

# Application: 0000000069

Lane Hanson - lanemhp1@gmail.com  
Funding for Community Response and Preparedness

## Summary

ID: 0000000069  
Last submitted: Apr 19 2024 12:13 PM (CDT)

## Application: Funding for Community Response and Preparedness

Completed - Apr 19 2024

## Application: Funding for Community Response and Preparedness

# SECTION 1: GENERAL INFORMATION

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### Lead Name of Organization:

Meadowood Health Partnership

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### Fiscal Agent (If Applicable):

(No response)

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### Contact Name:

Sheray Wallace

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### Address:

5630 Schroeder Road

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**City, State, Zip Code:**

Madison, WI 53711

**Email Address:**

[shera Wallace44@gmail.com](mailto:shera Wallace44@gmail.com)

**Phone Number:**

608-622-2355

## SECTION 2: APPLICATION DETAILS

**Name of Project/Program/Initiative:**

MHP Community Preparedness

**Amount requested:**

Request Limit: \$14,000

\$ 14,000

**Project Start Date:**

07/01/2024

**Project End Date:**

12/31/2024

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**Brief Summary of your Program:**

**100 Words Limit**

There is a growing need to provide preemptive strategies and health related education to Madison communities so they will be better prepared before a disaster or crisis affecting health occurs. In order to provide this support MHP will provide the following for the community: host regular table talks either in person or virtually (when needed) to educate residents about emerging health threats; educate community residents by creating and distributing public health information related to emerging public health issues and cover the cost for vaccinations for those who are unable to pay due to lack of insurance or other barriers.

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**1. Please provide a full description of your project including the activities, with a specific focus of how it is responsive to the priorities of the RFP and addresses one or more of the HVA priorities.**

Meadowood Health Partnership (MHP) will use this funding to support the Meadowood, Prairie Hills, Greentree and Allied Drive neighborhoods in preparation for and responding to moments of public health related natural or other disasters. There are an increasing number of health emergencies, e.g., most recently we are observing a measles outbreak in Chicago\*. There is a growing need to provide preemptive strategies and health related education to Madison communities so they will be better prepared before a crisis occurs.

MHP will achieve this by doing the following:

MHP will host regular table talks either in person or virtually (when needed) to educate residents about emerging health threats. We will invite medical providers from our collaborative partner organizations to table talks so residents can receive accurate information and are able to ask questions related to their personal situation.

MHP will educate community residents by creating and distributing public health information related to emerging public health issues. This distribution will be in the form of mail, email and social media posts. We will work with each of the four Neighborhood Associations to provide information in their newsletters and on their websites, when applicable. We will also distribute information at neighborhood Community Centers.

We will cover the cost for vaccinations for those who are unable to pay due to lack of insurance or other barriers.

Topics covered at table talks and in the information dissemination will be the Hazard Vulnerability/Risk Assessment priorities including epidemic/pandemic, biological disease outbreak and/or air quality emergencies. In each of these areas we will monitor the current Centers for Disease Control, Wisconsin Department of Health Services and Public Health of Madison and Dane County websites to find relevant information. We will direct residents where to look for resources for emergency response and preparedness resources. We will direct residents to appropriate websites and other reliable sources so they may obtain more information themselves. Specifically for preparedness we will distribute information about putting together emergency kits and family emergency communication plans. We will educate residents about how to find and understand emergency alerts and where to sign up for such alerts. We will teach residents what they need to prepare in order to be ready for a shelter at home emergency and also how to make an evacuation plan.

\*[https://www.chicago.gov/city/en/depts/cdph/supp\\_info/infectious/get-the-facts--measles.html](https://www.chicago.gov/city/en/depts/cdph/supp_info/infectious/get-the-facts--measles.html)

**2. Please describe what information, research, and/or best practices are being utilized to inform the design of your program.**

Over the past 10 years there has been increasing evidence that Community Health Workers play a unique and impactful role in addressing health disparities and inequities through their work specifically supporting health related education and access. With a team of CHWs implementing this project, MHP is in a unique position to educate and assist the community with emerging public health needs by responding in real time when any types of disaster occurs, including bioterrorism, natural disasters and infectious disease outbreaks.

This research shows that incorporating CHWs into health education and prevention programming is best practice for interventions aimed at reducing racial and economic health disparities. CHWs have a proven positive impact on community health specifically within low-income communities of color. Of particular relevance to this proposal, CHWs have been empirically successful in affecting lifestyle changes. In this case, the targeted lifestyle changes are related to emergency preparedness and public health crisis response. Pre-COVID 19 studies of community level epidemic responses show that CHWs promoted preparedness prior to the epidemics by increasing community access to health services and education, communicating health concepts in a culturally appropriate fashion, and reducing burdens that low income communities of color felt interacting with formalized healthcare systems. During these epidemics, CHWs promoted emergency preparedness by acting as community-level educators, mobilizing community action, contributing to health related monitoring systems, and by filling in gaps for the health system. Additionally, research conducted during the height of the COVID-19 pandemic shows that CHWs, who are known to have existing trusted relationships with the community, were able to clarify and communicate confusing health messages in understandable terms using empathetic communication skills.

As an element of best practices within CHW work, principles of Motivational Interviewing (MI) will be employed during the table talks events. MI is a well researched, clinical approach to working with clients that involves understanding an individual's intrinsic motivation for change. It is client centered and allows for open-ended questions that elicit change talk from the client's perspective. MI is proven to be an effective and appropriate intervention for targeting health related behavior changes.

### **3. Please describe the target population of your program, including how your program is designed to address the specific needs of the communities you're attempting to impact with the program.**

MHP serves the Southwest Madison neighborhoods of Meadowood, Allied Dunn's Marsh, Greentree and Prairie Hills. According to the City of Madison Neighborhood Indicators Project, racial demographics in Madison indicate that 24.3% of people identify as part of the BIPOC community. However, within these specific neighborhoods the percentages are generally much higher; Meadowood (31.4%), Allied Dunn's Marsh (67.9%), Greentree (23.3%) and Prairie Hills (42.8%). Based on the demographic indicators, individuals living in these areas are at a disproportionately higher rate of economic instability. This Southwest neighborhood cluster has a low income population of 32%, which is significantly higher than the City of Madison's poverty rate of 18%.

According to the City of Madison Community Development Division's 2019 Analysis of Impediments to Fair Housing report, Madison experiences a lack of new construction of affordable homeownership options, coupled with a decline in single-family attached and condo construction activity. This leads to increased cost of home ownership which disproportionately affects lower-income households and forces many residents in these neighborhoods into renting rather than owning a home. Research shows that people living in multi-unit dwellings (i.e. apartment complexes) are more vulnerable during public health emergencies and disasters because they experience a lack of emergency preparedness measures. This is important for people working in public health and emergency planning to know as people living in neighborhoods with higher percentages of multi-unit dwellings will need additional support during public emergencies .

4. Using the table below, describe the implementation plan and timeline for the program (Complete at least 2).

	Estimated Benchmark Date (Month, Year)	Key Staff (Name and Title)	Milestone (Program development phase completed)
A.	July 1-December 31st, 2024	Sheray Wallace, CHW and Director Puree Hill, CHW Lane Hanson CHW	Regular monitoring of local, statewide, and national health issues from CDC and WI Dept of Health websites and other media communications (pandemic/epidemic, biological disease outbreak, air quality emergency)
B.	July 1-December 31st, 2024	Sheray Wallace, CHW and Director Puree Hill, CHW Lane Hanson CHW	Select topic and host Monthly Table Talk with topics based on identified current issues
C.	July 1-December 31st, 2024	Sheray Wallace, CHW and Director Puree Hill, CHW Lane Hanson CHW	Select topic for weekly information to mail/email/post on social media based on identified current issues
D.	July 1-December 31st, 2024	Sheray Wallace, CHW and Director Puree Hill, CHW Lane Hanson CHW	Monitor impact of table talks and information distribution with regular surveys regarding feedback on information provided
E.			

5. Provide 1-2 objectives for your program that connect to measuring the success of project activities.

Objectives should use the SMART approach:

- **Specific:** includes the “who”, “what”, and “where”
- **Measurable:** focuses on “how much” change is expected
- **Achievable:** realistic given program resources and planned implementation
- **Relevant:** relates directly to program/activity goals
- **Time-bound:** focuses on “when” the objective will be achieved

	Describe Objective	Evaluation Tool (i.e. client surveys, program hours or number of individuals reached)	Outcome (i.e. # of individuals reached, % of positive feedback from surveys)
Objective 1	Host at least 6 table talks during the grant period.	Pre and post surveys	At each table talk at least 75% of participants will report a change in understanding of identified health issues
Objective 2	Regular mailing of health education information and emergency preparedness information.	Count the number of mailings that happen	At least 200 people reached with direct mailing/emailing of information during the grant period.
Objective 3			



**6. Provide information on any integration or collaboration with other organizations in Madison and Dane County.**

Since 2016, MHP has established and solidified effective professional collaborations with multiple health systems and local social services organizations. These partnerships are an essential part of the CHW model and we emphasize successful community collaboration with all of our partners. We have existing relationships with local health systems to work alongside primary care providers and clinics. We have successful, established relationships with housing and social work focused organizations within the targeted neighborhoods. We will work with these organizations to gather participants interested in table talks and to join the information mailing lists.

A list of our collaborative program partners includes:

National Alliance for Mental Illness (NAMI) of Dane County

UW Health

Unity Point Health- Meriter

Pharmacy Society of Wisconsin

Fitchburg Pharmacy

Exact Sciences

All of Us Research Program

Meadowridge Library

Children's Hospital of Wisconsin

Joining Forces for Families

Commonwealth Development

## **SECTION 3: BUDGET**

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### **Project Budget**

Please complete and attach your proposed budget using the following template:

**[Budget Template](#)**

[Community Preparedness Budget.xlsx](#)

**Filename:** Community Preparedness Budget.xlsx **Size:** 18.2 kB

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# SECTION 4: REQUIRED ATTACHMENTS

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## IRS Determination Letter

Document confirming your agency's non-profit status

[501c3 letter.pdf](#)

**Filename:** 501c3 letter.pdf **Size:** 137.4 kB

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## Organizational Budget

Agency budget for the most recent year

[MHP Budget - Sheet1 \(1\).pdf](#)

**Filename:** MHP Budget - Sheet1 (1).pdf **Size:** 40.3 kB

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## Collaborative Agreement or Memorandum of Understands

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## Fiscal Agent Form

[Fiscal Agent Template](#)

<b>MEADOWOOD HEALTH PARTNERSHIP</b>	
	<b>1/1/2024- 12/31/2024</b>
<b>INCOME</b>	
Government Grants	\$145,725.00
Individual Donations	\$5,890.00
Neighborhood Association Income	\$6,265.00
Corporate and Foundation Donations	\$37,000.00
<i>TOTAL</i>	<i>\$194,880.00</i>
<b>EXPENSES</b>	
Direct Client Support (rent, gift cards, etc..)	\$34,600.00
Community Health Worker Independent Contractor Hours	\$160,000.00
Office Expense	\$280.00
<i>TOTAL</i>	<i>\$194,880.00</i>



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

MEADOWOOD HEALTH PARTNERSHIP INC  
5630 SCHROEDER ROAD  
MADISON, WI 53711

**Date:**  
08/10/2023  
**Employer ID number:**  
93-1465551  
**Person to contact:**  
Name: Customer Service  
ID number: 31954  
Telephone: 877-829-5500  
**Accounting period ending:**  
December 31  
**Public charity status:**  
170(b)(1)(A)(vi)  
**Form 990 / 990-EZ / 990-N required:**  
Yes  
**Effective date of exemption:**  
May 22, 2023  
**Contribution deductibility:**  
Yes  
**Addendum applies:**  
No  
**DLN:**  
26053602004983

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements