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**Cumberland County Community Development Program
2014 CDBG General Program Application**

Regional Cover Page

Project Title Health and Wellness Program for Immigrant Women

Regional Applicant Cumberland County Commissioners

Non-Profit Entity International Christian Fellowship

Contact Information Name Karen Collins

Address 36 Patrick Drive, Westbrook, Maine 04092

Email Karencollins101@gmail.com Tel 207-854-9700

Program Category

Public Infrastructure/Facility _____ Downtown Revitalization _____

Public Service _____ Housing _____ Economic Development _____

CDBG "National Objective"

Low/Moderate Income: Area-Wide _____ Limited Clientele _____

Direct Benefit: Presumed Group _____ (Identify Group) _____

Slum/Blight: Area-Wide N/A _____ Spot Basis _____ N/A _____

Amount of CDBG Funds Requested \$43940

Total Estimated Project Cost \$56991

Name of Authorized Official Colleen Hilton, Mayor

Signature of Authorized Official Colleen Hilton

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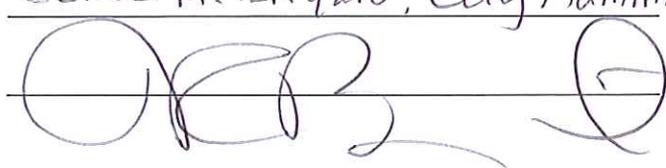
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Name of Authorized Official Jerec R. Bryant, City Administrator

Signature of Authorized Official 

Health and Wellness Program for Immigrant Women
Narrative

1. Provide a brief summary (400 words maximum) of the proposed project. - 10 points.

The International Christian Fellowship seeks funding from the CDBG to launch the Health and Wellness Program to benefit refugee and immigrant women of all nationalities. Westbrook, a suburb of Portland, Maine, has seen a rapid rise in its populations of refugees and asylees in recent years. Service and healthcare providers are challenged to provide appropriate services to this vulnerable population. The Health and Wellness Program is designed to address mental, emotional, and physical problems endemic to refugee women in Westbrook.

According to local service providers, women in the target population rarely make or keep routine medical appointments. **Medical symptoms often go unchecked until they require emergency care. This practice greatly impacts the cost of public health care.** Reasons cited are anxiety associated with clinical settings, inability to navigate the health insurance systems and fear of incurring healthcare costs.

For women who have experienced trauma in their home country, depression is common and is compounded by feelings of isolation. This is especially true for elderly women and women who are confined to their homes to care for young children. Western approaches to mental health can be ineffective and misunderstood by the participant. Successful intervention requires an understanding of unique cultural sensitivities.

The Health and Wellness Program will have two morning sessions each week. These gatherings will provide the women many opportunities for social interaction. In this comfortable setting participants will develop ways to cope with feelings of isolation and loneliness, and they will learn about health care, health insurance, nutrition, and exercise.

The Health and Wellness Program will offer:

- An opportunity for social interaction.
- Health care monitoring by an RN.
- Discussions designed to develop comfort with health professionals.
- An LCSW who will introduce culturally appropriate coping skills.
- Nutrition education; healthy snacks, and occasional cooking classes.
- Activities and light exercise in the gymnasium.
- English language instruction.

Rev. Mutima Peter, MSW, Senior Pastor for the International Christian Fellowship, has managed successful programs for children and adults across diverse cultures and religions, and will provide managerial oversight. The sessions will be led by a registered nurse who has who has many years' experience with the target population. The co-director will provide administrative oversight and grant management. The Program will also hire an assistant/ translator, two child care workers, and a van and driver for participants who need transportation.

2. Provide a response to the four questions below defining and justifying the need for the activity. - 20 points

- a. *Convey the magnitude and severity of the issue to be addressed.*
- b. *Identify the total number of people affected by the issue.*

- i. *Out of the total number of people affected, identify the number of people from low/moderate income households.*
- c. *Describe to what extent the project makes in the long-term measurable difference in the economic and social health of the region.*
- d. **Construction related activities:** *Convey how the project relates to the community's long-range planning and capital improvement needs. (N/A)*

Physical Health concerns affecting refugee populations:

In a recent meeting of Westbrook social service providers, all of whom work with refugee populations, many reported that women from both African and Middle Eastern countries rarely make or keep appointments with their medical doctors. Medical conditions of greatest concern in refugee populations are high blood pressure, diabetes, and high cholesterol; all of which require close monitoring and regular check-ups. Often, symptoms go unchecked until they reach a critical point whereby emergency care is required. **Constant reliance on emergency room care is very inefficient and extremely costly to our public health systems and community.**

Annual physical examinations and medical appointments to monitor specific health issues are often cancelled or simply missed. Some of the reasons given for this phenomenon include:

- a. Misunderstandings about monitoring specific health issues.
- b. Worries about healthcare costs and an inability to navigate the health insurance system.
- c. On the day of an appointment, a patient may say "I feel fine today, why should I see the doctor?"
- d. Lack of transportation.
- e. Forgetting the appointment, a reminder call in English may not be understood.
- f. Mistrust of privacy in a clinical setting. Worries that the examination room walls are too thin; that what they tell the doctor can be heard by other patients.
- g. Mistrust of interpreters. Fears that interpreters from local agencies will share information with their community.

It is the goal of the Health and Wellness Program to address these issues and misperceptions. The Program will serve to:

- Develop a level of comfort and understanding of medical personnel and procedures.
- Encourage participants to visit their doctors regularly.
- Develop an understanding of the importance of maintaining one's health.
- Help participants apply for health insurance.
- Monitor of certain health conditions for individual participants by the registered nurse.

Mental Health issues for refugees:

While most refugees and asylees arrive from war zones, refugees from Iraq, Afghanistan, Somalia, parts of the Democratic Republic of the Congo, and other African countries, have experienced the effects of war for many, many years. Some are torture survivors; some have witnessed or been victims of extreme violence; many have lost loved ones. It is not surprising, therefore, that many refugees suffer from PTSD (post-traumatic stress disorder), anxiety, and/or depression.

There is a tendency in refugee communities, both African and Middle Eastern, for survivors to be told, "You are lucky to be alive." "It is better to just forget about the past." "Focus on the future,

rebuild.” But, as studies have taught us, PTSD and depression do not usually “just go away”. Without treatment, sufferers with PTSD and depression can become more and more withdrawn, to the point where they are not able to function or to provide for themselves and their families.

The concept of “mental health” can be very different from the Western understanding. In Iraq, the mental health system consists primarily of psychiatric hospitals where you go to treat chronic and severe mental illness. Psychiatric hospitals are grim places where patients may never leave. Some Iraqis worry that psychiatric hospitals are where political dissidents are sent.ⁱ For many Africans, the notion of “mental health”, can suggest “madness” or “insanity”, and would be perceived as disgraceful to a person’s family and community.ⁱⁱ

Part of the work of the Health and Wellness Program will be to help participants understand that it is normal and reasonable to feel sad, to sometimes have feelings of despair; that “mental health” in our culture refers to a range of symptoms, from not sleeping well, to having nightmares, to feeling like there are too many thoughts racing in your head, to crying a lot. Adjusting to life in a new climate and social setting is hard; sometimes extra support is needed, and it is okay to ask for help.

In their former countries, women relied on their families, their villages, and communities for support. Refugee women in Maine must perform their day to day tasks in relative isolation. This is especially true during the long winter months when the cold temperatures can cause great discomfort and travel becomes difficult. Leora Rabin, MD, Attending Psychiatrist, Maine Medical Center, says this about the proposed Program:

"I treat a lot of women who are refugees and their isolation and lack of support exacerbates their depression. This program would be a great asset to our community".

The Health and Wellness Program will provide a setting where women can relax and socialize with other women who share their experience. With the direction of our RN and LCSW, we will provide discussions, activities, and group projects designed to encourage healthy living, while providing some “tools” to help develop a sense of self-worth, and to cope with feelings of isolation and loneliness. We will invite guest speakers from local health agencies, nutritionists, community counseling services, interpreter services, and holistic health experts to participate and to help put a “friendly face” on some of the local health services available.

Who will be served:

The Program will serve women in Westbrook who are refugees, secondary migrants, asylum seekers and asylees. It is the goal of the Program to serve at least 50 women on a regular basis over the course of one year.

It is illegal for municipal services and school departments to ask beneficiaries and registrants their legal status or country of origin. Therefore, it is difficult to establish precise numbers. Maine’s current population numbers are derived from community estimates. Grown principally through secondary migration, family reunification, and relocation from other resettlement cities, Maine’s total population of immigrants, refugees, secondary migrants, and asylees is estimated at 20,000. Catholic Charities Maine refugee resettlement agency resettled 231 refugees in 2012, 350 in 2013, and is approved to resettle 350 again in 2014. As housing in Portland has become more scarce and expensive, Catholic Charities case managers now seek homes for new arrivals in Westbrook

and South Portland.ⁱⁱⁱ It is reasonable to assume that this trend will continue and the numbers of refugee families resettled in Westbrook will increase.

Westbrook has a total population of approximately 18,000 people. In Westbrook Schools, the enrollment of children in the ELL (English Language Learner) program in the past 5 years, has almost tripled from about 97 to 267 students. However, there are likely more refugee and immigrant households in Westbrook than these ELL numbers suggest.

Income Levels

It is expected that the majority of families in the target populations have incomes at or near the poverty threshold. About half of the households applying for general assistance in Westbrook identify themselves as immigrant or refugee. An informal survey was conducted recently at the International Christian Fellowship church. Most parishioners there are from Central African countries. The sample, representing 110 church members, reveals that incomes for 53% of the households fall below the poverty threshold, 38% of households fall within 125% of the poverty line, and 6% within 150%. Only one family reports an income above 150% of the poverty line.

Program Evaluation

The Health and Wellness Program for Immigrant Women will contract the services of a professional research institution to develop an appropriate survey and evaluation tool to measure its success of in terms of its benefits to participating individuals. We are already discussing this process with the Maine Medical Center Research Institute and the Muskie School of Public Policy Survey Research Center.

The importance of the Program, however should also be evaluated by the extent to which it can benefit the City of Westbrook and other communities in developing a better understanding of the needs of the women in order to provide more effective and appropriate health and mental health services.

3. *Provide a response to the three questions concerning management of the proposed activity – 10 points*
 - a. *Define who will manage the grant funded project and how they will manage it.*
 - b. *Explain the experience of the applicant in undertaking projects of similar complexity.*

Alternate question 3.c. for Public/Social Service Applicants:

 - c. *Describe efforts undertaken or planned to obtain non-CDBG funds, to diminish future reliance on Cumberland County CDBG funds and continue the program without CDBG program funds.*

Program Management

The sessions will be led by Cheryl Mitchell RN, BSN, who comes to us with more than 30 years' experience working in public health nursing. She has performed assessments, interventions and patient/family teaching for both adult and pediatric populations. For the past 12 years Cheryl has worked with refugee and immigrant populations as a health advocate, accessing health care for those who lack insurance and providing instruction regarding medications, chronic health issues, nutrition, and parent child health promotion.

Karen Collins will provide managerial and administrative oversight. Karen has worked with refugee and immigrant populations for more than 15 years. During that time she has managed

numerous grants from Federal, state, and private sources. She has provided program oversight, grant management and reporting for several organizations, including Catholic Charities Maine Refugee and Immigration Services, and for Community Housing of Maine. Karen will create all printed materials for the Program and will help Cheryl lead group activities.

Rev. Mutima Peter, MSW, is himself a refugee from the Democratic Republic of the Congo. He has lived in Portland for 20 years and is the founder and Senior Pastor of International Christian Fellowship. As a pastor and a social worker, he has worked as a referral resource to the City of Portland Health and Human Services Department, Social Services Division; with the Maine Department of Health and Human Services; and Catholic Charities Maine Refugee and Immigration Services.

Together, Mutima, Cheryl, and Karen will create the curriculum and schedule for the Program.

The Health and Wellness Program for Immigrant Women looks to CDBG for funds to launch the initiative and sustain it in its first year. It is the goal of the Program to provide several years of service to the target population. Other funding sources are already being sought through government grants, private grants, and private donors, to provide for its growth and continued service to refugee women in Westbrook and surrounding communities. (Also see 7A)

4. Demonstrate that the project is ready to proceed – 20 points

For non-construction related projects:

Describe the steps that have been completed or must be completed to initiate the project.

These may include: community support, staffing, securing an appropriate location, marketing and networking. Describe any existing and/or potential impediments to project initiation

Readiness to Proceed

The International Christian Fellowship church will provide space in its building, including classrooms, meeting rooms, gymnasium, and large kitchen. The Program management staff is already secured. A children's nursery is available where childcare providers will care for children of participants. In summer months, we will make use of the outdoor space; perhaps creating a vegetable garden if there is enough interest.

Once funding has been secured, we will proceed to hire staff, including the Assistant/Translator, two Child Care Providers, and a Van Driver. An LCSW and ELL teacher have been identified and will be able to start as soon as the Program begins in September.

The church currently serves approximately 250 parishioners from Central Africa. It is likely some of the participants will be members of the church. The Program will also create marketing materials to attract women from diverse nations and cultural backgrounds. We will network with and provide outreach through local service providers, ESL teachers, medical clinics, and community centers. An Open-House event is planned to introduce the Program to service providers and health care providers so that they may more readily refer clients.

7A) NON-ECONOMIC DEVELOPMENT ONLY

Provide a response to the three questions demonstrating the need for CDBG program funds - 15 points

- a. *Why are CDBG funds critical for the commencement and ultimate success of the project?*
- b. *Have you, or will you, seek funds from other sources? If so, what are those funding sources?*
- c. *What is the impact on the project if CDBG funds are not received or if only partial CDBG funds are received?*

The Need for CDBG Program Funds

The CDBG has historically provided seed money for new projects that serve economically challenged populations and their communities. The Health and Wellness Program for Immigrant Women will provide much needed health education and emotional support to economically disadvantaged women. In the first year the Program will develop a better understanding of the needs of the women and thus pull in appropriate providers with which to partner in order to build a more sustainable and seamless community network of services for immigrant women. Possible partners include Catholic Charities Refugee and Immigrant Services, Maine Medical Center, Westbrook Community Health Center, Community Counseling Services, and Family Crisis Services, to name a few.

Once funding is secured, the Program will have leverage to seek additional funding sources from other government grants, private foundations and donors. Investigation is already underway to find likely sources. Funding will be sought from private organizations like the Aetna Foundation, Inc., the W.K. Kellogg Foundation, the Jessie B. Cox Charitable Trust, the City of Westbrook, Maine DHHS, the US Department of Health and Human Services Administration for Children and Families, and others.

It is critical to the success of the Health and Wellness Program for Immigrant Women to receive CDBG funding in order to launch and sustain it in its first year. If funding is not received from CDBG, it will not be possible to begin the Program this year. If only partial funding is received, it will be necessary to reduce the number of months and/or the hours that the program is offered.

8. DISTRESS SCORE

Community Distress Score:

Westbrook 10

ⁱ Iraqi Cultural Health Profile; <https://ethnomed.org/culture/iraqi>

ⁱⁱ A Qualitative Study of Depression among Black African Immigrant Women: "It is just madness" Earlise C. Ward, PhD., Sherrill L. Sellers and David Pate, Center for Women's Health and Research, Medical School, University of Wisconsin at Madison;

ⁱⁱⁱ Portland Press Herald, December 1, 2013; "Mideast unrest powers influx of newcomers to Maine"; by Randy Billings

Project Implementation Schedule

Activity	Q #1 J – S 2014	Q #2 O – D 2014	Q #3 J – M 2015	Q #4 A – J 2015	Q #5 J – S 2015	Q #6 O – D 2015	Q #7 J – M 2016	Q #8 A – J 2016
Contract/ Environmental Review	X							
Curriculum development, schedule speakers, etc.	X	X	X	X				
Begin Marketing Program	X							
Hire child care staff, van driver, program assistant	X							
Open house and launch Program in September	X							
ESL Teacher will spend 1 hour per week with program	X	X	X	X				
LCSW will spend 3 hours per month with program	X	X	X	X				
Evaluating agency will produce and administer a survey that will provide the basis of our evaluation	X	X						
Evaluating agency will conduct a closing survey and produce evaluation report				X				
Reporting		X	X	X	X			
Project Completed:								

Appendix IV: Budget

Public Service Programs				
Cost Category	CDBG Funds	Municipal Funds	Other Funds	Total
Equipment (2 laptops)	1000			1000
Materials/Supplies (printed material, promotional materials, supplies, snacks)	4040			4040
Operations				0
Salaries (co-directors, program assistant, 2 child care staff, van driver)	28600			28600
Fringe				0
Transportation			1410	1410
Consultants - Evaluation	5000			5000
Space/Rent			9141	9141
Project Management (Rev. Mutima Peter, MSW; in-kind)			2500	18100
Other – 1) ESL Teacher	2600			2600
Other – 2) LCSW	2700			2700
Total Costs	43940		13051	56991

Provide the basis for determination of budget amounts:

	position	hrs/ wk	hrs/ mo	hourly	weekly	annual	Totals
Salaries	program director	6		\$25.00	\$150.00	\$7,800.00	
	nurse/co-director	6		\$25.00	\$150.00	\$7,800.00	
	childcare	6		\$10.00	\$60.00	\$3,120.00	
	childcare	6		\$10.00	\$60.00	\$3,120.00	
	program assistant	6		\$15.00	\$90.00	\$4,680.00	
	Van driver	4		\$10.00	\$40.00	\$2,080.00	\$28,600.00
Supplies	coffee/tea/snacks			\$20.00		\$1,040.00	
	office/printing					\$1,000.00	
	Printed/promo materials					\$2,000.00	\$4,040.00

Type of Funding	Match Amount	Source of Match	How is the match calculated?	Is the match secured? Please circle yes or no.	If yes, please attach relevant documentation. ¹	If no, please outline and attach future steps to secure match. ²
Cash	Municipal Cash			Yes / No		
	Other Cash			Yes / No		
	Other Cash			Yes / No		
	Other Cash			Yes / No		
In-Kind/ Donation	Municipal In-Kind & Donation			Yes / No		
	Other In-Kind & Donation	\$9,141	Program and office space rental	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Letter from ICF	
	Other In-Kind & Donation	\$1,410	Van Usage	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Letter from ICF	
	Other In-Kind & Donation	\$2,500	Oversight by Rev. Mutima Peter, MSW	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Letter from ICF	
TOTAL MATCH						
						\$13,051

¹ Please feel free to attach up to 1 page of additional documentation demonstrating secured match.

² Please feel free to attach up to 1 page explaining the future steps that will be taken to secure matches.



INTERNATIONAL
CHRISTIAN
FELLOWSHIP

January 29, 2014

Block Grant Program
Cumberland County
Community Development Office
142 Federal Street, Suite 102
Portland, Maine 04101

Re: Match for "Health and Wellness Program for Immigrant Women"

To The Cumberland County CDBG Grant Program:

The International Christian Fellowship is a 501(c)(3) organization in Maine. The church is committed to the success of the "Health and Wellness Program for Immigrant Women", and will be providing the Program's meeting spaces in its building, including classrooms, meeting rooms, gymnasium, and large kitchen. The value of rent for this space, based on current operating costs) is estimated at \$9,141 for one year. We will also donate use of our van, which holds 15 passengers; value estimated at \$1410 for one year.

In addition, I will be volunteering my time to provide managerial oversight and will contribute to the Program's curriculum and planning process. I am very excited to able to participate in this exciting new project and for the benefit it will bring to many immigrant women.

Sincerely,

Rev. Mutima Peter, MSW
Senior Pastor