

# I. CHESTER COUNTY COMMUNITY FOUNDATION GRANT PROPOSAL SUMMARY SHEET

## Contact Information

**Date: September 12, 2019**

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FEIN: 23-2775806

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:** Chester County and neighboring Pottstown, Montgomery County

**Describe Population Served and Annual Number of People Served:** In 2018, MCHC served 4,392 economically disadvantaged women, children and their families through health insurance and benefit enrollment assistance, perinatal support home visiting, health education, early childhood development and parenting home visiting, and school readiness programs. MCHC primarily supports low-income, at-risk women and their children in Latino and Black/African American communities county-wide. In 2018, 89% served were Latino; races included 89% White, 6% Black 1% Asian and 4% other/unknown; 53% were female. Seventy-five percent of individuals served lived at or below 100% of the Federal Poverty Level (FPL), 25% at or below 200% and 1% at or below 300%.

**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 MCHCs Healthy Start, Family Benefits and Family Center programs for over 4,000 mothers, their children and their families across MCHC's county-wide program sites annually.

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

**Annual Budget** \$ 1,318,320      \_\_\_ 19 \_\_\_ # of Full-Time Equivalent Paid Staff  
83 \_\_\_ % of budget for program expenses      \_\_\_ 13 \_\_\_ # of Board Volunteers  
8 \_\_\_ % of budget for administrative expenses      \_\_\_ 67 \_\_\_ # of Active Non-Board Volunteers  
9 \_\_\_ % of budget for fundraising expenses      \_\_\_ 13,650 \_\_\_ # of Volunteer Hours (13,200 intern hrs)  
*100 % total*

**Top 3-5 funding sources:** PA DHS OCDEL Family Center Grant \$389,960; Pew Charitable Trusts \$\$75,000; United Way GPSNJ \$60,000; Brandywine Health Foundation \$45,000; The Claneil Foundation \$45,000 (3-yr \$15K/yr).

**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, Maternal and Child Health Consortium (MCHC) has remained committed to ensuring low-income, at-risk women and their children in Chester County, PA receive the services they need to improve their health and ensure a healthy start for their children. For 28 years MCHC has worked to help pregnant and parenting women access the health insurance, food security benefits, health care, health education, emotional support, parenting and early childhood development and community resources they need to ensure that their children start healthy, stay healthy, and succeed in school. Through its long history, MCHC has risen as a leading voice for underserved women and their children in Chester County and surrounding communities and has expanded its services to meet their emerging needs.

MCHC's overarching goals include improving birth outcomes by providing prenatal and postnatal home-visiting including pre and postnatal socio-emotional strengthening support, parenting education, and health education; reducing health disparities by providing insurance and benefit enrollment assistance to ensure health coverage and food stability for children and their families and, ensuring 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. MCHC's 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 CMS Connecting Kids to Coverage, Pew Charitable Trust, and the Claneil Foundation; and the creation of a dynamic three-year strategic plan (extended to a fourth year in 2019) 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 is distinctive for its cultural competency, bilingual capacity and successful ability to provide access to care and benefits. Our program staff are bilingual, bicultural community outreach workers and are members of the population being served with shared experiences, enabling them to build trust with participants. MCHC's bilingual and bicultural Community Health Workers (CHWs) provide Healthy Start, Family Benefits and Family Center services and live and work in the communities in which we serve. Hence, they are able to readily communicate with our participants and continue to serve as a trusted source in the community.

**Key Initiatives** *Healthy Start* is a community-based perinatal and parenting home visiting program provided throughout Chester County and in Pottstown, PA. The program aims to reduce low birth weight babies (<5.5lbs.) by providing home visiting perinatal services for pregnant and parenting women and their children ages 0-18 months. Comprehensive risk assessments evaluate participants' needs and Adverse Childhood Experiences (ACEs) and Edinburgh Perinatal Depression Scale (EPDS) screenings ensure women at highest risk are being served. Community Health Workers (CHWs) deliver socioemotional strengthening, offer mothers health and early childhood developmental education, and hands-on parental involvement and learning using the evidence-based Parents As Teachers (PAT) curriculum and Baby Basics, *The What to Expect Foundation's* signature prenatal and health literacy program. Diabetes and Heart Disease Prevention education (curriculum adapted from the CDC's Diabetes Prevention Program) is provided to ensure participants better understand their healthcare risks and how to improve their long-term health outcomes. Participant engagement is enhanced through CareMessage; perinatal, chronic disease topics and appointment reminders provided through mobile interactive text messages help to improve health literacy and self-health management.

MCHC's *Family Benefits* program reduces health disparities through health coverage and benefits application assistance by enrolling eligible families into Medicaid and the Children's Health Insurance Program (CHIP) for children ages 0-19 and the Supplemental Nutrition Assistance Program (SNAP). CHWs enroll eligible families into programs that enhance family resilience ensuring families obtain the most basic essentials—health insurance and nutritious food. CHWs conduct community outreach, assist families in obtaining and renewing coverage, including advocacy to the County Assistance Office on behalf of applicants to ensure they receive coverage. CHWs also refer those who might not be eligible for benefits to other community resources for healthcare and food assistance.

Participant engagement is also enhanced through the use of CareMessage texts to remind participants of their appointments and renewals. Insurance and benefit enrollment assistance and navigating the healthcare and benefits systems are common challenges for individuals faced with language barriers, low literacy levels and lack of access to technology. Applications are complex, lengthy, and require several verification documents to apply and maintain coverage on an annual basis. The application and documentation burdens are a leading reason why many families who do enroll their children do not keep them enrolled and as the enrollment process moves increasingly online, it is difficult for families with limited computer access or low computer literacy. MCHC staff have been well-trained to help applicants complete the arduous process and navigate the health and benefit applications. CHWs are “stationed” at county-wide locations where they hold appointments with participants including; West Chester, Coatesville, Phoenixville, Kennett Square, Oxford, Spring City, Exton and Pottstown. MCHC CHWs also implement annual outreach and participant recruitment plans to recruit at-risk women into the program, including, 200+ community education events; distributing low-literacy and culturally effective outreach and education materials, and meeting with health and human service providers, school districts, and community organizations.

The **Family Center** program provided in southern Chester County, primarily in the Kennett Square and Oxford communities, for low-income families and their children birth to five-years-old is designed to teach early child development and parenting skills using the PAT home-visiting curriculum with the ultimate goal of preparing the child and their parents to be ready for kindergarten and future school success while building peer-to-peer resource networks for parents. During home visits, CHW Parent Educators engage the family in educational activities addressing parenting skills and help to develop children’s early learning literacy skills. Also at the Family Center, parents learn how to reinforce their children’s education in the home and build community connections,<sup>1</sup> through monthly group workshops. The Kindergarten Transition Program aids families to become prepared to start kindergarten. This program is provided to the Center’s target child and offered to children in the Kennett Consolidated School District (KCS), specifically children in KCS that have not has the opportunity for a preschool experience, during the summer before they begin kindergarten. The two week program simulates aspects of a school environment to ensure the best possible transition into their kindergarten year and provides parents information to help them navigate the school system with confidence, and integrate school life into life at home. Outreach to isolated immigrant families is an important aspect of the kindergarten readiness services to help committed parents prepare their children for kindergarten. MCHC’s Fatherhood Program also helps to ensure fathers are receiving the assistance they need to support their child’s early development years and kindergarten readiness.

**Specific Needs and Issues to Be Addressed** While poverty rates in Chester County remained relatively steady from 2016 to 2017, very high rates of poverty continue to be reported in the communities in which MCHC serves, including the West Chester borough (27%), Coatesville (30%), Oxford (22%), Kennett Square (10.3%) and Phoenixville (9.1%) compared to 6.9% county-wide, according to the US Census Bureau ACS 2017. Additionally, 6.9% of children and adults (~33K individuals) are without health insurance county-wide. This poverty and lack of insurance coverage disproportionately affects the county’s minority population; both Latino and Black/African American individuals are likelier to be uninsured or underinsured and for women, perinatal health status specifically shows significant racial and ethnic disparities. In the county, the average annual rate of infant mortality for Black/African American infants it is more than three times that of White infants at 13.7% compared to 3.8% and 7.9% for Latino infants in comparison and Black infants are twice as likely as White infants (13.1% vs. 6.0%) to be born at a low birth weight with Latino infants at 7.3%. One in four pregnant women in Chester and Montgomery counties also did not receive prenatal care in their first trimester (PA DOH 2016 County Health Profiles). In the southern part of the county, MCHC programs specifically target economically disadvantaged Latino women, children and their families in communities to address the greater need for access to healthcare education and insurance, benefits assistance programs and to close the gap in early childhood education in the southern region of our county. Too many children in southern Chester County, especially Latino children, are beginning kindergarten without the age-appropriate development and early learning skills they need to succeed. Research shows that early educational disadvantages typically lead to long-term disparities in academic accomplishment. Children in southern Chester County are entering kindergarten without basic needs in place in

the home to support school readiness such as self-feeding skills, bedtime routines, and bathroom training. Parents of these children who play a significant role in their children's academic development are struggling to prepare their children for school and provide the support their children need, particularly in the early years. In Chester County, nearly 5.4% of residents speak Spanish 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.

**Why Funding Is Important Now** One of MCHC's greatest assets is our culturally diverse, passionate, and experienced bicultural, bilingual staff who guide our programs and growth and are perceived as trusted partners who live in the communities they serve. As such, MCHC can provide more services to more underserved individuals within Latino and Black/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 Latino neighbors are reluctant to participate in services or send their children to health clinics and schools for fear of deportation, as well as children fear leaving home for school and returning to find their parents and family members may have been detained. MCHC continues to focus our outreach, awareness and education on ensuring these families know it is safe to participate in our programs and services.

Far more mothers and children needing MCHC's critical services are unable to participate in our programs and as the need across counties climbs, so does the importance of our work, as more and more women and their families face difficulties in accessing healthcare and preparing their children for early years of school. MCHC continues to address the challenges in the face of this rising need 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 Impact and Results Will Be Demonstrated** MCHC reduces barriers to accessing perinatal care, health insurance and food security benefits, parenting and early childhood development, and health education programs that help to engage participants in self-health management and improving their health outcomes. MCHC's programs help to prioritize the health of parents as key players in their children's healthy development and help families maintain continuous, consistent health coverage from birth. MCHC continues to demonstrate success in improving the health of participating women, children and their families as evident in our program outcomes. The families we serve throughout the county directly benefit from our services, and we know that the benefit extends well beyond individual families to the larger community. Annual outcomes include:

**Healthy Start:** Serve 120 women and their infant children; 95% of infants will be born at healthy birth weight (<5.5 lbs); 95% of pregnant women in Healthy Start will receive health coverage for prenatal care; 95% of infants will receive insurance to ensure prompt entry into pediatric care; 95% of Healthy Start participants will be screened for maternal depression using the EPDS questionnaire three times throughout enrollment, screened once during enrollment for ACES and properly referred to other services needed. 85% of Healthy Start mothers who have delivered their babies will report they increased their knowledge of healthy pregnancy through their work with their CHW and 85% of Healthy Start mothers will report they increased their knowledge of child development and parenting skills. **Family Benefits:** Enroll 1,800 individuals (80% of whom are minors) into state subsidized health insurance (CHIP, Medicaid, ACA) 95%. Enroll 800 food insecure individuals (80% of whom are minors) into SNAP. **Family Center and Kindergarten Transition Program (KTP)** 1) 130 children and their families will be served; 85% of children will demonstrate achievement of age appropriate developmental milestones; 95% of parents will report improved parenting capacity, parenting practices, and parent-child relationships. 2) Enroll 60 children and their parents in the KTP; 85% of children will achieve mastery of school readiness; 90% of parents attending KTP parenting sessions will report an increased confidence and knowledge in addressing their child's needs, their families' school readiness, and knowledge of the school system. **Diabetes and Heart Disease Prevention (DHDP):** 250 home-visiting families will receive DHDP education; 85% of participants will demonstrate an increased knowledge in diabetes and heart disease prevention. **CareMessage:** 200 new participants will be enrolled in CareMessage texting modules; 85% of all enrolled participants (1,500) will report the application was helpful in keeping their appointments and/or increased their knowledge on healthy pregnancies and healthy living.