Early in 1995, Dane County elders and the Area Agency on Aging Board were privileged to receive a bequest from the estate of Mr. Henry Norman Leck. Killed in a car accident in 1992, Mr. Leck left over \$150,000 to service Dane County elders. Realizing how quickly these funds could be spent, the Area Agency on Aging Board chose to create the Henry Norman Leck Endowment Fund at the Madison Community Foundation. Each spring, approximately 5% of the assets of the fund are distributed, on a competitive basis, to Dane County non-profit organizations, community groups, and public agencies serving senior adults (age 60+). The grants are meant to provide seed money to develop peer-to-peer prevention programs in the areas of AODA, benefits counseling, diversity & inclusion, elder abuse, health & wellness, housing, LGBTQ+, nutrition, and socialization. Leck Grants may not be used to supplant existing Dane County funding. No project will be funded more than twice.

The Area Agency on Aging Board has defined prevention as: A process which promotes physical and emotional health by empowering persons with the resources and services necessary to confront complex, stressful life conditions and by enabling individuals to lead personally satisfying and enriching lives. Programs that are considered for the grant:

- Include involvement and education that builds on strengths, skills, talents, knowledge, and life experience of older adults;
- Whenever feasible, involve low-income older adults (age 75+);
- Engage older adults in positive leadership roles and productive community activities; and
- Be completed by December 31st of the year it was awarded.

To apply for a grant, you must use this fillable form (your responses must fit within the allowable space) and email it with letters of support to: aaa@countyofdane.com. Completed proposals and letters of support must be received by Friday, 6 May 2022, 4 pm.

Pr	oposal Information
Project Title	Supporting Healthy Adults
Amount of money requested	\$22,000
Agency name	Urban Triage
Agency address	2312 S Park St Madison WI 53713
Applicant name	Brandi Grayson
Applicant email address	Bgrayson@urbantriage.org
Applicant phone number	608 520 3062
Communities where project will occur.	Southside and West Side
This project is: 🔀 a new	project or an expansion of an existing

project*.

Projects are limited to a maximum of \$22,240 total.

*If planning to expand an existing project, attach a **one-page addendum** describing the nature and scope of the current project and how it will be expanded. A final report that includes all materials developed for the project must be submitted when the project ends or NLT 15 January 2023.

No project will be funded more than twice.

BACKGROUND INFORMATION

Describe the history and purpose of your organization, agency, or group. [0 points]

Urban Triage, Inc. (UT) is on a mission to foster, develop, and strengthen Black families' success and overall health, while engaging systems in implementing systematic, sustainable, equitable, and clinically sound approaches to health behavior and prevention. UT is poised to do this through dynamic programming and advocacy that systematically reduces and wor to eliminate barriers such as inadequate education, lack of access to resources, and class and health disparities. Our goal is to promote positive health outcomes and reduce significant health disparities at the community level through transformatic education & community support that engages communities in effective advocacy at multiple levels. We accomplish our mission by providing:

Parent Leadership Development
Collaborative Partnerships
Economic Empowerment
Professional and Personal Development
Advocacy and Social Justice Work
Disability Rights
Psychoeducation
Trauma Responsive Leadership Development
Psychotherapy
Support Groups
Interventions
Crisis Response Services & Community Support Services
Direct services

Briefly describe the proposed project and state what you will implement and complete in 2022. [0 points]

Our Aging Outreach Program would be designed to be the initial contact point for our aging community members who are surviving poverty and who need support in completing paperwork and navigating systems for services. Our Community Outreach Specialists would go into the community three times a week to build relationships with those experiencing hardship in navigating services and processes and help guide them through housing support, assisted living support, and state/fed benefits. We would do this through partnerships and relationships with assisted living facilities and apartment complexes. In addition to pop-ups at facilities and apartments, we would also host social events like bingo at libraries, parks, apartment complexes, etc., for aging community members. Our Outreach Specialist would aim to meet the immediate needs of those they encounter, including food, and essential items, and provide eligibility assessments for various programs. By linking them to community resources, partner organizations, and emergency services in the area, Urban Triage, Inc. would work directly with local agencies to provide the greatest assistance possible for an individual or family. In addition to working directly with those experiencing challenges navigating systems, our Community Outreach Specialists actively collaborate with local service providers, community organizations, churches, municipalities, and businesses to develop resources and greater awareness of the needs of aging communities. This includes attending and participating in community events, speaking to organizations, and participating in local conferences. We would implement our outreach program by July 2022. By August 2022 would start our pop-up clinics at apartment complexes. August--we would also have our first community event specifically for the aging community at Penn Park. Starting in September we would have a pop-up event weekly at apartment complexes and facilities. October we would host our fall event/Halloween-themed. And continue with pop-up clinics weekly and host a holiday event for closing out the year. Your funding if allocated would be the initial funds and would allow us to get the programming running as we solicit additional funds for sustainability. Our vision is to make the program permanent with the support of your funds we would have the initial funds to cover essential needs--food, soap, toothpaste, and personal items. We would use your funds to solicit funds from Madion Community Foundation and private donors. We have unrestricted funds that we plan on using for salaries. Your funds would be used to cover essential needs, gift cards, bus tickets, gas cards and food. It would also be used to cover the cost of park permits and leasing space for popups as well as supplies, materials and marketing.

Approximately how many older adults age 60 and older	
are anticipated to be directly involved in the	

3

implementation of this project?	
How many will be indirectly involved? (i.e., audience members, recipients of peer education, etc.).	200

Pr	oposal Request	
Up to 10 discretionary points m innovative and will make a good	ay be awarded based on the produced model for others to replicate.	ject being
Up to 10 discretionary points m	ay be awarded based on the like	lihood the
project will be successful and w older.	rill impact low-income older adult	ts age 75 and
1. Which peer-to-peer activity	ty focus will this project addr	ess? (Check
only one)		
•		
AODA	Benefits Counseling	
Cultural Diversity		
Elder Abuse	X Health & Wellness	X
Housing		
LGBTQ+	☒ Nutrition	X
Socialization		
Advocacy		

2. Explain why this project is needed and where the idea came from. [5 points]

Navigating health care and social care systems to receive appropriate care presents significant challenges for older people, which can negatively influence their well-being and quality of life. Many low income older adults do not receive meal programs, and they need them, 19% of older adults are food insecure, about 90% of these individuals do not get meal services, 22% of agencies say that they are not able to provide for all clients, many older adults do not know that meal services exist. Recent reports have determined that many old do not receive or get limited home-based care. For people with 3 or more difficulties with ADLs 11% do not receive any help, 68% receive only some help, and 80% of the cases where older adults get some help come from family members. Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training, and recreational opportunities efficient community services, including social activities and events. Navigating the sea of eldercare can be very overwhelming and difficult to understand. Being equipped with the right tools, including a support network and accurate information, can help to steer through the ebb and flow of the complicated eldercare system, and benefits are where our specialists come in. They would make calls with them. Fill out forms with them and answer questions and advocate for them. For vulnerable older individuals, support and advocacy can improve health and happiness. At the same time, supporting them in maintaining their home by connecting them with hard-to-navigate community resources. The idea came from conversations with elders who applied for support via our rental support program. Community members have suggested that we need to be in their buildings and their neighbors-onsite. The idea also came from our employees over the age of 60. We see the need from our work in the community. We want to fall the gap with advocacy support.

3. State the objectives to be achieved in terms of expected changes in attitude, knowledge, behavior, skill, etc. of participants. [5]

points Community Outcome:

- 1. Reduction in racial and socioeconomic health disparities in the areas we serve
- 2. Increase in Black elder community engagement
- 3. Increase in family health and wellbeing
- 4. Reduction in chronic stress
- 5. Increase social connectedness
- 6. Increase in elders accessing community resources
- 7. Increase in awareness of community supports and services

4. For each objective listed, explain how you will measure the extent to which you have achieved that objective. [10 points]

Evaluation Plan: UT and our partners have chosen to use a participatory and outcome evaluation process to expand upon our plan to collect information regarding who and how many people we reach with services and referrals. We have named and framed our aims, created a logic model for how we're going to achieve our outcomes, and upon being awarded funds we'll use a participatory process to identify the questions to ask and the best ways to ask them--determining our indicators. Urban Triage has used participatory evaluation for the last 10 years to engage stakeholders and community members. This iterative evaluation will inform who to engage, how, when, and what additional information to collect. Physical, mental health, wellbeing, community resources accessed, and knowledge of community resources outcomes will be measured at the start of interacting with community members and every 45 days following. We'll pre-pilot our evaluation questions, and document challenges and improvements along the way. Our UW academic partners will generate an evaluation report. This report will be shared with the Wisconsin Department of Health Services, county and city public health departments throughout the state, and other partners. It will also be shared on partners' websites and networks alongside a press release, social media posts, and an online forum with partners and other stakeholders to discuss outcomes and impacts, including challenges and victories.

5. Explain the methods, activities, and timeline for accomplishing the goals. [10 points]

- 1. June 2022
- *We'll create checklists
- *Standard Operations of Procedures
- *Hire an additional outreach specialist
- *Provide 40 hrs of training to employees
- *Reach out to partner organizations and other agencies to cultivate, expand and/or develop relationships for offering supports on site
- *Develop an Outreach schedule for the East, South, West, and Northside of Madison
- *Develop Marketing Material
- *Secure park permits for events and space reservations
- *Start marketing--flyering, outreach, email blast, mailers, digital marketing, etc.
- *Community event in the park
- 2. July we launch
- *Weekly pop-ups (at facilities and community spaces)
- *Case management
- *Weekly Check-ins with community members
- *Extensive outreach

- 3. August 2022
- *Weekly pop-ups
- *Case management
- *Weekly Check-ins with community members
- *Extensive outreach
- 4. September 2022
- *Weekly pop-ups
- *Case management
- *Weekly Check-ins with community members
- *Extensive outreach
- *Social Event
- 5. October 2022
- *Weekly pop-ups
- *Case management
- *Weekly Check-ins with community members
- *Extensive outreach
- *Halloween Event
- 6. November/Dec 2022
- *Weekly pop-ups
- *Case management
- *Weekly Check-ins with community members
- *Extensive outreach
- *End of the year Holiday Event

6. What specific population is being targeted as participants? [5] points1

1. Community members who are 60 and up who are surviving poverty

7. Describe outreach efforts to recruit participants. [5 points]

Extensive community outreach

- 1. Going to ALL Assisted living apartments in Madison and distributing our information
- 2. Contacting our Meriter Hospital and UW Clinics contacts to have them add us to their list of resources for referrals
- 3. Contact Madison Police to add us to their list of resources and for direct referrals
- 4. Contact agencies we currently work with via the Homeless Consortium for direct referrals
- 5. Community Events
- 6. Knocking on doors
- 7. Grocery stores
- 8. Barber Shops / Salons (Black community outreach)
- 9. Churches --adding our services to their announcements
- 10. Flyering

Word spreads pretty fast about our programming through our efforts. Our goal is provided case management and support for 40 new people a month. 200 people by the end of 2022

8. Who will you be collaborating with on this project? How will the collaborators be involved? Attach letters of support. [10 points]

As described above collaboration looks like partnerships with landlords and property managers for on-site engagement and events.

It also looks like working with the Homeless Consortium (consist of 150 + agencies) and other agencies and institutions as listed above for direct referrals and outreach.

We'll work with elders in our community in creating our evaluation process as described above.

We'll also work with churches for onsite clinics/pop-ups.

Our strategic collaboration(s) means more than just cooperation. Collaboration for us entails exchanging information, altering activities, sharing resources, and enhancing the capacity of another for the mutual benefit of achieving a common purpose of serving and supporting those who are most at risk and vulnerable to COVID-19. In developing strategic partnerships that include priority services, in-kind services, discounts, and specialized referral processes, UT has gained direct access points to resources that allow us to act as a liaison to other organizations and institutions.

9. How will older adults be involved in planning, leadership, implementation, and evaluation of the project? [5 points]

- 1. We'll do outreach to community members and stakeholders in July
- *Evaluations creation and implementation (see above)
- *Doing outreach and really listening to their issue (it always goes deeper than the presenting issue). They'll tell us what they need and how it should be done..
- 2. We'll work with older adults at complexes and facilities to engage and enroll community members in our program.

10. Who will implement this project? What are the qualifications and experience of the person(s) responsible for this project? [10 points]

UT is 100% Black women lead and 100% of the staff was promoted from within. 75% of our leadership team were recipients of services and later became employees. 100% of UT's programming centers on the most vulnerable populations. CEO & Founder Brandi Grayson has been an activist & advocate for Black lives for more than two decades. She's organized & mobilized thousands of people locally & nationally around mass incarceration and police brutality. She's taken Urban Triage, within 24 months, from 1 employee to 22 employees. Developing and implementing powerful dynamic programming centering & engaging those most vulnerable. As a result of her work and leadership in the community, Urban Triage has the reputation and the social capital to get the work done. Alegría et al. (2003), argued that interventions in health rooted in education and advocacy are empirically defensible and required to improve the social and emotional health of communities. Adler and Newman's conclusion about the role of social capital in generating positive health outcomes is similar: "The literature on social capital has not yet explained why neighborhoods with similar demographics differ on social cohesion and trust or established whether social capital is stable. But the associational evidence between social trust and health outcomes is striking and suggests that these are complementary frontiers worthy of exploration for addressing health issues along with raising income and educational attainment" (2002, p. 67). UT has 15 years of building social capital and trust through education and advocacy within our communities and within systems. It is our experience, our commitment, our many successes, and our positive reputation within our communities and systems that set our work and our partnerships apart and grant UT the capacity and the reach to enroll property managers, community members and direct service providers into the work.

11. Complete the following chart, indicating amount requested from the Leck Grant, matching funds from other sources, and the total cost of the project. [5 points]

Item	Amount Requested	Matching Funds**	Total Cost
Personnel	10,000	40,000	50,000
Space Costs	0	3500	3500
Supplies	2,000	2,000	4000
Transportatio n	5,000	0	5,000
Equipment Rental*	1,0000	1,000	2,000
Other	4,000	4,000	8,000
TOTAL	22,000	55,500	77,500

^{*} Equipment/capital purchases are <u>not</u> allowable with Leck funds.

12. Explain each budget item and why it is necessary for this project. [5 points]

Item	Why is this necessary?	
Personnel	Our outreach specialist get paid 19/hr. The funds would cover a portion of their salary and benefits. To be efficient we need to hire 1 more person.	
Space Costs	Covers a small portion of our monthly leasing cost. We need space to serve community members and offices for employees	
Supplies	Event supplies, outreach supplies and materials. Required to do outreach. Printing, paper, office supplies, etc.	
Transportation	Covers cost of employee reimbursement and bus tickets, gas cards and ortation	
Other	Food, essentials items, and misc expenses like shoes or co payment for meds	

^{**} Cash or in-kind support.

13. Explain any cash or in-kind support for this project and the source. Include any volunteer hours contributed to the project as in-kind support. If you have already submitted or are planning to submit this proposal to other funding sources, indicate the amount requested and the status of all proposals. If this project is already in existence, list current funding sources. [10 points]

\$25,000 matching funds was donated by Madison Community Foundation. The remaining matching funds will come from unrestricted funding/private donations. Once we launch and we have data we will solicit funds from American Family, the City of Madison and Dane County Human Services.

Volunteers provide 10hrs a week. We have 3 volunteers that will support outreach. Packing essential bags, soliciting donations for essential items, booking spaces, and distributing flyers. They also will assist with case management follow up.

We have not submitted any other requests for funding. Additional request will be made for 2023.

14. How will the project continue after this initial funding is exhausted? [5 points]

Through donations and grants. There's a huge need for our services and we project no issues with obtaining funding and donations for our program. The program will continue with support from American Family and Exact science as well as private donations.

15. How will this project be evaluated? [10 points]

Evaluation Plan: UT and our partners have chosen to use a participatory and outcome evaluation process to expand upon our plan to collect information regarding who and how many people we reach with services and referrals. We have named and framed our aims, created a logic model for how we're going to achieve our outcomes, and upon being awarded funds we'll use a participatory process to identify the questions to ask and the best ways to ask them--determining our indicators. Urban Triage has used participatory evaluation for the last 10 years to engage stakeholders and community members. This iterative evaluation will inform who to engage, how, when, and what additional information to collect. Physical, mental health, wellbeing, community resources accessed, and knowledge of community resources outcomes will be measured at the start of interacting with community members and every 45 days following. We'll pre-pilot our evaluation questions, and document challenges and improvements along the way. Our UW academic partners will generate an evaluation report. This report will be shared with the Wisconsin Department of Health Services, county and city public health departments throughout the state, and other partners. It will also be shared on partners' websites and networks alongside a press release, social media posts, and an online forum with partners and other stakeholders to discuss outcomes and impacts, including challenges and victories.