

Mason Square Health Task Force
"Building Healthy Neighborhoods"

Mason Square Healthy Neighborhoods Fund
2009 Mini-Grant Process

Application Instructions for the 2009 Mini-Grant Qualifying and Grant Making Process

HOW DO I APPLY

1. TYPES OF MINI-GRANTS

APPLICANTS must select one category for their application.

➤ **There are three (3) Mini-Grant categories:**

- A) Stepping Stones to Health and Well-Being
- B) Small Acts to Improve Community Health
- C) Restoring Health Justice/Reducing Health Inequities

- **Mini-grants must address health education and prevention needs**
- **These grants may not supplant (serve as a substitute) for existing services**
- **These grants can not cover treatment services**

2. COMMUNITY HEALTH FOCUS AREAS:

APPLICANTS must select their health focus areas based on the priority categories developed by the Mason Square Health Task Force. Mini-grants must address at least one of the following health priority areas (*See Appendix I for Illustrations*):

- Nutrition and Fitness
- Health Protective Factors
- Teens and Youth Development
- HIV/AIDS
- Mental Health
- Violence
- Birth Outcomes
- Environmental

3. QUALIFYING APPLICATION

APPLICANTS must submit a Target Plan (Forms Attached) to indicate their intent and application for funding in one of the Mini-grant categories: **a)** Stepping Stones to Health and Well-Being, **b)** Small Acts to Improve Community Health, or **c)** Restoring Health Justice/Reducing Health Inequities. (*See Appendix II for full Description and Illustrations*)

4. TERMS AND COMMITMENTS

The initial Mini-grants in these programs are capped at \$20,000 and may last for an extended service period up to 18 months. This longer period includes a full six months to complete a qualifying process leading to a complete project proposal, if needed.

- The Mason Square Health Task Force will screen applications and establish a learning community for developing the complete program and implementation plan. APPLICANTS may be required and/or may voluntarily participate in:
 - A series of capacity building sessions as part of a learning community to qualify for funding. (Results of Key Informant Interviews, Youth Focus Groups and other relevant data will be shared)
 - Attend general monthly gatherings to support one another in practical ways by sharing successes, stumbling blocks and offering encouragement from their own experience
 - Work in partnership with existing health, human service and public health providers to help connect residents to the care they need

5. ELIGIBILITY

Only one (1) Mini-grant will be made per APPLICANT. Grants will only be made to non-profit organizations with a 501(c)(3) status. Associations and Businesses without the required non-profit status are encouraged to apply through a Fiscal Sponsor* or umbrella organization which has 501(c)(3) status.

If a Fiscal Sponsor is used, a copy of their IRS determination letter indicating 501(c) (3) tax exemption and a statement from them accepting fiscal responsibility will be required. (Please see attached **Fiscal Sponsor Contract**).

Grants are not made to individuals.

6. FULL PROGRAM PROPOSALS

“Qualified Applicants” will submit a full comprehensive proposal for funding. (*Please see Appendix III*)

***Mason Square Healthy Neighborhoods Fund
Fiscal Sponsor Contract***

The Fiscal Sponsor indicates to the Dunbar Community Center (DCC), Inc, Administrator of the Mason Square Healthy Neighborhoods Fund, in consideration of the receipt of the funds, its agreement to act as such fiscal sponsor for the grantee and its agreement to process all such funds fully for the program or project stated in the request, according to the budget as submitted. This funding is a restrictive grant requiring that these funds be held in trust for the named program or project. No right is given to redirect these funds to another purpose or entity without specific approval from DCC. Without such approval, unexpended funds are to be returned to the Administrator, the Dunbar Community Center, Inc.

These funds must be exclusively used in the Mason Square Community of Springfield, Massachusetts. Acceptance confirms the continued tax exempt status of the fiscal sponsor. In the event such status is changed or revoked by the Internal Revenue Service or any state, the grant shall immediately be terminated and all unexpended funds shall be repaid.

Please return an executed original of this agreement with the grant application.

Accepted by:

Signature of Authorized Representative
(Fiscal Sponsor)

Signature of Authorized Representative
(Grantee)

Name (Printed)

Name (Printed)

Title

Title

Date

Date

Very truly yours,

Cherylyn S. Hatchett, Executive Director

Dunbar Community Center

APPENDICES

I. - Illustrations of Health Priority Areas

**II. - Description and Illustrations -
Types of Mini-Grants**

**III. - Comprehensive Action Plan
Six Steps – Program Planning
and Development**

APPENDIX I

Illustrations of Health Priority Areas

◆Nutrition and Fitness

- Obesity
- Metabolic syndrome—diabetes and heart diseases

Example: Train Mason Square youth through their church ministries to become “Body and Soul” ambassadors to educate other youth on good nutrition, Body Mass Index (BMI), healthy weight loss and maintenance, and the risks associated with cardiovascular disease, cancer and other illnesses associated with poor health and obesity.

◆Health Protective Factors

- Childhood Development
- Active Parenting

◆Teen and Youth Development

- Teen Sexuality—Sexually Transmitted Illnesses, Teen Pregnancy
- Academic Support
- Mentoring
- Youth Leadership

Example: Train young girls to be peer leaders, and with support from adult mentors, work to engage their peers through workshops focused on good nutrition and physical activity practices, teen pregnancy, etc.

◆HIV/AIDS Prevention

Example: Fund and support “health systems navigators” whose role is to link HIV/AIDS, Hepatitis C and STD infected/affected Mason Square residents to primary care with follow up and retention assistance.

◆Mental Health

- Depression
- Stress

Example: Implement a screening tool to assess patients seen at the Mason Square Neighborhood Health Center and/or Emergency Room for current and future risk factors for depression, stress, etc. Designate staff to work with patients to support them in following-up with referrals.

◆Violence Prevention

Example: Provide support to a youth advisory council to help increase their active involvement and capacity to participate in violence prevention initiatives targeted to youth living in the Mason Square Neighborhood. Sample activities may include organizing youth to expand public funding for youth employment and job readiness workshops.

◆Birth Outcomes

- Premature Births
- Low Birth Weight
- Infant Mortality

Example: Produce three performances and conduct 3 workshops at health centers and schools that promote healthy behavioral changes and serve to inform participants about the importance of good nutrition, appropriate physical activity, and overall healthy behavior to reduce the risks associated with negative birth outcomes.

◆Environmental Issues

- Walking/Bike Paths
- Concentration of Liquor & Convenience Stores
- Air and Water Pollutants

Example: Foster collaborations with local health organizations, schools, youth development centers and youth community organizers to focus on policy changes to reduce the amount of negative and unhealthy advertising the food industry markets towards young people, including billboard ads within Mason Square.

APPENDIX II

Description and Illustrations of Types of Mini-Grants

1. Stepping Stones to Health and Well-Being

These programs are developed to provide health education, screening, assessment and linkage to health care for vulnerable populations (underinsured, uninsured, without a medical home, etc.). Targets for change are individuals, families, and social networks and results of the intervention include program, process and relational outcomes. They will learn ways to translate principles for healthy living into their day to day lives.

A team approach is emphasized in all areas of this program. The team may include local residents paired with a variety of health and human services professionals and other significant individuals or agencies involved with the selected vulnerable population (children, seniors, etc.). A series of sessions are delivered to a defined group of people with the aim to increase carry-over and generalization of skills targeted during each learning session.

This program puts a strong emphasis on creating small learning communities or affinity groups to support health behavior change and sustain the practices that emerge from the creative application of the principles for healthy living, such as juicing, walking for exercise, learning which foods to select for good nutrition, meditation and stress reduction for mental health, and modeling healthy living for family and friends.

Successful applicants may identify other areas for program development and community development and submit a follow-up application in later stages of this grant program for multi-year funding by building on the learning and success of this initial effort and taking current participants to the next level.

EXAMPLE: Utilize available space in Mason Square to build an Urban Learning Farm, where youth throughout the community will learn how to grow and prepare healthy foods to be shared with their families. Through the Urban Learning Farm, provide trainings to community members on how to maintain healthy and lead free gardens in addition to creating a resource for fresh fruits and vegetables at the community level.

2. Small Acts to Improve Community Health

The Mason Square Health Task Force (MSHTF) guiding principles asks faith-based and community-based organizations and associations to choose life-affirming activity that can be completed on a daily basis for us and for our neighborhoods. The action includes both program/organizational-level and community-level change efforts. Thus, MSHTF is encouraging applicants to submit community projects which meet all of the following criteria:

- 1) Increase residents' readiness for assuming greater personal responsibility for health and well-being
- 2) Advocate for community messages and media to deliver cultural messages that promote and embrace healthy lifestyles
- 3) Arrange and coordinate support at all levels—individual, organizational, community—to create change that will make it easier to achieve healthy lifestyle changes
- 4) Remove the external barriers and inner obstacles to our spiritual lives and help us act with power
- 5) Learn ways to translate these MSHTF guiding principles into day-to-day lives of neighborhood residents
- 6) Form a learning community by the end of the grant period

EXAMPLE: Engage community members to organize activities aimed at securing a year-round source of high quality, affordable produce. Promote discussions with local grocers and food chains to sell produce from their farms, disseminate information on nutrition and health, and create a food cooperative to ensure access to affordable healthy food options.

3. Restoring Health Justice/Reducing Health Inequalities

While Mini-grants effectively tap into services provided by small non-profit organizations and neighborhood associations, collaborative or coalition models are needed to address larger health challenges and work toward measurably reducing health disparities. It is the collaborative work between and among organizations and/or associations which strengthens grant management capabilities and helps assure program capacity for reaching higher program standards and outcomes.

This Mini-grant emphasizes planning and assumes that Mason Square organizations, neighborhoods, and associations are creating a plan to bring the realities of exclusion, inequity and proposed remedies to the table for action. The planning activities include researching and selecting best practices and setting up systems for data gathering and information sharing to inform public policy. In particular, the grantee will work toward becoming part of a larger public health and community effort to:

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform and educate
4. Mobilize communities to address health problems
5. Develop policies and plans

EXAMPLE: Strengthen existing partnerships/collaborations with community members and law enforcement agencies by mobilizing the community to become pro-active in anti-violence efforts. Increase recreational options of youth by providing them with safe and healthy alternative activities. Work on the development and implementation of policies and an action plan to improve the overall health and quality of life for the community.

Appendix III

Comprehensive Action Plan Six Steps – Program Planning and Development

1. **Based on your [APPLICANT] selected health priority area in the “Qualifying Process,” explain WHY the health problem is important. Support it with available data. Common reasons may include:**
 - Large health disparities, in various disease categories, exist in the Mason Square neighborhood compared to other neighborhoods in Springfield, Massachusetts.
 - The health status trends are getting worse; the gap between residents of Mason Square and the greater Springfield, Massachusetts population is growing instead of decreasing.

2. **Identify behaviors that contribute to the health problem and need to be changed to improve the situation such as:**
 - Risky sex practices
 - Needle sharing
 - Smoking and other drug use
 - Poor nutrition
 - Overeating
 - Lack of exercise
 - Lack of pre-natal care

3. **Identify barriers and/or individual psychological factors that lead to the behavior (and need to be changed in order to change the behavior) such as:**
 - Lack of Knowledge about how HIV is spread
 - Negative attitudes towards condom use
 - Cultural barriers that prevent requesting partner to wear a condom
 - Unaware of harm caused by drug use
 - Lack understanding of the importance of screening for hypertension, diabetes, etc.
 - Lack knowledge about symptoms associated with diseases

4. Identify Environmental Factors that need to be changed to support change in personal behaviors including:

• **Social and System Factors:**

- Social norms that disapprove drug use or support sobriety
- Institutional racism that leads service providers to discriminate (treat rudely, provide poorer quality of care, etc.) against African Americans, Latinos, and other persons of color.
- Social support for quitting smoking
- Increased Exercising
- Weight Loss
- Increase of providers of same cultural/racial/ethnic background of patients
- Lack of Access to Insurance
- Inability to Navigate the Health & Medical Delivery Systems
- Language and Cultural Barriers

• **Physical Environment:**

- Eliminating billboards that promote alcohol and tobacco consumption
- Reducing the concentration of liquor and convenience stores
- Having more fresh fruits and vegetables available in local stores
- Creating and maintaining local vegetable gardens
- Clean (debris free) and safe parks and recreation areas
- Eliminating or rehabilitating vacant & debilitated housing/lots
- “Broken Windows” campaign

5. Identify activities to do that will change environmental factors and change individual behaviors such as:

- Outreach education, condom and bleach kits distribution
- Neighborhood vigils against illegal drug use
- Community-based smoking cessation workshops
- Organize neighborhood exercise group
- Operate a drop-in center for teen mothers
- Initiate a letter campaign to local officials to board-up abandoned housing, clean vacant lots, etc.

- Collaborate with Health Department, Baystate, community, etc. to develop and implement policies to address discriminatory health care practices, increase hiring of more African American/ Latino physicians and other health care providers, etc.

6. Address Measurable Performance Indicators by stating the goals and objectives of the program in terms that answer WHO, WHAT, WHERE, WHEN, BY HOW MUCH. (programs will not necessarily have objectives in all 5 areas below)

- **Health Outcome(s):** An example is to reduce infant mortality among African Americans residing in Mason Square by 10% by 2010.
- **Behavioral Outcome(s):** An example is to increase the number of African American teens living in the Mason Square neighborhood who receive adequate prenatal care by 50% by 2010.
- **Individual Psychological Outcome(s):** An example is to increase by 80% the number of pregnant teens who are aware of where services are available and their cost.
- **Social Outcome(s):** An example is to increase the number of African American and Latino prenatal care providers serving Mason Square by 50%; from 4 to 8.
- **Physical Environmental Outcome(s):** An example is to combine services for pregnant women in one location (one stop shopping) to improve access, remove transportation barriers, etc.