

I. CHESTER COUNTY COMMUNITY FOUNDATION GRANT PROPOSAL SUMMARY SHEET

Date 09/15/18

Contact Information

Organization Name: **Maternal and Child Health Consortium**
Address: 30 W. Barnard St. #1 West Chester, PA 19382
Phone: (610) 344-5370
Website: www.ccmchc.org
Year Incorporated: 1991

Executive Director Name: Milena Lanz
Executive Director E-mail: mlanz@ccmchc.org
Board of Directors Chair Name: Sandra Nichols
Primary Contact Name: Catherine Binz
Primary Contact E-mail: cbinz@ccmchc.org

Has your nonprofit ever applied to the Community Foundation? Yes No Not Sure

Has your nonprofit ever received funding from the Community Foundation? Yes No Not Sure

Donor Advised Fund(s) Fund for Chester County Don't know/Not sure

Field/s of Interest:

Arts, Culture & Humanities

Environment/Animal Welfare

Education

Health

Human Services

Religion

Organization Information:

Geographic Area Served (If not all of Chester County, specify primary Chester County regions served): MCHC serves all of Chester County as well as neighboring communities of Pottstown and Norristown, PA.

Describe Population Served and Annual Number of People Served: In FY2018, MCHC served over 5,500 low-income, at-risk women, their children and their families, primarily in Latino and African American communities throughout Chester County. Our core programs served 260 Healthy Start participants (130 mothers/130 children), Family Benefits served 4,596 individuals and the Family Center program served 103 children and their families. Participants are 86% Hispanic (races 67% White, 7% African American, and 26% other/unknown). Of MCHC participants served, 7% lived below the 100% FPL, 3% under 138% FPL, 3% under 250% FPL, and 1% under 350% FPL (other 86% are children for which we do not collect family income level data).

Mission: MCHC's mission is to empower families to build a healthier and brighter future for their children by overcoming the social and environmental barriers that lead to poor health conditions in our communities.

Proposal Summary: Funding will help to support general operating requirements of MCHC's Healthy Start, Family Benefits and Family Center programs for over 5,500 mothers, their children and their families across MCHC's five county-wide sites annually.

If Capacity Building Proposal, the focus is: Mission, Vision & Strategy Governance & Leadership
 Strategic Relationships Fundraising & Development Other: _____

Annual Budget \$ 1,437,775

90 % of budget for program expenses

5 % of budget for administrative expenses

5 % of budget for fundraising expenses

100% Total

21 # of Full-Time Equivalent Paid Staff

10 # of Board Volunteers

70 # of Active Non-Board Volunteers

9,900 # of Volunteer Hours (incl student

interns completing 300-600 hrs annually)

Top 3-5 funding sources: PA DPW Chester County Family Center Program Grant - \$312,608; The Pew Charitable Trust \$71,600; Phoenixville Community Health Foundation \$48,000; The Longwood Foundation \$45,500; Brandywine Health Foundation \$45,000.

Grant Amount Requested from the Community Foundation: \$5,000

Organization's history, goals, key achievements and distinctiveness: Founded in 1991 with funding from the Robert Wood Johnson Foundation, MCHC has remained committed to ensuring low-income, at-risk women and their children in Chester County receive the services they need to improve their health and ensure a healthy start for their children. MCHC is distinctive for its cultural competency, bi-lingual capacity and successful ability to provide access to care and benefits. Its greatest success has been the work on improving the rate of low birth weight babies in Chester County and has been documented in peer reviewed scientific journals. MCHC's Healthy Start program outcomes have a solid track record for meeting or exceeding its goal of 95% of babies born at a healthy birth weights (<5.5 lbs). Recent successes include: key multi-year funding awards to support our work with vulnerable families from our poorest communities from MACRA, PEW Charitable Trusts, and the Barra Foundation; and the creation of a dynamic three-year Strategic Plan which includes key insights that indicate that MCHC can fuel its growth by further leveraging: efficiency through economies of scale, a multi-faceted service offering, and a holistic approach to delivery.

MCHC envisions families benefitting from culturally competent health and education services within their community, leading to improved health outcomes, enhanced well-being, reduced health disparities, and lower health care costs. MCHC's 2016-2018 strategic plan strategies (extended into 2019) include: 1.) Enhance Services to Maximize Impact on Population Health: expand the scale and scope of service offerings by collaborating with health systems, leveraging digital health technology, and addressing the social determinants of health in vulnerable populations with chronic conditions. 2.) Increase Leadership and Community Engagement: grow MCHC's position as a visible leader and advocate for the health and well-being of children and their families. 3.) Improve Financial and Organizational Strength: strengthen MCHC's funding sources, leadership capacity, and program evaluation processes to ensure first-class services and long-term impact and sustainability.

Key Initiatives: MCHC offers vital integrated services to empower women and their children to start healthy, stay healthy and succeed in school. MCHC's culturally diverse, passionate, and experienced staff guide our programs and growth and are perceived as trusted partners and live in the communities they serve. **Healthy Start** provides home visiting pre and postnatal services for pregnant and parenting women with children aged birth to two. Risk assessments to evaluate participants' needs and Adverse Childhood Experiences and Edinburgh Prenatal Depression screenings ensure women at highest risk are being identified and served. As a result, more women with complex needs including medical and mental health diagnoses, rape and domestic violence survivors and new mothers whose premature babies are demonstrating developmental delays are receiving care. MCHC's Family Health Advocates deliver socio-emotional strengthening and support, offer mothers health and early childhood developmental education, and hands-on parental involvement using the Parent As Teachers (PAT) evidenced-based home visiting model that helps Healthy Start programming to focus on child development, parenting education, and child abuse prevention, strengthening program impact. MCHC's **Family Benefits** program reduces health disparities through health coverage enrollment assistance for women, their children and their families wrapping services around children ages 0-18 years by enrolling eligible families into or renewing Medical Assistance (MA) via Medicaid and/or CHIP, or SNAP coverage. Advocacy to the County Assistance Office on behalf of applicants ensures they are connected to coverage. At present, MCHC outstations FBSs on a weekly basis at locations county-wide including West Chester, Coatesville for Community Health Center, Phoenixville and Kennett area community services centers, Open Hearth, and the United Way Financial Stability Center. MCHC's **Family Center** program of structured home visiting, parenting skills development and group skills instruction, designed for age-appropriate development and complimented by the Kindergarten Transition and Fatherhood programs, helps low-income families and their children birth to 5-years-old primarily in Kennett Square and Oxford communities gain the early learning skills they need to succeed in school while developing peer-to-peer resource networks for parents. The PAT evidenced-based curriculum implemented in the Family Center has proven effective at closing the achievement gap between children from low-income and higher-income families and in helping parents work together with their children to prepare them with the skills they will need for academic success.

Specific Needs and Issues to be Addressed: Poverty in Chester County continued to climb in 2017 and in Chester County, 6.9% of adults and 5.2% of children under the age of 18 (41,203 individuals) were estimated to be without health insurance in 2016 (*US Census Bureau 2016*). This lack of insurance coverage disproportionately affects Chester County's minority population; both Hispanic and African American are likelier to be uninsured or underinsured and for women in Chester County, perinatal health status specifically shows significant racial and ethnic disparities. Based

on the *PA DOH 2016 PA and County Health Profiles*, in Chester County, the average annual rate of infant mortality for African Americans is more than three times that of White infants at 13.7% compared to 3.8% and 7.9% for Hispanic infants in comparison and African American infants are twice as likely as White infants (13.1% vs. 6.0%) to be born at a Low Birth Weight (LBW) with Hispanic infants at 7.3%. Furthermore, although Chester County is the wealthiest county in the state with the median household yearly income over \$88,000 and has been ranked the number one healthiest county in the state, over 25,000 county residents received \$3+ million in SNAP benefits because they do not have enough money to consistently put food on the table. (Identifying Food Insecurity, Even in Pennsylvania's Wealthiest County, 7/26/17 D. Walker, & L. Huffman).

Typically, women enroll into our programs without healthcare, health insurance, or any support from a partner and/or family members. Hispanic and African American women are also at higher risk of experiencing maternal depression, diabetes, and heart disease, as are low-income women and women with low levels of education. Insurance and benefit enrollment assistance and navigating the healthcare and benefits systems are common challenges for individuals faced with language and cultural barriers, low literacy levels and lack of access to technology, lack of transportation and financial roadblocks. Research shows that these women face increased chances of experiencing difficulties in accessing healthcare and have a higher prevalence of both preterm deliveries and LBW babies and are more likely to have health problems in the short and long-term. Research also shows that early learning educational disadvantages typically lead to long-term disparities in children's academic accomplishment. Parents of these children play a significant role in their children's academic development and are struggling to prepare their children for school and provide the support their children need, particularly in the early years. In Chester County, nearly 20% of residents speak a language other than English in the home (age 5yrs+) making it extremely challenging for parents, children and their families to engage with school staff and teachers and the community and support their child's learning and development.

This poverty, lack of health coverage and difficulty in navigating benefits systems leaves too many economically disadvantaged Latino families and their children in the county without access to basic resources, such as health insurance coverage and food assistance benefits, and the opportunity to succeed in school and later in life. They have a more difficult time accessing the healthcare education and services they need to have healthy pregnancies and deliveries, to keep their children healthy, and ensure their children are ready for school.

How will this grant enhance your organization's capacity? How will this increase in organizational capacity be measured? MCHC can provide more services to more underserved individuals within Hispanic and African American communities and safely encourage others to participate in our programs. This is particularly important in these difficult political times when so many of our Hispanic neighbors are reluctant to participate in community activities or send their children to health clinics and schools for fear of deportation. Organizationally, funding will help to: Prioritize services to address fundable and critical needs directly aligned with organizational strategy; efficiently expand the number of constituents served by leveraging technology, collaborations and partnerships; improve MCHC's visibility, leadership and engagement within the community, spark community connections and activities in support of child and family health and, broaden, deepen and diversify donor and funder revenue. MCHC's current strategic plan process provides for a monthly Strategic Plan Scorecard to track plan achievements and accountability at all levels.

Activities: MCHC **Healthy Start Family Health Advocates** (FHA) provide monthly home visits for a 12-24 month period including pre and postnatal education, social-emotional support, a comprehensive healthcare risk assessment and screenings for depression to assess maternal depression using the EPDS questionnaire 3-times throughout enrollment (prenatally, one and six months postpartum) and ACEs screenings for all participants. Participants scoring 4+ receive chronic disease management and resiliency education. Increased contact and support is provided to participants scoring 9+ on EPDS. FHAs engage family in educational activities addressing parenting skills, health education, and child development, enroll participants in CareMessage interactive text program to remind them of appointments and provide healthy living tips. Referral assistance in obtaining needed resources such as tobacco dependence counseling, healthcare, domestic violence support, and other community social services are provided as well as Diabetes and Heart Disease Prevention education modules during home visits. MCHC's **Family Benefits Specialists** conduct eligibility confirmation including household income verification, citizenship, and employment for

benefits applications for participants and healthcare and nutrition education and awareness in annual appointments; advocate to the County Assistance Office on behalf of participants to ensure applications do not “fall through the cracks”; ensure applications are updated and documentation is verified so that eligible families are enrolled; refer those who might not be eligible for benefits to other community resources for healthcare and food assistance, and enroll participants in CareMessage interactive text program to remind them of appointments. MCHC’s **Family Center Program Parent Educators** conduct bi-monthly home visits and monthly parent group connections in the community and at the Family Center in Kennett Square. Comprehensive healthcare risk assessments conducted assess participants’ needs and child developmental screenings using the Ages and Stages screening tools assess key milestones for early childhood development. Goal-setting based on each family’s particular needs is established and tracked. During home visits, Parent Educators engage the family in educational activities addressing parenting skills and help to develop children’s early learning literacy skills, assist with enrollment into health insurance for uninsured parents and children, and help participants in obtaining needed resources such as tobacco dependence counseling, healthcare, domestic violence support, and other community social services (such as WIC, SNAP, or GED courses). The two-week **Kindergarten Transition Program** offered to the target child during the summer before they begin kindergarten simulates aspects of a school environment to ensure the best possible transition into their kindergarten year and provides information to parents to help them navigate the school system with confidence, and integrate school life into life at home. Parent Educators provide 2.5 hours of curriculum daily including educational, social and emotional, health education and physical activity components, 1:1 assistance to children requiring special attention and/or supervision and conduct parent group sessions for families each week to engage parents in the program and their child’s school readiness. MCHC’s Fatherhood Program provides home or community-based visits with fathers to provide assistance they need to support their child’s kindergarten readiness.

[Core] Program 2018 Budgets: Healthy Start \$199,250, Family Benefits \$392,412 and Family Center \$387,284

Why funding is important now: Children who are healthy are better prepared to learn, families are stronger, and communities thrive. Far more mothers and children needing MCHC’s critical services are unable to participate in our programs and as the need across Chester County climbs, so does the importance of our work, as more and more women and their families face difficulties in accessing the healthcare and preparing their children for early years of school. MCHC’s challenge in the face of this rising need is to serve the women and families in the community who need our help, while also working within the restrictions of limited program funding to ensure sustainability.

How results will be demonstrated: The overarching goals for MCHC Healthy Start, Family Benefits and Family Center Program include 1.) Improve birth outcomes by providing prenatal and postnatal home-visiting including pre and postnatal social-emotional strengthening support, parenting education, and health education. 2.) Reduce health disparities by providing insurance and benefit enrollment assistance to ensure health coverage and food stability for children and their families, and 3.) Ensure children are prepared for kindergarten and have the tools to succeed in school and beyond and that families of children entering kindergarten are engaged in their child’s education and in their communities. In FY2019, 252 individuals (126 women/126 children) will be enrolled into **Healthy Start**; 95% percent of infants will be born <5.5 pounds; 95% of pregnant women will receive health coverage for prenatal care and/or delivery, and 95% of infants will receive insurance within 30 days to ensure prompt entry into pediatric care. 85% of pregnant women with an EPDS score of 14+ will demonstrate fewer symptoms of depression (decreased postpartum EPDS score). 300 individuals and their families, (100 parents/children in home-visiting programs) will receive **Diabetes Prevention** education with 8 group workshops provided to 200 additional participant family and community members; 85% of participants will demonstrate an increased knowledge in Diabetes and Heart Disease Prevention. 125 children and their families will be enrolled in the **Family Center** program; 95% of parents will report an increase in knowledge of their child’s emerging development and age-appropriate child development and improved parenting capacity, parenting practices, and parent-child relationships, and 85% of children participating in the Kindergarten Transition Program will achieve Kindergarten Readiness as indicated by a pre/post test. 1,800 uninsured individuals will be enrolled into health insurance (MA/CHIP) and 800 into SNAP through Family Benefits; 85% of families will be approved for health insurance enrollment.