SE11EO-4 Grant

**RFP Grant Organization:** Interfaith Health Program/Emory Rollins School of Public Health (RSPH), Department of Global Health, with the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial State Officials (ASTHO)

**Project Title: Faith-Based Community Partnerships: Reaching Vulnerable Populations**

(Level 3 Participation)

**Timeline:** November 1, 2012 - May 31, 2013

**Applicant Agency:** Penrose-St. Francis (PSF) Health Foundation for PSF Health Services

**Program Contact:** Cynthia Wacker MSN, FCN, RN, Community Outreach Coordinator

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**IHP Core Partners:**

1. (PSF) Penrose St. Francis Health Services Mission Outreach: (Cynthia Wacker)
2. (UCCS) University of Colorado - Colorado Springs, Bethel School of Nursing: (Dr. Barbara Joyce, Community Health Faculty)
3. (EPCHD) El Paso County Health Department: (Kathy Rice, Director Office of Planning, Partnerships, and Accreditation)
4. Westside CARES: (Steve Brown, Executive Director)
5. Mission Medical Clinic: (Bonnie Angotti, Board Chair)

**Networking Agencies:**

* Pikes Peak United Way
* (LAHN)Latino American Health Network: (Ada Torres, Executive Director)
* C.A.T.C.H. (Coordinated Access to Community Health) Safety Net Clinics
* Southern Colorado Health Ministry Association
* Peak Vista Community Health Center
* Community Corrections of El Paso County
* Pikes Peak Flu and Immunization Coalition

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| **Level of Participation**  **Level l, ll, lll** | **Program Activities** | **How will the activities be realized? (what approaches/ methods/ partners)** |
| 1. “Knowledge and Practice Learning Network” | 1. Listserv participation  2. Conference Calls  3. Sharing Lessons learned with network colleagues  4. Access IHP web site and or Digital Drop Box | 1. Participate in and contribute to online training and technical assistance with National IHP network as required and appropriate for grant activities through project co-directors (PSF/UCCS) and coordinator. 2. *Distinctive population reach*: Expand reach by 20% of flu clinics to underserved vulnerable populations in El Paso County through relationship building in new faith based organization, churches, Hispanic, African American and Asian American churches and or rural areas. 3. *Distinctive Capacities:* Develop memorandum of understanding between partnering organizations for validating commitment and articulating leadership contributions. Develop practice tool of Colorado Springs that will enable us to build capacity and participate in local, regional and national presentations . 4. *Knowledge and Practice learning Objectives*:   Through participation in this learning network:   * We expect to gain knowledge in the ability of 8-10 distinctive national groups to collaborate and promote common goals. We expect to strengthen our sites practice in this area by utilization of these goals in promoting the model practice developed in one new county around Colorado Springs. * We expect to gain knowledge in the ability to build relationships with diverse populations in the Jewish and/or Muslim faith communities. We expect to strengthen our sites practice in this area through offering accepted health education materials to these communities. * We expect to gain knowledge in the ability to build relationships with communities of color in El Paso county and strengthen our sites practice through offering community health education in trusted faith communities for this population. |
| 1. “Capacity Building and Dissemination | 1. Development of presentations and capacity building tools.  2. Delivery of training and technical assistance to “adopters” (beyond the 10 site/state network, with or without IHP | 1. Knowledge and Practice Dissemination Objectives:  * Through participation in this learning network we plan to contribute our distinctive knowledge for a model practice addressing the areas of social service crisis intervention site and community corrections for potential adopters. * Through participation in this learning network we plan to contribute our distinctive knowledge in addressing spiritual language to health partners and health language to faith partners. This enables partners in faith and health to be collaborative in preventative activities. Partner leadership are PSF and WSC in the area of faith based relationship building. * Through participation in this learning network, we plan to contribute our distinctive knowledge and practice in engaging distinctive partners such as university, health department, hospital and safety net to provide preventative health for underserved vulnerable persons while engaging in building the language of faith and health. PSF and UCCS partners will provide leadership. * Through participation in this learning network we plan to contribute our compiled data from past and current clinics for use in developing a capacity building vision locally and for use in the national network. Project coordinator will lead directive. |
| 1. “Evaluation and Model Practice Development.” | 1.Participate in the development of common model practice framework  2. Gather and share data to form model practice  3. And/or conduct evaluation particular to outcome goals at one’s own site. | 7. Co-Director (UCCS) and one lead partner (EPCDH) are assigned as leads to provide Colorado Springs model practice input and direction with IHP National Network.  8. Articulate Colorado Springs data and structure to facilitate development of evidence based national model practice through the project coordinator.  9. Accumulate data from current and past projects as foundational basis for evaluating model through site coordinator.  10. Develop plan for providing local, regional and national presentations on model practice developeded by Colorado Springs IHP site as well as National Model Practice developed.  11. Lead or participate in writing journal article for a national publication addressing model practices developed. |

**Proposed Project Budget:**

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| --- | --- | --- | --- | --- |
| **Expense Category** | **Description of Expense** | **IHP/Emory Funding** | **Match/In-Kind** | **Total Budget** |
| Personnel | Project Director: 60 hrs @ 40/hr  Project Co-Director: 60 hrs @$55/hr | $1,000  $3,000 | $1,400  $300 | $5,700 |
|  | Project Coordinator: RN staff position, 100 hours @ $30/hr | $2,400 | $600 | $3,000 |
| Non-profit organizational liaisons | LAHN: 60 hrs @ $25/hr | $1,000 | $500 | $1,500 |
| Partner Clinical Support UCCS | UCCS Faculty:  Lead faculty: 10 hrs@$55/hr  Clinical faculty: 20 hrs@$38/hr |  | $550  $760 | $1,310 |
| Partner Executive Support | EPCHD, Mission Medical, Westside CARES: 16 hrs each at $38/hr (48 hrs total) | $1,500 | $324 | $1,824 |
| Professional clinical support | Volunteer RN/PSF FCN:  2 hours each for 12 clinics @ $32/hr (24 hrs total) |  | $768 | $768 |
| Non-professional support | PSF Volunteer support: 2 volunteers, 2 hrs each for 12 clinics - 48 hours @ $15.50 |  | $744 | $744 |
| Travel/Coordinator Mileage/meetings | Local Mileage  National Site Visit  April Meeting (2nd person) | $100  $650 |  | $750 |
| Vaccine  ( PSF Purchased) (Walgreens partner) | 220 vaccinations @ $10/ea  500 vaccinations@ 17/ea |  | $2,200  $8,500 | $ 10,700 |
| Medical and office Supplies | Clinic supplies | $200 | $100 | $300 |
| PR, Education materials | Posters, flyers, postage, local media, site visit | $150 |  | $150 |
|  | **Total Direct Costs** | **$10,000** | **$16,746** | **$26,746** |
| Indirect Costs | Est. 10% (PSF in-kind) |  | $2,675 | $2,675 |
|  | **Total Program Costs** | **$10,000** | **$19,421** | **$29,421** |