your project focus on? Addressing trauma, including environmental., Reengaging the community in personal health and community resources., Rural community impact.

What health outcomes do you expect to improve in order to promote equity and reduce health disparities for IHN-CCO members? The Coastal Kids Mentoring Program addresses three of IHN-CCO's Priority Areas; Addressing Trauma (post-pandemic and toxic stress), Reengaging the Community in Personal Health and Community Resources (connecting local volunteers with local youth), and Rural Community Impact (disparity in care for rural communities). The pilot project will focus on the Behavioral Health using mentorship as the innovative strategy to improve health care and make a positive impact on the health of local youth and by implementing it NFK will help achieve outcomes from IHN-CCO's Community Advisory Council's 2019 Community Health Improvement Plan. One of the outcomes we aim to achieve will be Outcome BH3: Increase mental health and substance use screenings, services, referrals, and peer and parent support. The nature of mentoring involves ongoing interventions, communication with family members and making referrals to specialists within the youth's support network when necessary. The next outcome the project aims to focus on is Child and Youth Health. By implementing the mentoring program there will be an ability to achieve Outcome CY1: Increase the percentage of children, youth, and families who are empowered in their health. While involved in the program youth will have a consistent advocate (the mentor) over an extended period of time, and they will take part in goal setting and skill-building. The youth and their family members will be empowered and supported by the larger program and its opportunities.

How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? There are other organizations in Oregon serving youth with new innovative mental and emotional supports, but there is not a mentoring program in rural Lincoln County. For example, L.C.S.D. increased numbers of counselors in every school across this entire school year and Boys & Girls Clubs of Emerald Valley in Eugene partnered with Looking Glass, adding a mental health therapist to spend 3 days per week on site to help youth beginning in Spring 2021.

NFK will work with community partner organizations to implement the pilot project and achieve behavioral health outcomes. Several youth currently attending NFK's programs have mental and/or behavioral health challenges, some are past victims of child neglect or abuse and local youth have all struggled through over 2 years of the pandemic. A solid community partner will be Lincoln County School District (LCSD), given NFK serves the same students within our out-of-school-time environment. LCSD's principals, teachers and counselors will help to identify, recruit and track the progress of youth participating in the mentoring program. Tracking grades, attendance and behavioral referrals within schools will help to monitor

individual student progress, show anticipated positive growth/outcomes and help guide the interventions and supports needed during the project. Other community partner organizations (mentioned above in the LOI) plan to work with and support this pilot project, a mentoring program that originally requested funding and was proposed to launch in 2020.

What is your approximate budget? Less than \$50,000

# Family and Me Smoke-Free

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Primary Organization: Family Tree Relief Nursery

Primary Contact: Renee Smith

Primary Contact Email Address: rsmith@familytreern.org

Partnering Organization(s): Samaritan Health SWAY Collaborative

Project Name (4 words or less): Family and Me Smoke-Free

Describe your project in a few paragraphs. Family and Me Smoke Free is a project focused on IHN-CCO members impacted by tobacco use across our rural communities with an emphasis in supporting adults with children through a two generational approach that will decrease adult tobacco use and lessen the impact of secondhand smoke on their children. Our project's focus will include pregnant women and their partners, parents of infants along with parents/families impacted by substance use disorder with an additional focus and programming in support of IHN members from communities of color.

Our project will offer community education to organizations and community groups on the disproportional impact of tobacco use on families and how families and individuals can be referred to our program and other support programs in our communities and will support the delivery of evidence-based tobacco cessation program Baby and Me Smoke Free and an additional family focused tobacco cessation curriculum along with home visiting and family supports throughout the classes and for 90 days afterwards.

Additionally, work will highlight the impact of tobacco on our community and family's health with resources and information shared through social media, podcasts and community presentations.

Our goal is to normalize conversations regarding smoking on its impact on one's health, but additionally its impact on a child's health who lives in a home where one or more adult smokes.

This project will support Family Tree, a community-based organization reaching out to traditional health care organizations in our rural area and offering information, training and support in referring families impacted by tobacco to our program. We will leverage our relationships with treatment providers, primary care homes and other grant projects with Samaritan Health to expand the reach of the information and referral pathway. We will continue developing the UNITUS referral system in this work for tracking and reporting on a closed loop referral process.

Additionally, our project will explore and track not only the parents/adults that seek out cessation services but also the number of children positively impacted by the change in their parent's behavior.

Which of the following does your project focus on? Reengaging the community in personal health and community resources., Rural community impact., Subpopulations of IHN-CCO members that experience health disparities.

What health outcomes do you expect to improve in order to promote equity and reduce health

disparities for IHN-CCO members? This project will impact health outcomes aligned with Healthy Living. Focus will be on;

- Increase the percentage of members who live a health lifestyle around tobacco cessation
- Reduce the percentage of Members who use and/or are exposed to tobacco tracking both adults and children

How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? This project will align closely with other family support programs in our communities that we regularly collaborate and partner with. It is part of a larger set of strategies supported by OHA's Community Health Initiatives. We will work closely Samaritan Health and a federal grant funded to support rural communities disproportionately impacted by substance use disorder with a focus on women and children. Additionally, we will link with other programs across the state and our region who are addressing tobacco's impact on their communities.

What is your approximate budget? Less than \$50,000

# Health Navigation Station

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Primary Organization: St. Martin's Episcopal Church

Primary Contact: Sara Jameson, Outreach Coordinator

Primary Contact Email Address: smartinslebanon@gmail.com

Partnering Organization(s): Linn County Faith Community Health Network, Lebanon, OR 97355 | 541.248.0595; faithcommunityhealthnetwork@gmail.com; Family Assistance and Resource Center Group, shirleybyrd@facforthehomeless.org;

Project Name (4 words or less): Health Navigation Station

Describe your project in a few paragraphs. The Health Navigation Station at St. Martin's church will provide underserved populations in rural East Linn County, especially Oregon Health Plan members and older low-income and unhoused populations, with greater technological equity to improve their ability to navigate access to health services they need and are eligible for, through access to a dedicated phone, computer, guest Wi-Fi, printer, and coaching so they can make and track appointments, check email from providers, research best practices for their personal health, side-effects of medications they have been prescribed, set up transportation, etc. This pilot project, if successful, could be easily replicated elsewhere. As far as we know, such a Health Navigation Station is not available in our region. We will need to purchase technology items (computer, phone, printer, etc.; installation and monthly fees), a suitable desk, and supplies including paper, ink cartridges, etc; we will need to pay for Wi-Fi and software; we will pay for training and continuing education for our Faith Community Health Network Health Minister, (staff time and travel) and other volunteers for those coaching users. If the pilot continues after a few months, more funds would be needed to continue the ongoing expenses.

St. Martin's will be providing the space, and the time, during which a free breakfast which is offered Monday-Wednesday-Friday mornings, along with hygiene supplies to our guests.

Which of the following does your project focus on? Addressing technology disparities., Rural community impact., Subpopulations of IHN-CCO members that experience health disparities.

What health outcomes do you expect to improve in order to promote equity and reduce health disparities for IHN-CCO members? Oregon Health Plan members and others with low access to digital resources miss out on health services they are entitled to because they lack technology and the skills to use technology to connect to resources. People miss appointments because they have no phone or email. Having access to a Health Navigation Station, with coaching, will reduce inequities in digital access to care. It may also reduce trips to the Emergency Department through follow up and preventative care.

How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? We already work with Family Assistance and Resource Center Group who conduct outreach visits in St. Martin's parking lot twice a month.

Our resident Faith Community Health Network minister Wendy Fierro will be helping with the training for effective health research – such as ways to locate phone numbers, reach their Samaritan MyChart notes, etc. Wendy is also part of Connect Oregon to help people reach resources in our area.

What is your approximate budget? Less than \$50,000



# Patient-Centered Fitness Delivery

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Primary Organization: Newport 60+ Activity Center

Primary Contact: Bryn McCornack

Primary Contact Email Address: brynnyc@gmail.com

Partnering Organization(s): Samaritan Health Services RHEHub, Compass, OSU Extension, Connect Oregon/Unite Us, Lane County Senior Disability Services, Corvallis Community Center, OCWCOG, National Recreation and Parks Association, and The Friends of the Newport Senior Center

Project Name (4 words or less): Patient-Centered Fitness Delivery

Describe your project in a few paragraphs. Imagine yourself as an elderly individual, socially isolated due to poor health, loss of strength or balance, lack of self-efficacy, disability, lack of financial resources, or as the result of the trauma suffered while enduring Covid. You are a likely candidate for physical and psychological suffering and can easily fall into the Chronic Pain Cycle. With pain comes "muscle guarding", restricted range of motion, muscle weakness and atrophy, fear of falling, and a sedentary lifestyle. These responses to pain can quickly lead to depression, anxiety, disordered sleep, anger, hopelessness and more. Without intervention, the combination of physical and emotional helplessness becomes insurmountable. Research has linked physical decline, social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, cognitive decline, Alzheimer's disease, and even death. "Cave Syndrome" is one of the results of Covid-related trauma where even young, able individuals are being stressed--so picture then, yourself, as a senior already plagued by declining physical and psychological health now trying to cope with the same stress.

Now, envision having access to programs that offer health equity addressing your needs and meeting you where you are. Picture yourself participating in a live class from home with an expanded group of seniors facing challenges similar to your own. Imagine seeing and being seen, exchanging practical knowledge, and exercising safely and effectively in evidence-based programs within a hybrid delivery system. Consider the impact on your life as you reengage through participation in accessible health and community resources. This transformational client-based solution which is supported by needs-specific technology can be designed, presented, evaluated, then replicated.

The 60+ Activity Center is proposing a pilot project that will offer live hybrid (combined virtual and on-site) evidence-based programs. By focusing on common needs, our pilot will create a cohesive alliance of individuals with special needs, disabled individuals, persons suffering from isolation, and able-bodied, mobile individuals. If our grant proposal is successful, we will provide free evidence-based exercise programs to composite groups of participants gathered together simultaneously at home and on-site. With the support of technological innovation, we will be able to improve health equity, reducing social determinants of health barriers, and positively impacting quality-of-life outcomes. This

program will reduce healthcare costs by providing an intervention which should reduce participant's critical healthcare needs. In conjunction with Samaritan's patient-centered primary care home which supports healthcare delivery, we will further advance health equity by offering live programming, regardless of the geographical location or physical ability of each participant.

The 60+ Activity Center's mission is to preserve the dignity and value of all older adults in our community by providing equitable and accessible opportunities for social interaction, healthy living options, recreation, support services, education, volunteerism, and community action. We are aligned with IHN-CCO's Quadruple Aim— better health, better access, reduced cost of care and improved provider satisfaction.

The 60+ Activity Center, a Nationally Accredited Senior Center, has a proven track record in advocacy for older adults. In 2018, we received the distinguished service award from Oregon Parks and Recreation Association for our work with the CDC and the National Diabetes Prevention Program. We have received several other awards from both for our programming inventiveness and successes. We believe the importance of providing evidence-based programs to older adults is paramount regardless of their ability to leave their homes or their technology disparities. We recognize the gap in providing programs to homebound seniors, and we are dedicated to addressing this gap. Equity and inclusion are important values in our organization and we believe all older adults deserve an opportunity to live their best lives.

Current partners aligned with our project include Samaritan Health Services RHEHub, Compass, OSU Extension, Connect Oregon/Unite Us, Lane County Senior Disability Services, Corvallis Community Center, OCWCOG, and National Recreation and Parks Association. The Friends of the Newport Senior Center has committed financial support for program sustainability. The pilot project includes metrics and replicability. This strategy will be shared with our partners, other CBOs, and organizations such as National Parks and Recreation Association and Oregon Parks and Recreation Association who are prospective funders for programs modeled after this pilot.

We believe we can offer a transformative, participant-centered opportunity which advances health access and equity to the underserved elderly population. We hope you will agree, and give us the opportunity to tell you more about this unique concept.

Which of the following does your project focus on? Addressing trauma, including environmental., Addressing technology disparities., Reengaging the community in personal health and community resources., Rural community impact., Subpopulations of IHN-CCO members that experience health disparities.

What health outcomes do you expect to improve in order to promote equity and reduce health disparities for IHN-CCO members? The program will improve physical strength, balance and endurance for participants, while reducing isolation and increasing self-efficacy. It offers community class participation to the home-bound. It nurtures vital physical and emotional needs in ways currently not available.

How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? Evidence-based programming is recognized by Samaritan Health Services and other organizations as a key to improved health outcomes. The 60+ Activity Center has co-facilitated virtual Walk With Ease with instructors in Corvallis and

Lane County. We have presented live or virtual Walk-With Ease for five years, and plan to add other evidence-based programs shortly. This project increases the reach of evidence-based programs by establishing a method of simultaneously reaching hybrid participants (combined virtual and on-site). We plan to expand the program reach by promoting programs thru Unite Us/Connect Oregon and Compass. We are currently participants in a pilot to expand electronic health referrals, and plan to expand our partnerships with our collaborators NRPA, Corvallis Recreation Center and Samaritan RHEHub.

What is your approximate budget? Less than \$50,000

# Social-Media Health Promotion

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Primary Organization: Samaritan Lebanon Rehab

Primary Contact: Micah Wong

Primary Contact Email Address: micahw@samhealth.org

Partnering Organization(s): George Fox University

Project Name (4 words or less): Social-Media Health Promotion

Describe your project in a few paragraphs. There has been an explosion of information relating to health, wellness, pain, and mental health online in the last 5 years that plays a large role in driving individual's health care decisions. This information can range from personal stories being shared to health care experts leveraging their knowledge on these social platforms.

Our team is looking to use videography and graphic design to create easily shareable video and design content for Facebook stories, Instagram reels, Tik Tok, and twitter that meet the health literacy of our communities and increase equity in distribution of evidence-based messaging for health promotion and pain science that has already been ongoing through classes like the "Movement, ACT, Pains Science, and Self Compassion (MAPS)" course. This content would serve to increase the reach of primary care provider and MA education to online populations and younger community members in a way that relies on visual aids and short form content to hold attention. Through a video and online shared format, translations to Spanish and other languages would be easily implemented to serve to goal of decreasing health disparity through broad appeal and distribution.

Linn County ranks with 30-37% of the population scoring at or below basic health literacy comprehension on the UNC Health Literacy Database meaning that alternative systems and means of communication and messaging need to be established. We can make inroads at school aged and older adult populations using short form video's and picture based design content to interact in a biopsychosocial format.

Al-Dmour et al (2020) found that in the era of COVID 19, social media is playing an increasing large role in public health and that these platforms can be positively leveraged to influence awareness and behavior change. We are looking to use these same principles in creating content on pain science, physical activity, addiction/opioid awareness, nutrition, sleep, and community resources.

Which of the following does your project focus on? Language access including health literacy, interpreter services, and translation of materials., Oral health integration., Reengaging the community in personal health and community resources., Rural community impact., Subpopulations of IHN-CCO members that experience health disparities.

What health outcomes do you expect to improve in order to promote equity and reduce health disparities for IHN-CCO members? Member access and awareness of community resources, interaction and sharing of evidence based content, time spent listening to biopsychosocial health messaging,

How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? Groups such as MAPs and Easy-A are working to build awareness of pain, addiction, and health education for chronic pain and school based populations for upstream management of social determinants. I would be looking to work with and use some of their content in video and graphic creation to be shared with their communities. These resources would be dispersed through and serve as a reference for peer led pain groups such as the local Marble Jar group and the Oregon Pain Science Alliance.

What is your approximate budget? Less than \$50,000

# Transitioning into a Home

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Primary Organization: Furniture Share

Primary Contact: Michelle Robinson

Primary Contact Email Address: Michelle@furnitureshare.org

Partnering Organization(s): Albany General Hospital Foundation, Samaritan Albany General Hospital, Good Samaritan Medical Center and multiple community referral partners

Project Name (4 words or less): Transitioning into a Home

Describe your project in a few paragraphs. You might be thinking to yourself, what in the world is Furniture Share? What is furniture poverty? Sometimes we take the most basic needs for granted. It isn't until we find ourselves without, that we realize that many families don't have the basic things to make a house a home.

The people we serve are members of your community. Many face unimaginable challenges. Some are leaving hostile situations. Many are recovering from illness and addiction. Most are struggling to get back on their feet after being homeless. With basic needs such as a dining table, a dresser, and especially a bed. Furniture Share plans to provide new connections and partnerships with organizations we partner with and new partners with a dedicated development case manager coordinator to help house the homeless and make their house a home by providing basic furniture and household items to meet their unmet needs once housed from homelessness.

Which of the following does your project focus on? Addressing trauma, including environmental., Innovative programs supporting housing., Rural community impact., Subpopulations of IHN-CCO members that experience health disparities.

What health outcomes do you expect to improve in order to promote equity and reduce health disparities for IHN-CCO members? Children who sleep in beds with a pillow, sheets, and a blanket often experience better health, improved performance in school, a better relationship with peers and family rather than practicing sleep deprived habits, and should experience greater self-confidence. BEDS for KIDS allow Furniture Share to effectively reach and serve the needs of vulnerable children in our community. Providing these families with beds and linen can ensure smooth transitioning to a better quality of life. Other benefits are that families are able to present a front of normalcy that is important to their morale and ultimately to their success towards self-efficiency.

Single parents, families, and other individuals who wish to transition to improved conditions often experience better health, improved performance in jobs and school, better relationships from less worry, and greater self-confidence. Providing Furniture to Individuals in Crisis with recycled furniture and household items can ensure smooth transitioning to a better quality of life. Additionally, recycling furniture benefits everyone in our community by diverting waste from the landfill while donors express a sincere delight knowing that furniture is being reused

or rebuilt to improve the livelihoods of families in need.

Families who eat together experience better health from meals prepared within the home, improved vocabularies and performance in school and at work, and better relationships with peers and family members. Feeding Our Future effectively reaches and serves the needs of vulnerable families and children in our community, providing tables and chairs, benefits to family meals, recipes, and conversational starter tips to ensure smooth transitioning to a better quality of life and behavior at work or school. Other benefits include preparation of simple, nutritious meals that can reduce obesity, improve health, and creation of a family environment that embraces and supports each other to achieve self-esteem and success within the community.

How does this project connect with related activities happening in our region? Which other community organizations are involved with this idea or similar work? Do you plan to collaborate with any other organizations? Furniture Share is the only furniture bank south of Portland. However, to provide our services we collaborate with over 240 social service agencies and non-profit organizations that refer clients to our services, thereby helping people assemble the necessary resources from multiple non-profits that provide emergency and transitional services within our community. We partner with Albany General Hospital Foundation, Samaritan Albany General Hospital, Good Samaritan Medical Center, Community Outreach, Human Services, and Domestic Violence and Homeless shelters, Linn Benton Housing Authority and other housing organizations to help clients transition into functional family situations.

Furniture Share partners with many social service agencies to help them reach their goals of helping their clients become self sufficient. Our goal is to extend our reach and collaborate with more organizations to meet the unmet need within our community.

What is your approximate budget? Less than \$50,000