

PROGRAM SUMMARY

Grant Request Overview: Currently, there are approximately 32,320 people in the Texoma region (Cooke, Fannin, and Grayson Counties) that live in food insecure households. The USDA defines food insecurity as a state in which “consistent access to adequate food is limited by a lack of money and other resources at times during the year.” The ability to afford food is a basic factor in determining if you will have enough to eat; however major changes in expenses can affect food security like a serious medical diagnosis. Good nutritional care is important to maintaining health and quality of life in normal circumstances but when diagnosed with an illness that attacks the immune system, good nutrition is vital and nutritional education can play an important role in building healthy eating habits. Your Health Clinic dba Callie Clinic (YHC) proposes to address the needs of low-income individuals or households who receive medical care at our clinic and whose annual income is at or below 185% of the federal poverty line (for one individual that represents \$21,978 annually) by linking nutritional education with either a targeted food voucher/seasonal food package, which will act as a tangible reinforcement. A targeted food voucher is a voucher that can only be used at a participating grocery store.

Amount Requested: \$6,000

Brief Program Description: Four times a year, YHC will provide a nutritional education session that revolves around the seasons: Spring Produce, Summer Produce, Fall Produce, and Winter Produce. Each session will include: why good nutrition is important, food safety tips, the value of buying what is in season, how to choose, store and cook seasonal items, and a recipe demonstration. A healthy lunch will be provided. Each session will begin with a pre-test of nutritional knowledge, skills and abilities and end with a post-test of nutritional knowledge to monitor the project’s efficacy. At the close of the session, each participant will receive either a targeted food voucher/seasonal food package (tangible reinforcement) to supplement their food supplies. All recipients of the targeted food voucher/seasonal food packages will have been screened for low-income (at or below 185% federal poverty line) and have completed the session.

Community/Constituency Served: Program participants will be generated from our client population and will be low-income individuals whose annual income is at or below 185% of the federal poverty line. YHC provides medical care for clients who live in Cooke, Fannin and Grayson Counties. Data indicates that the demographic/socioeconomic characteristics of our client population is the following: Race/Ethnicity: White 70%, African American 16%, Hispanic 8%, Am. Indian 2%, Asian 4%; Income: 49% have less than 100% of Federal Poverty Guidelines (\$11,770/person).

Expected Outcomes:

- 95% of clients will demonstrate improved nutritional knowledge, skills and abilities following each nutritional session. Measured with Pre/Post Nutritional Test.
- 100% of clients will receive either a targeted food voucher/seasonal food package to supplement their food supply as these clients represent food insecure households. Measured with client income eligibility information and signed receipt of tangible reinforcement (targeted food voucher/seasonal food package).

GRANT APPLICATION –

Section I: Contact Information

- a. **Name, Mailing Address, Telephone Number and Email of Contact person for grant:**
Your Health Clinic dba Callie Clinic, P.O. Box 69, Sherman, Texas 75091,
Contact: Ms. Gwynne Palmore, Executive Director, Telephone: 903.815.1129,
Email: Gwynne.Palmore@gmail.com
- b. **Name and Address of organization:**
Your Health Clinic dba Callie Clinic, 1521 Baker Road, Sherman, Texas 75090
- c. **Tax ID Number (a copy of the IRS Determination Letter should be attached to application)**
TIN: 75-2395756

Section II: Organizational Description

- a. **Give a brief overview of your organization, including its mission, purpose, a short history and any major accomplishments.**

Your Health Clinic (YHC) dba Callie Clinic is a non-profit 501 (c)(3) tax exempt organization, whose primary purpose is to provide healthcare and essential social services to underserved, uninsured or underinsured persons either living with HIV/AIDS (PLWHA) or those considered high risk for obtaining sexually transmitted infections (STIs) in Grayson, Cooke, and Fannin counties. YHC is the sole provider of specialized HIV services in far North Texas (near the Texas/Oklahoma border) also known as the Texoma region. The region is predominantly rural with many hard-to-reach individuals. The clinic address is 1521 Baker Road, Sherman, Texas 75090. YHC's mission is *"Dedicated to serving people living with HIV/AIDS (PLWHA), and their families, in the Texoma (Texas/Oklahoma) region. The mission extends to providing education, counseling, HIV testing and other needed services to at-risk populations with special health needs."* Our mission statement guides our policies, operational plans, resource allocations, and strategic planning.

YHC opened in 1991, in recognition of the need for specialized HIV/AIDS services in the Texoma region. Since 1991, YHC has received federal funding (Ryan White grant funds) and has collaborated with funding partners that include the U.S. Department of Health and Human Services (HRSA), the Texas Department of State Health Services, Dallas County Health and Human Services Department and various other foundations. Administrative oversight is provided by Ms. Gwynne Palmore, the Executive Director. Medical oversight is provided by Dr. Patricia Sharkey, the Clinical Director; an Infectious Disease Specialist with over 29 years of experience. Originally, our agency name was AIDS Resource Center of Texoma (ARCOT) and in 2006 it was formally changed to Your Health Clinic. In 2007, our name was revised again to include a "DBA" name of Callie Clinic. The name change honored Mrs. Callie Frost, who served our community in the 1920's with her charitable efforts. She is the grandmother of our Medical Director, Dr. Patricia Sharkey. Initial services were few and included Outpatient Medical Care, Medication Assistance, Food Pantry and Psychosocial Support Services. However, with the passage of time and with input from our clients, more services were added to reflect a comprehensive system of HIV medical care and essential support services to provide our clients the convenience of a "one stop shopping" experience.

Services include: Outpatient Medical Care, AIDS Pharmaceutical Assistance, Oral Health, Mental Health, Substance Abuse, Medical Nutrition Therapy, Medical Case Management, Non-Medical Case Management, Insurance Assistance, Medical Transportation, HOPWA (Housing Assistance), a Food Voucher Program and HIV Prevention Services. Today, YHC has broadened its scope and services to include individuals at high risk for obtaining sexually transmitted infections (STIs). Expanded services include: Education, Counseling, Outreach, Testing and Treatment of STIs, a Tuberculosis Testing Program, a Vaccinations Program, a PrEP Program (as appropriate for high-risk HIV negative persons), and trained/certified staff to assist uninsured individuals understand health care options and enroll in the new health insurance marketplace. **Current Major Accomplishment - New Clinic Construction:** Construction of a new clinic is nearing completion with a tentative move-in date of November 19th/20th. The clinic is an architect designed, single-purpose, 4225 square feet building, constructed on donated land adjacent to our administrative offices. The new location is at the intersection of state Highway 82 and Texoma Parkway, in the geographic center of our service area. We will increase from 1 to 4 exam rooms, add a laboratory to do in-house testing, and possibly a small pharmacy, increasing our ability to monitor a client’s compliance to their treatment plans and medication regimens. The design of our new clinic will allow us to expand our current programs and establish new ones.

For 25 years, we have had a stable and diversified income stream which includes federal, state and local support. These grants and contracts account for 85% of the program revenue used to pay for core and support services we make available to our clients. Management includes: following the terms and conditions associated with each grant, working toward achieving the objectives and goals as outlined in the submitted proposal, evaluating/determining the success of achieving the objectives and goals, fulfilling reporting requirements, fulfilling financial reporting requirements, spending award funding as delineated in submitted budgets, requesting budget revisions in a timely manner, coordination of travel, accounting for grant revenue and expenditures, submitting final reports and close-outs, staff development, but most importantly conducting the entire process in an ethical and transparent manner.

Section III: Program Description

- a. **What community and/or constituency needs will your program meet? How did you identify the need?**

Currently, there are approximately 32,320 people in the Texoma region (Cooke, Fannin, and Grayson Counties) that live in food insecure households. The USDA defines food insecurity as a state in which “consistent access to adequate food is limited by a lack of money and other resources at times during the year.”

Texoma Region Food Needs

	Cooke	Fannin	Grayson
Food Insecurity	15%	18%	17%
Low Income Residents	13,079	13,247	42,577
Food Insecure Residents	5,630	6,110	20,580

Source: Feeding Texas Hunger Atlas <http://hungeratlas.org/>

YHC proposes to address the needs of low-income individuals or households who receive medical care at our clinic and whose annual income is at or below 185% of the federal poverty line (for one individual that represents \$21,978 annually) by linking nutritional education with either a targeted food voucher/seasonal food basket, which will act as a tangible reinforcement. A targeted food voucher is a voucher that can only be used at a participating grocery store. The ability to afford food is a basic factor in determining if you will have enough to eat; however major changes in expenses can affect food security like a serious medical diagnosis. Good nutritional care is important to maintaining health and quality of life in normal circumstances but when diagnosed with an illness that attacks the immune system good nutrition is vital and nutritional education can play an important role in building healthy eating habits.

b. Give a brief description of your program. What are its primary goals? How will you accomplish them?

YHC proposes to address the needs of low-income individuals or households who receive medical care at our clinic and whose annual income is at or below 185% of the federal poverty line (for one individual that represents \$21,978 annually) by linking nutritional education with either a targeted food voucher/seasonal food package.

Nutritional Education and Food Voucher Pilot Program: Four times a year, we will provide a nutritional education session that revolves around the seasons: Spring Produce, Summer Produce, Fall Produce, and Winter Produce. Each session will include: why good nutrition is important, food safety tips, the value of buying what is in season, how to choose, store and cook seasonal items, and a recipe demonstration. A healthy lunch will be provided. Each session will begin with a pre-test of nutritional knowledge, skills and abilities and end with a post-test of nutritional knowledge to monitor the project's efficacy. At the close of the session, each participant will receive either a targeted food voucher/seasonal food package (tangible reinforcement) to supplement their food supplies. All recipients of the targeted food voucher/seasonal food packages will have been screened for low-income (at or below 185% federal poverty line) and have completed the session. At the completion of all four sessions, customer satisfaction surveys will be sent to all participants of this pilot project. This will provide the following information: were clients satisfied with this pilot project, should we do this again, are there ways to improve this project, are there other areas (not necessarily nutrition) where educational trainings may be beneficial. Results will be tabulated and provided to TRC, YHC Board of Directors and our Consumer Advisory Board. Primary goals include:

- Goal 1: Provide four nutritional education sessions in a one-year period
- Goal 2: Each nutritional education session will educate between 15 to 20 low income clients (below 185% of Federal Poverty Guideline)
- Goal 3: Total clients educated for all four sessions will be between 60 and 80
This number may include duplicated clients/clients may attend more than one session
- Goal 4: Show a gain in nutritional knowledge for clients who attended each session

Goal 5: Provide all recipients (between 60 to 80) that have completed each session with either a targeted food voucher/seasonal food package to supplement their food supply as these clients represent food insecure households

c. Describe the program participants or beneficiaries. Are you planning to serve people of particular age group, ethnic background or income level? How many people will your program serve?

The program participants will be generated from our client population. Data indicates that the demographic/socioeconomic characteristics of this population is the following:

Race/Ethnicity: White 70%, African American 16%, Hispanic 8%, Am. Indian 2%, Asian 4%

Gender: Male 79%, Female 20%, Transgender 1%

Age: 5% - 13-24 years, 40% - 25-44 years, 51% - 45-64 years and 4% - 65 years +

Employment: 57% unemployed, 32% employed, 8% have part-time employment

Income: 49% have less than 100% of Federal Poverty Guidelines (\$11,770/person).

We are planning to serve clients who are 18 years of age and above, regardless of race/ethnicity, gender, and employment status. The only other qualification would be that their annual income is at or below 185% of the federal poverty line (for one individual that represents \$21,978 annually). Total clients served will be between 60 and 80. This number may include duplicated clients/as clients may attend more than one session

d. Describe the aspects of your program that are unique or innovative. Is your program a model for other communities? How will you communicate your program's success to other communities?

Unique/Innovative Aspects of Pilot Project include:

- Linkage of nutritional education with the provision of either a targeted food voucher/seasonal food package to supplement client's existing food supply as all clients represent food insecure households. This linkage teaches clients healthy eating habits who most need this guidance as many have compromised immune systems.

Model for Other Communities: This model could work for a range of organizations from clinics, senior centers, and local health departments. It is scalable contingent on funding (may do more or less training sessions/may decrease amount utilized for tangible reinforcements).

Communicate Program's Success: Internally share success with Board of Directors, Consumer Advisory Board and Quality Management Team. Externally share program's success with the Dallas Area Ryan White Planning Council (major funder) and submit abstract/poster for the next Texas HIV/STD conference 2018.

e. Provide a budget for the project you have proposed, include the specific use of grant funds requested. In addition, include a one-page profit/loss statement and a budget for your organization's prior fiscal year. If TRC were unable to fund the total amount you have requested, would you accept a smaller grant?

See Attachment 1 – Proposed Budget for Grant Application

See Attachment 4 – Current Fiscal Year Budget, Balance Sheet and One-page Profit/Loss Statement

If TRC were unable to fund the total amount we requested, we would accept a smaller grant amount with the provision that the pilot program be adjusted to reflect the smaller grant amount (sessions, client numbers, targeted food voucher/seasonal food package, goal numbers, etc.).

f. Describe the expected outcomes or accomplishments for your program. How will you measure these outcomes?

Expected outcomes:

- 95% of clients will demonstrate improved nutritional knowledge, skills and abilities following each nutritional session. Measured with Pre/Post Nutritional Test.
- 100% of clients will receive either a targeted food voucher/seasonal food package to supplement their food supply as these clients represent food insecure households. Measured with client income eligibility information and signed receipt of tangible reinforcement (targeted food voucher/seasonal food package).

g. Give a timeline for your project or program and expenditure of proposed grant funds.

Activity	Timeline	Supported Goal(s)
Begin Search/Hire for Dietician/Nutritionist	April – May 2017	All
Develop Schedule/Agenda/Materials for Nutritional Sessions	May – June 2017	All
Internal Marketing and Enrollment of Clients	May – July 2017	All
Preparation for 1 st Nutritional Session	August 2017	1,2,3,5
1 st Nutritional Session – Summer Produce	August 2017	1,2,3,5
Post 1 st Nutritional Session Data Collection	August 2017	4
Preparation for 2 nd Nutritional Session	November 2017	1,2,3,5
2 nd Nutritional Session – Fall/Thanksgiving Produce	November 2017	1,2,3,5
Post 2 nd Nutritional Session Data Collection	November 2017	4
Preparation for 3 rd Nutritional Session	December 2017	1,2,3,5
3 rd Nutritional Session – Winter/Christmas Produce	December 2017	1,2,3,5
Post 3 rd Nutritional Session Data Collection	December 2017	4
Preparation for 4 th Nutritional Session	March 2018	1,2,3,5
4 th Nutritional Session – Spring Produce	March/April 2018	1,2,3,5
Post 4 th Nutritional Session Data Collection	March/April 2018	4
Final Pilot Evaluation/Customer Satisfaction Surveys	April 2018	All

h. If the organization has received a grant award from TRC in the two preceding years, report the timeline, outcomes and financial expenditures related to the award.

N/A.