

# I. CHESTER COUNTY COMMUNITY FOUNDATION GRANT PROPOSAL SUMMARY SHEET

**One page only.** This page will be shared electronically with Grant Panel Members & Fund Advisors.

Note: If Philanthropy Network's Common Grant Application is used, CCCF's **Summary Sheet MUST accompany application.**

To obtain an electronic version of this application, visit [www.chescocf.org](http://www.chescocf.org)

**Date** 09/02/2020

## Contact Information

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Year Incorporated: 1991  
FEIN: 23-2775806

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## Organization Information:

### Field/s of Interest:

Arts, Culture & Humanities       Environment/Animal Welfare       Education  
 Health       Human Services       Religion

**Mission:** Empowering 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.

**Geographic Area Served** (If not all of Chester County, specify primary Chester County regions served):

MCHC serves all of Chester County.

### Describe Population Served & Annual Number of People Served:

MCHC serves economically disadvantaged pregnant and parenting women, their young children, and family members regardless of race, ethnicity, language, health insurance or immigration status. MCHC serves upwards of 5,000 families each year, ethnic and racial demographics include: 86% Hispanic, 14 non-Hispanic; races: 82% White, 4% Black/African-American, 2% Asian, and 12% other/unknown.

<u>Annual Budget</u> \$ <u>1,900,506</u>	<u>21</u>	# of Full-Time Equivalent Paid Staff
<u>85</u> % of budget for program expenses	<u>15</u>	# of Board Volunteers
<u>8</u> % of budget for administrative expenses	<u>38</u>	# of Active Non-Board Volunteers
<u>7</u> % of budget for fundraising expenses	<u>500</u>	# of Volunteer Hours
100 % total		

### Top 3-5 funding sources:

DHS OCDEL, Connecting Kids to Coverage, PA DHS CHESCO, The Pew Charitable Trusts, United Way of GPSNJ

**Is this grant proposal for:** Capacity Building  or General Operating

### If Capacity Building Proposal, the focus is:

Mission, Vision & Strategy     Governance & Leadership     Partnerships & Collaborations  
 Fundraising, Development & Marketing     Technology    Other: \_\_\_\_\_

**Grant Amount Requested from the Community Foundation:** \$2,500

### Proposal Summary:

Maternal and Child Health Consortium (MCHC) addresses health disparities among economically disadvantaged pregnant and parenting mothers, their young children, and family members in Chester County and Pottstown, PA. Our core programs, Healthy Start, Family Benefits, and the Family Center focus on strengthening perinatal health outcomes through a combination of direct services such as pre and postnatal health education and screenings, health insurance and benefits acquisition assistance, and building kindergarten readiness and parenting skills. Always with the goal in mind to empower underserved families and ensure equitable access to health care, MCHC continues this important work to cultivate stronger, healthier communities.



MATERNAL AND CHILD  
HEALTH CONSORTIUM  
OF CHESTER COUNTY

**Chester County Community Foundation  
MCHC Grant Proposal Narrative  
September 15, 2020**

**Organization History:** MCHC was created out of a need to address the high rate of low birth-weight babies and health disparities among low-income families in Chester County. Founded in 1991, MCHC continues to ensure that all women and their young children in the county have equitable access to quality, culturally competent health care. In 1995, with initial funding from the Robert Wood Johnson Foundation and multiple private foundations, MCHC began providing prenatal case management for pregnant and parenting women and their children. In 1997, with funding from the federal Healthy Start program, MCHC became one of 100 Healthy Start programs throughout the country. MCHC's Family Benefits Program designed to provide uninsured families with bilingual, bicultural assistance with accessing state subsidized health insurance programs and in 2010 was augmented to include enrollment in food benefits. In response to a gap in school readiness among low-income families with children entering kindergarten in southern Chester County, MCHC launched the Family Center Program in 2006 to support kindergarten readiness and parents' ability to support their child's early cognitive development.

**Goals:** MCHC's main goal is to reduce the rate of low birth weight babies and improve health outcomes among high risk mothers and children using evidence-based preventative health education and connections to affordable, culturally competent medical care. Additionally, MCHC aims to bridge gaps in access to education services among low-income families in southern Chester County by providing kindergarten readiness and parenting programs.

**Key Achievements:** In our 29 years, MCHC's most significant achievement is its work in reducing the number of low birth weight babies in Chester County and our success has even been cited in peer-reviewed scientific journals. We work with upwards of 5,000 individuals each year across programs and maintain a consistent track record of 95% of Healthy Start babies among low-income, at-risk populations are born greater than 5.5 pounds and at a level of development for reduced risk of long-term health challenges. An annual average of 90% of Family Benefits program participants are approved for health insurance and food benefits, allowing families to access critical health coverage and keep healthy food on the table. Each year, 85% of incoming kindergarteners in our Family Center program achieve mastery of age-appropriate school readiness skills and 90% of parents enrolled in the program report increased confidence in their ability to support their child's early cognitive development and navigate community resources.

**Distinctiveness:** MCHC is a leading preventative health and social service provider in the Chester County region. We have a successful track record in improving perinatal health outcomes in the short and long-term among the most at-risk populations, specifically low-income Latino and African American mothers and young children. We are distinctive for our bilingual, bicultural capacity and highly qualified staff who live and work in the communities we serve. They bring expertise in education, public health, business, and social work to guide our programs, are trained in a trauma-informed approach and home-visiting best practices and guidelines to support the best outcomes for underserved families.

**Key Initiatives:** The **Healthy Start** Program aims to reduce low birth weight babies (<5.5lbs.) by providing home visiting perinatal services and health screenings for pregnant and parenting women with children ages 0-18 months. MCHC's bilingual, bicultural Community Health Workers (CHW) deliver socio-emotional strengthening and support, offer mothers health and early childhood developmental education, and hands-on parental involvement and learning using the evidence-based Parents As Teachers (PAT) model and *Baby Basics*, the *What to Expect Foundation's* signature prenatal and health literacy

program. Home visits are for two hours 1-2 times per month over 12-18 months. Comprehensive healthcare risk assessments evaluate participants' needs and *Adverse Childhood Experiences* (ACES) screenings ensure participants scoring 4+ receive chronic disease management and resiliency education; those scoring 9+ receive increased contact and 14+ scores are referred to behavioral health counseling. *Edinburgh Perinatal Depression Scale* (EPDS) screenings administered prenatally and at one and six months postpartum, assess maternal depression and ensure women at highest risk are being served. MCHC's Diabetes and Heart Disease Prevention (curriculum adapted from the *CDC's Diabetes Prevention Program*) education modules are provided during home visits to ensure participants better understand their healthcare risks and how to improve their long-term health.

MCHC's **Family Benefits** Program reduces health disparities through health coverage and food benefit enrollment assistance. Family Benefits serves families with children ages 0-19 years old by enrolling eligible families into state-subsidized health insurance (MA/CHIP) and food stability programs (SNAP, WIC) so that families may access the basic healthcare and regular nutrition needed to maintain their health. CHWs wrap services around all children by assisting families in enrollment navigation to obtain or renew coverage. During 1-hour annual appointments, CHWs confirm applicant eligibility including household income verification, citizenship, and employment for benefits applications and provide healthcare and nutrition education and awareness. CHWs also maintain open communication with the County Assistance Office on behalf of applicants to ensure applications do not "fall through the cracks," especially in cases where applicants are in serious poverty and food insecure.

MCHC's Kennett Square **Family Center** provides home-visiting services utilizing the Parents as Teachers (PAT) Born to Learn™ curriculum to help families better prepare their children for entry into kindergarten. The program provides school readiness preparation during home visits by our bilingual, bicultural Parent Educators, in addition to health insurance enrollment, parenting classes, and parent-children educational activities. MCHC Educators work closely with families to address all of the barriers that potentially prevent each individual child from being optimally prepared to succeed in school such as self-care skills and age appropriate academic skills. Kindergarten preparedness culminates with an intensive Kindergarten Transition Program for the Family Center's five-year-old children. The two-week program simulates aspects of a school environment to ensure the best possible transition into their kindergarten year and is complemented by parenting classes for parents to learn how to support their child's learning and navigate school systems. MCHC also provides a Fatherhood Program to ensure fathers are receiving the support they need to develop their parenting and relationship skills with their child.

**The Need:** Too many families, particularly those of Hispanic and African American origin, are experiencing poverty at the highest rates in Chester County, with 6% of children and adults (31,000+) without health insurance countywide (U.S. Census Bureau ACS 2019). This poverty and lack of insurance coverage disproportionately affects the county's minority population; both Hispanic and African American individuals are likelier to be uninsured or under-insured and for women, perinatal health status specifically shows significant racial and ethnic disparities. Countywide, more than half of all Hispanic and African American mothers had no prenatal care in their first trimester in the past five years. The average annual rate of infant mortality for African American infants is more than two times that of White infants at 9% versus 4%, and African American infants are more than twice as likely to be born at a low birth weight than White infants at 13% and 6% respectively. In comparison, the Hispanic infant mortality rate (4%) and low birth weight rate (7%) have remained steady over the past five years until the outset of COVID-19 in the Chester County region (PA Dept of Health County Health Profiles 2020). COVID-19 has only elevated health disparities among already high-risk groups, most notably pregnant Hispanic women, who constitute a staggering 44% of pregnant women hospitalized and/or in intensive care and relying on mechanical ventilation nationally between January and September 2020 (CDC Data on COVID-19 during Pregnancy 2020). Additionally, pregnant African American women make up the next

highest hospitalization rate (21%) during COVID-19 among all ethnic and racial minority groups. Social determinants of health that are putting minority communities at greatest risk are: discrimination within health care, criminal justice, and other institutions that cause minority groups to avoid seeking assistance; how minority groups make up a larger portion of essential work sites (e.g. grocery stores, farms, public transportation, etc.); lack of access to high quality education services leading to limited job choices; and housing insecurity, as unemployment and homelessness grow as a result of COVID-19 (CDC Data on COVID-19 during Pregnancy 2020). The intersectional experience of these factors has only been compounded by the recent public health crisis and we see this locally, as MCHC has experienced a higher demand for its services.

An additional need concerns the many students in southern Chester County who are entering kindergarten without foundational self-care skills (self-feeding, bathroom training, bedtime routines) and parents who are struggling to prepare them. In Chester County, 5% of residents speak Spanish in the home (age 5 years and older) (U.S. Census Bureau ACS 2018). However, the Kennett Square Consolidated School District (KCSO) has 44%, making it extremely challenging for families to engage with school staff. Adding to the challenge, 43.8% enrolled in the KCSO in 2019/20 were defined as economically disadvantaged and at the Mary D. Lang Kindergarten Center, 48% are Hispanic students and 42% are economically disadvantaged (Future Ready PA Index 2020). As of June 2020, 37% of MCHC program participants reported having lost their jobs as a result of COVID-19 and 82% of households only have one parent working and are a single head of household. Our role as an organization is to alleviate the pressures of inequality through direct service while also bringing solutions and actionable steps to changing our current system.

**Impact:** Our progress is measured by established program outcomes, goals, and by the number of individuals served tracked monthly and annually. All MCHC home visiting and benefits assistance program staff have access to laptops and mobile Wi-Fi for program and benefits enrollment efficiency and to capture participant demographics, relevant personal information, and progress in the program. Participant health and risk assessment data is collected by CHWs and reported to MCHC's Program Manager and Director of Programs who manage data tracking, and the health insurance/SNAP database at intake, during appointments and home visits. MCHC participant pre and post tests, program knowledge, and satisfaction surveys are administered to measure change, gather feedback on services provided, learning and engagement, and overall satisfaction. MCHC is also currently in the process of implementing a new database system, Apricot, to enhance data tracking and reporting across programs. Outcomes of MCHC programs and impact are shared through social media, our monthly newsletters, annual reports, and by word of mouth out in the community. Ultimately, support from community partners is instrumental to our success and ability to make a positive impact on family health. We deeply appreciate all of MCHC supporters and our work together in building strong, vibrant communities.