Rural Population Health Incubator Program
Request for Proposals 2024

Please read the entirety of this document before submitting your grant application. Grant applications must be submitted online at this link by **5:00 p.m. PST, May 3, 2024.**

About the Incubator Program

The mission of the Rural Population Health Incubator Program (the Incubator) is to strengthen community health in rural Oregon by funding and supporting population health and health equity programs initiated by rural hospitals, clinics or community-based organizations.

The Incubator is the latest iteration of three other grant programs offered by the Oregon Office of Rural Health (ORH): Elder Service Innovation Grants, Rural Population Health Grants, and RHC Innovation Grants. By combining and renovating these programs, the Incubator aims to offer larger grants and fuller support to grantees throughout the grant cycle.

The goals of the Incubator are as follows:
1. To provide rural organizations with funding to create or maintain an innovative program that supports needs around population health, health equity and/or social drivers of health.
2. To prioritize funding for programs that:
   a. Serve a high-needs service area as outlined in ORH's Areas of Unmet Health Care Need Report;
   b. Serve historically marginalized populations;
   c. Address a pressing community health need identified by the organization's Community Health Needs Assessment or county's Community Health Assessment; and/or
   d. Bring together multiple community partners to address the specific population health need they have identified.
3. ORH to provide coaching, mentorship, referrals to experts and other resources to Incubator grantees.
4. ORH to provide a supportive and collaborative environment for Incubator grantees to share knowledge and learn from one another.

Through this program, grantees will:
- Receive up to a $10,000 grant to support their population health program;
- Join a cohort of other Incubator grantees and attend three cohort meetings throughout the grant cycle on the following dates:
  - Oct. 17, 2024, 12:00 p.m. - 1:00 p.m. PST
  - Jan. 16, 2025, 12:00 p.m. - 1:00 p.m. PST
  - April 17, 2025, 12:00 p.m. - 1:00 p.m. PST; and

- Receive specialized support from ORH, including resources, information and referrals to experts to assist their program.

A strong application demonstrates an innovative, sustainable and scalable model with strong community partners. Applications that support medical supplies for direct patient care and/or food/drink will not be considered.

Examples of past awardees can be found on the Incubator website.

Key dates

Jan. 10, 2024	Request for proposals released & proposal window opens
Feb. 22, 2024 (12:00 p.m. – 12:50 p.m.)	Incubator information session #1 (Register here)
Mar. 14, 2024 (12:00 p.m. – 12:50 p.m.)	Incubator information session #2 (Register here)
May 3, 2024 (by 5:00 p.m.)	**Deadline to submit proposals** (Link to submit proposal)
May 30, 2024	Notification of funding
Jun. 15, 2024	Distribution of funds
Jun, 15, 2024 – Jun. 14, 2025	Project period

Eligibility

To be eligible for this grant opportunity, you must:
- Be a rural hospital, clinic or community-based organization;
- Be located in a rural area in Oregon, as defined by the Federal Office of Rural Health Policy eligibility in the Am I Rural? Tool; and
- Be implementing a program aimed at increasing community health, whether directly or indirectly.

Applicants may request funding to support a new program or sustain an existing program.

Priority will be given to applications that:
1. Are administered by a rural hospital, clinic or community-based organization partnering with a hospital or clinic;
2. Serve a high-needs service area as outlined in ORH's Areas of Unmet Health Care Need Report;
3. Serve historically marginalized populations, including but not limited to:
    a. BIPOC communities;
    b. People with disabilities;
    c. LGBTQIA+ people;
    d. People experiencing houselessness;

       e.   People experiencing substance use disorders;
       f.   People experiencing chronic conditions;
       g.   Uninsured and/or Medicaid populations; and
       h.   Older adults.
4. Address a pressing community health need as identified by the organization's Community Health Needs Assessment or county's Community Health Assessment; and
5. Bring together multiple community partners to address the specific population health need they have identified:
       a.   For example, the program incorporates coalitions or partner meetings
       b.   Partners may include, but are not limited to:
           i.   Hospitals or clinics;
         ii.   Local public health departments;
        iii.   EMS;
        iv.   Schools;
         v.   Nonprofit organizations;
        vi.   Local, county and/or state public officials;
       vii.   Relevant associations; or
      viii.   Universities,

Budget guidance

The budget for this grant is up to $10,000. Applications that support medical supplies for direct patient care and/or food/drink **will not** be considered.

Provide a budget using the format below. You can find a downloadable budget worksheet on the grant website. You will be able to upload your completed budget worksheet into the online application form.
1. In the first column, list the expenses (travel, room rental, printing, etc.) along with a brief description if necessary. If there are personnel costs, state as hourly rate * hours.
2. In the second column, list the funds coming from other sources, if any.
3. In the last column, list the dollars requested through this grant.

Expense (please itemize)	Non-Grant Funds	Grant Funds Requested
	$	$
Total Non-Grant Funds	$	
Total Grant Funds		$
Non-Grant Funds + Grant Funds = Total Project Cost:		$

<u>Application instructions</u>
Please submit an online application at the link below by 5:00 p.m. PST on Friday, May 3, 2024.

<p style="text-align: center;"><u>Submit your application here</u></p>

The online application form will ask for the following information:
* All character limitations include spaces.

1. Contact Information
   a. Contact information for the person submitting the application (who will serve as the point person for this grant cycle), including name, title, organization, email address and weekday telephone number.
   b. Type of organization (please note, you must be a rural hospital, clinic or community-based organization):
      i. Community-based organization and/or nonprofit
      ii. Critical Access Hospital (CAH)
      iii. Other hospital type (non-CAH)
      iv. Public health
      v. Rural Health Clinic (RHC)
      vi. Other clinic type (non-RHC)
      vii. Other
   c. If you are a hospital or community-based organization that is not a CAH or RHC, do you plan to collaborate with a CAH or RHC? (Please note, if you are partnering with a CAH or RHC, you must submit a letter of support as additional documentation):
      i. Yes, this program will partner with a CAH or provider-based RHC. I will be partnering with _____ (please provide name of organization).
      ii. No, this program will not partner with a CAH or provider-based RHC.
      iii. N/A: I am applying as a CAH or provider-based RHC.
   d. As part of the grant process, grantees are expected to attend three cohort meetings (12:00 p.m. - 1:00 p.m. on Oct. 17, 2024, Jan. 16, 2025 and April 17, 2025).
      i. I acknowledge that attendance is expected at these three sessions.
2. Project Description:
   a. Short title for the proposed project. (maximum 75 characters)
   b. Amount of funding requested.
   c. Executive summary/overview of proposed project. (maximum 1700 characters)
   d. Description of the identified population health need(s) in your community and supporting evidence of the need. (maximum 1700 characters including spaces)
   e. Where is the program currently? (to establish a baseline) (maximum 1000 characters)

      f.   If the project is derived from an evidence-based model, please describe and cite the model on which it is based. (maximum 1000 characters)

3. Target population:
    a. Check off the populations your program is specifically targeting:
        i. BIPOC communities
        ii. People with disabilities
        iii. LGBTQIA+ people
        iv. People experiencing houselessness
        v. People experiencing substance use disorders
        vi. People experiencing chronic conditions
        vii. Uninsured and/or Medicaid populations
        viii. Older adults
        ix. Other
        x. Other
        xi. Other
    b. Please describe how your program aims to increase population health for these communities. (maximum 1500 characters)

4. Program administration:
    a. Description of persons responsible for the project as well as their roles and experience. (maximum 1200 characters)
    b. Will this program be partnering with other community institutions? Please select all that apply.
        i. Hospitals or clinics
        ii. Local public health departments
        iii. EMS
        iv. Schools
        v. Nonprofit organizations
        vi. Local, county and/or state public officials
        vii. Relevant associations
        viii. College/university
        ix. None
    c. List of the partner organizations and their role in your program. (maximum 1200 characters)

5. Project goals, timeline and evaluation:
    a. Provide at least one and up to three program goals. *For example, "To improve the safety, efficiency, and quality of care for primary care clinic patients by implementing and sustaining a care coordination management program by December 2025."* (maximum 1000 characters)
    b. Please provide a timeline for major project milestones to achieve the aforementioned goal(s). *For example, "By October 2024, we will have hired a Community Health Worker to serve as a patient navigator for the primary care clinic patients."* List all major projected milestones for this specific goal. (maximum 1000 characters)
    c. Description of expected outcomes/accomplishments and how they will address the identified population health need in your area (maximum 1500 characters).

> *For example, "80% of primary care patients will have had a touchpoint with patient navigator by the end of the project period, thus working to improve ongoing patient support and population health outcomes."*

    d. How will you determine the success of this goal? Please outline your measures for evaluating whether you achieved the program goal. (maximum 1500 characters). *For example, "we will evaluate the success of our program based on the patient navigator reaching 80% of primary care patients, as well as creating and evaluating a patient satisfaction survey. Further, health improvements for patients in the program will be tracked over x years."*

    e. How will this project be sustained after the grant year ends? (maximum 1000 characters)

6. Budget:
   a. Upload a budget using the template found [here](). Please note that the grant is up to $10,000, and funds cannot support medical supplies or directly support patient care and/or food or drink.

7. Supplemental materials:
   a. You have the option of uploading one additional document of your choosing to support your application. If you have a formal partnership with a CAH or RHC, please upload a letter of support.

Review process

All applications undergo a review process by the review committee. The reviewers will score the applications based on the categories below.

Mandatory criteria
- This program must be administered by a rural hospital, clinic or community-based organization.
- This program must address a population health need, whether directly or indirectly.

Priority criteria
Please note that six out of ten grants are reserved for Critical Access Hospitals (CAH) or CAH-owned Rural Health Clinics. The remaining grants are available for other rural hospitals, clinics and community-based organizations.

Priority will be given to applications that:
1. Serve a high-needs service area as outlined in ORH's Areas of Unmet Health Care Need Report.
2. Serve historically marginalized populations.
3. Address a pressing community health need as identified by the organization's Community Health Needs Assessment or county's Community Health Assessment.
4. Bring together multiple community partners to address the specific population health need they have identified.

Overall impact and approach

Does this application show how the applicant's approach will impact the target population? Does the project address an area of high need per ORH's Areas of Unmet Health Care Needs Report?
Applications will be scored on the program's overall impact on the target population.

Innovation, sustainability and replicability
Is this application innovative, sustainable and replicable?
Applications will be scored on their innovation, ability to last after the grant period and ability to be replicated in other areas.

Organization and project team
Is this program supported by knowledgeable and capable staff? Is this program supported by the community?
Applications will be scored on the expertise of the staff overseeing the program, in addition to community support and partnerships.

Budget
Is the budget request in alignment with the program activities?
The application's budget will be scored based on its alignment with the proposed grant activities and if they align with the allowable expenses (applications that support medical supplies for direct patient care and/or food/drink will not be considered).

Contact

For more information, visit the Rural Population Health Incubator Program website or email Stepha Dragoon at dragoon@ohsu.edu.