

Mobile Foot Clinic with Health Education: A MemoryCare Project

*RFP for Coronavirus State and Local Fiscal
Recovery Funds*

MemoryCare

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Organization Type*

Nonprofit

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

MemoryTax Exempt Status IRS.pdf

Name of Project.*

Mobile Foot Clinic with Health Education: A MemoryCare Project

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

New project proposal

Amount of Funds Requested*

\$200,000.00

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Aging/Older Adults

Brief Project Description*

Provide a short summary of your proposed project.

MemoryCare respectfully requests \$200,000 to fund our Mobile Foot Clinic to provide underserved residents of Buncombe County with needed foot care and education about healthy aging, mobility, caregiving and more for a 4-year period. The Mobile Foot Clinic is designed to address healthcare disparities for older adults that have been exacerbated by the COVID-19 pandemic and maximize opportunities for healthy aging. With over twice as many individuals served in the 1st quarter of our pilot Foot Clinic as projected for the entire year, we see a profound need for this care in our community. Alongside provision of foot care, the team offers health education, listens for unmet needs and barriers to care to address them when possible, and facilitates referrals to community services when appropriate. The project helps underserved adults in Buncombe County have the best functionality and quality of life possible alongside challenges that often occur with aging.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

MemoryCare's pilot Mobile Foot Clinic is held twice monthly at locations easily accessed by underserved individuals in Buncombe County. The program is structured much like the "Elder Clinic" that served the Shiloh Community from 1997-2010 and whose closing left a void this project is working to address. Partnering with the Asheville Buncombe Institute for Parity Achievement (ABIPA) and the Shiloh Community Association and with the infrastructure now being built through our pilot, MemoryCare is well-positioned to sustain the Mobile Foot Clinic over time as a meaningful, needed service for the community.

If funded, the Mobile Foot Clinic will continue to be held twice monthly based on site availability and community need at rotating sites such as the Shiloh Community Center, churches in the African American community, and low-income housing communities in collaboration with church and community leaders. With experience gained through the pilot, implementation should be seamless and we would meet with all partners to coordinate the process. The team would immediately reach out to additional underserved areas of the county to identify more locations to serve and establish a rotation schedule between all sites. We would reassess all documentation to ensure data gathered meets all reporting and evaluation requirements for this grant and make adjustments where needed. If able to continue the project beyond the current pilot period, we would review equipment and staffing needs and ensure our Community Liaison and Health Educator positions remain filled with qualified individuals. In the initial phase, we would also focus on publicity to increase awareness of the Foot Clinic service. To date, there have been lines of people waiting for care at every session and knowledge that the clinic will be ongoing will help provide a routine schedule people can know about and rely on.

With every participant, we will seek feedback and adjust services as appropriate. We will gather data at every clinic hosted to understand who is accessing care, what educational information is most requested, and document other potential needs. On a quarterly basis, we will review service data to ensure we are on track to achieve goals. Publicity for the program would be ongoing as would the process of updating educational materials. All staff and volunteers involved with the Mobile Foot Clinic project will undergo training about cultural sensitivity, respectful care, healthcare disparities, and how the COVID-19 pandemic has exacerbated these disparities.

With improved access to these resources, individuals are more likely to prolong their independence alongside challenges that can occur with aging. Based on participant feedback and stated community needs, we will continue to assess clinic operations, educational materials, and referral resources and adjust where needed to ensure needs are being addressed.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

Often overlooked, foot problems are common in older adults and impact function, mobility, and quality of life. According to the US National Center for Health Statistics, impairment of lower extremities is a leading cause of activity limitation in older people and, those in underserved communities are more likely to experience lower extremity amputations than others due to lack of adequate foot care. BJ Monroe reports 71% of those over 65 report foot problems, but only 39% seek medical attention. Foot care is an area of significant health disparity and, when given access to appropriate care, older adults have great potential to improve their mobility and overall health.

With quality foot and toenail care, sources of pain and skin problems can be identified and addressed. Alongside their importance to functionality, feet are indicators for diseases like diabetes, impaired circulation, heart disease and cognitive impairment, which can change a person's ability to manage personal care needs. Access to foot care with opportunity to talk to a Geriatrician about unmet needs and receive referrals when appropriate can make a profound difference in maintaining health over time. MemoryCare's Mobile Foot Clinic combines this clinical care with educational information about healthy aging, cognitive protection, caregiving and more, and is an opportunity for socialization of participants.

Currently in Buncombe County, foot care is available through podiatry services and hospital diabetes programs but can be a challenge to access for people in underserved communities, particularly those without insurance or a diagnosis of diabetes. There are medical clinics available for low-income families for primary care but none with focus on foot care and primary care providers rarely have the time or training to provide this needed service. Having a mobile clinic that brings foot care and other services directly to the community improves accessibility for this needed care.

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

Prior to the COVID-19 pandemic, there were healthcare disparities disproportionately impacting lower-income and minority communities, many of which were exacerbated by the pandemic. With the isolation, loss of employment, and existing vulnerabilities of underserved communities, many were left without access to needed medical care. Health conditions requiring routine management such as diabetes and heart disease were left untreated, unmonitored or, for some, not identified in a timely manner. Underserved communities were particularly impacted by this and are known to suffer complications more so than those with routine access to care.

Mobility is essential for healthy aging and examination of feet provides a “window” into a person’s health and their ability to manage self-care. By interfering with safe in-person interactions, Covid worsened existing health disparities and individuals in need of foot care were at higher risk of poor mobility, loss of independence, diminished quality of life, and, at times, risk of amputation.

With funds received, the Mobile Foot Clinic would be able to reach many in need of foot care and provide education about healthy aging and preventive care strategies. Alongside clinical care would be information about nutrition, diabetes, exercise, healthy aging and more. The program would travel to sites accessible to vulnerable individuals and, with 4 years of funding, could provide the care and education over a period of years with potential to dramatically reduce harms caused by loss of mobility that have been exacerbated by the pandemic. Project Coordinator, David Johnson, MD, shared this story illustrating the importance of foot care and timely care: "One person had long toenails, hammertoes and calluses that were so bad that they could not fully get on their shoes. This person was literally hobbling not putting their feet completely in their shoes. After care, this person was able to put on their shoes and walk out of the clinic."

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

This project will serve older adults in underserved communities of Buncombe County with focus on those in the Shiloh Community, African American churches, and low-income housing sites. We anticipate reaching at least 75 unique individuals per year with service, with some participants coming more than once for care. Over a 4-year period, we anticipate at least 240 unique individuals would be served with foot care and over 300 with education about healthy aging, nutrition, foot care, diabetes and other topics.

Of those served, based on our pilot project and sites identified to date, we anticipate over half will be African American, nearly 60% will be low income, and on average 20% will have diabetes. The average age of participants will be over 65 years old with some (25%) being 19-64 years of age and the remainder (75%) being 65 and older. Sixty percent or more will identify as being female.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

Foot care provides an opportunity to screen for geriatric syndromes such as neuropathy, fall risk, functional decline, and underlying medical conditions in need of attention and to assist with issues of pain and/or mobility. Throughout the project, we will track how many people attend the foot clinic and of those, how many utilize services or take educational materials. We will have an intake form for participants to provide demographics, health history and to share concerns they have about unmet needs. Through screenings and conversation, our care team will identify health risks and concerns, as well as barriers to addressing the issues. Our goal is to ensure those needing care not available at the Foot Clinic receive referrals to assist with accessing care by other means. We will track how many of such referrals are made. To understand the impact of the project, we will track and report the following performance measures:

1. How many individuals receive foot care?

Baseline: anticipate seeing 50 individuals per year with pilot project

Goal: at least 60 individuals receive foot care per year (240 over a 4 year period)

2. Of those receiving foot care, what percent will report improved mobility?

Baseline: no data available at this time

Goal: > 50% will report improved mobility

3. Of those receiving clinical care, what percent receive a referral for additional medical care or for non-medical need?

Baseline: 25% of those receiving foot care through our pilot have also received a referral to another community resource to address an identified unmet need

Goal: >= 25%

Success will be defined by having at least monthly Foot Clinics, serving at least 60 unique individuals per year with foot care, and providing education to at least 75 individuals about healthy aging, foot care, exercise, nutrition, advance care planning and other topics.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

We have an intake form for participants to provide demographics, health history, and to share concerns they have about unmet needs. Referrals for further care, whether for medical, psychosocial, nutritional, or other social determinate of health, will be documented on this form as well as with data reviewed and entered into an Excel database for subsequent review after every clinical session. A formal report will be made to our board of directors each quarter and provided per contract requirements.

As we learn about unmet needs and what referrals and education materials are needed, we will look for patterns that provide opportunities for us to advocate for needed services and, when within the scope of our ability, adjust what is offered in the clinic to better serve Buncombe County's underserved communities. The Clinical Assistant and Community Health Educator will be responsible to gather this data and verify its accuracy with oversight from the Program Coordinator. They will confirm how many individuals receive each service, including but not limited to foot care, health education, cognitive assessments, referrals to community services, education about advanced directives, and more. We will have a post-evaluation form for completion to get feedback so we can better understand what works, what does not, and areas of improvement. The form also asks whether the participants believe the program is of value and benefits the community. We will use information gathered from the post-evaluations to guide improvements in the clinic.

MemoryCare staff will store and analyze the data with reports prepared quarterly to ensure we are on track to achieve goals and meet contract obligations.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

If received, funds would be used to continue the Mobile Foot Care clinic with an expert care team strategically going to underserved communities of Buncombe County that are identified with the help of a Community Liaison. Underserved communities often have limited access to or lack of understanding of healthcare services and are predominantly low-income populations. Historically, many individuals in this population experience more health conditions that are unmonitored, untreated, or undiagnosed when compared to higher-income communities. Access to basic healthcare services diminished with the COVID-19 pandemic, exacerbating these issues. Pandemic recovery is more difficult for underserved, lower-income communities as they often lack the resources to connect with needed healthcare and trust is limited due to historical marginalization.

By working with a Community Liaison from underserved communities of Buncombe County who will help educate project staff about needs of the community and provide introductions to community sites, and by listening carefully to participants' expressed needs, we hope to build toward a more just and equitable recovery. With 4-years funding, such recovery has the opportunity to be sustained longer term.

By providing foot care with concurrent health education to underserved, low income communities and by listening and learning about other unmet needs and barriers to care, there is opportunity to address these concerns and provide meaningful, individualized education and care. The Mobile Foot Clinic with its clinical service and educational component would provide a pathway for underserved individuals to receive basic foot care essential for healthy aging and mobility and learn strategies to manage health challenges that can come with age. The program has an opportunity to lessen disparities in healthcare services for underserved communities and aid in recovery of the increased barriers to healthcare caused by the COVID-19 pandemic.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

MemoryCare is partnering with ABIPA and the Shiloh Community Association to develop and implement our Mobile Foot Clinic with education about healthy aging and other issues of aging. MemoryCare is coordinating the project and there are no subcontractors involved. When appropriate, ABIPA will receive a stipend for their support as Community Liaison and Health Educator for this project with work remaining under the supervision of MemoryCare staff.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Dr. David Johnson will coordinate this project with support and oversight from MemoryCare's Director, Virginia Templeton, M.D. Dr. Johnson is a board-certified Geriatrician who has provided foot care since 1993 and has a passion for listening to and caring for underserved individuals. He currently coordinates our pilot Foot Clinic and has the experience and expertise needed to successfully guide this project. Dr. Templeton is a

family physician with added qualifications in hospice and palliative care. Under her leadership, MemoryCare's clinical model and educational initiatives have been recognized for excellence on both state and national levels (N.C. Division on Aging, Premier Cares and American Geriatrics Society Award recipients) and the organization has undergone multiple expansions of service provision. MemoryCare is committed to addressing health disparities and fostering healthy aging in the community. Forty percent of those served by MemoryCare in 2021 were low income by Federal Poverty Standards.

MemoryCare is a charitable nonprofit with extensive experience administering grant funds and providing care for the past 22 years. The organization has received Buncombe County Supplemental Funds since 2004 for our care management services to low-income families impacted by dementia and demonstrates the ability to serve the target population and track unique individuals to verify funds are utilized per grant requirements. In partnering with ABIPA and the Shiloh Community Association, MemoryCare is aligned with trusted community members with similar goals. Medical residents and fellows with knowledge about healthy aging may volunteer under Dr. Johnson's supervision and could be trained to provide foot care as well. MemoryCare has a strong, supportive Board of Directors dedicated to our mission and to addressing barriers to healthy aging. There is no anticipated change in leadership or key employees that would impact our ability to implement this project.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery-Funds-budget- MemoryCare.xlsx

Special Considerations*

Provide any other information that might assist the County in its selection.

The grant MemoryCare received from the WNC Bridge Foundation to pilot the Mobile Foot Clinic for Healthy Aging ends on 9-30-2022 without opportunity for further funding from them at this time. The outcomes seen through the pilot period to date with lines for care seen at every session make it clear the project is addressing a need and that the clinic needs to continue. Our partners have shared comments they hear such as, "All can see that this team cares and is listening," and, "Thank you for being here and... please, please keep coming!" and more.

If funds are not received through this application, we will work tirelessly to identify other sources of funding and are committed to dedicating in-kind resources to support the project as possible so this much needed care can be rendered to a community with deep need that has been disproportionately impacted by the Covid-19 pandemic.

Thank you for your consideration.

File Attachment Summary

Applicant File Uploads

- MemoryTax Exempt Status IRS.pdf
- Recovery-Funds-budget- MemoryCare.xlsx

Internal Revenue Service

Date: April 28, 2005

MEMORYCARE
% GIVENS ESTATES
2360 SWEETEN CREEK RD
ASHEVILLE NC 28803-2030

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Dee Anna Jarmon 31-03084
Customer Service Specialist

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

56-2178294

Dear Sir or Madam:

This is in response to a letter dated March 25, 2005, from Elizabeth M. Millican, Paralegal, submitting your amendment to your organization's Articles of Incorporation filed with the state on March 23, 2005. We have updated our records to reflect the name change as indicated above.

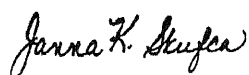
In April 2000 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

Organization Name:	MemoryCare
Project Name:	Foot Clinic for Mobility and Healthy Aging: MemoryCare
Amount Requested:	\$200,000

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 200,000.00	pending	\$50k/year for 4-year project
Other Community grant assistance	\$ 20,000.00	pending	\$5k/year to be raised for project. Confident we can achieve goal.
Charitable donations	\$ 20,000.00	pending	\$5k/year to be raised for project. Confident we can achieve goal.
In-kind MemoryCare contribution	\$ 48,000.00	Confirmed	\$12,000/year operational funds will be dedicated to project
List other sources here			
List other sources here			
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List other sources here			
Total	\$ 288,000.00		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
Project Physician Coordinator/Clinician Salary	\$ 97,000.00	\$ 43,000.00	\$ 140,000.00	operating	Project coordinator/clinician (\$35,000/year x 4)
Benefits and payroll tax		\$ 20,800.00	\$ 20,800.00	operating	includes malpractice for clinician
Community Liaison	\$ 26,000.00		\$ 26,000.00	operating	\$6500/year
Community Health Educator	\$ 26,000.00		\$ 26,000.00	operating	\$6500/year
Administrative support	\$ 10,000.00	\$ 15,920.00	\$ 25,920.00	operating	9% administrative costs (\$6,480/year)
Equipment/clinical supplies	\$ 16,000.00		\$ 16,000.00	capital	clinical tools for care, ppe, stools, room dividers, etc
Marketing/publicity	\$ 6,000.00		\$ 6,000.00	operating	advertisements/signage (\$1,500/year)
Promotional supplies	\$ 3,600.00	\$ 1,600.00	\$ 5,200.00	capital	useful items for participants (eg hand sanitizer, clippers, files, etc)
Printing/copying	\$ 2,400.00	\$ 3,680.00	\$ 6,080.00	operating	educational materials, fliers, communications
Rental/location expenses	\$ 6,000.00		\$ 6,000.00	operating	reimbursement to clinic sites when needed (\$1500/year)
Travel	\$ 4,000.00		\$ 4,000.00	operating	\$1,000/year
Training expenses	\$ 3,000.00	\$ 3,000.00	\$ 6,000.00	operating	\$1,500/year for staff/volunteer clinical and DEI training
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
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List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
Total			\$ 288,000.00		