

# Narratives

## Executive Summary

PCC's AmeriCorps program will include ten members who serve on one of two teams, Healthy Lifestyle team or Breastfeeding Peer Counseling team, to promote healthy lifestyles throughout the lifecycle. The Healthy Lifestyle team will deliver messages about a healthy lifestyle, nutrition and physical activity to children and their families in PCC health centers or community settings. The Breastfeeding Peer Counseling team will promote breastfeeding to a wide audience of pregnant women and their support persons during clinic visits, prenatal classes or community settings. In addition, the Healthy Lifestyle and Breastfeeding Peer Counseling teams will offer a six-week Intensive Coaching Program (ICP) to the children and their families with high motivation to improve their nutrition, activity and/or self-care. The project period is August 5, 2013 to July 18, 2014. By the end of the project period, at least 70% of children and their families who participate in the Healthy Lifestyle ICP will demonstrate improvement in health knowledge and/or behavior through the Healthy Lifestyle Assessment tool. In addition, at least 50% of mothers enrolled in the Breastfeeding ICP will breastfed for at least one month. Based on our program model, PCC's AmeriCorps program aligns with the Healthy Futures Focus Area-Tier 3 Complementary Program Measures. The total investment amount for CNCS is \$132,999 (46%) and the non-CNCS share is \$154,613 (54%).

## Rationale and Approach

NEED: PCC Community Wellness Center (PCC) is dedicated to providing high quality, affordable healthcare and support services to underserved communities. Many PCC patients reside in areas designated by Health Resources Service Administration (HRSA) as Medically Underserved Areas (MUAs) and have Medically Underserved Populations (MUPs). MUAs and MUPs are areas or populations with a shortage of health care services. Documentation of shortages includes several factors, such as infant mortality rate, poverty rate and percentage of population aged 65 or over.

PCC serves communities that suffer from severe poverty, lack of access to medical care, and have high rates of uninsured individuals. During 2011, PCC served 43,737 patients totaling 140,430 patient visits. Of these patients, 18% did not have any health coverage, while 64% utilized Medicaid or Medicare. Approximately 80% of PCC patients live at or below 200% of the federal poverty level. These communities are racially and ethnically diverse with 51% African American and 35% Latino residents. Unfortunately, health disparities affect these communities more severely, particularly adult and childhood overweight and obesity.

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According to Trust for America's Health survey results, nearly 31% of suburban caregivers in Illinois were identified as overweight or obese, more than 20% of children of caregivers were overweight and 48% were obese. Unfortunately, only 4% of caregivers self-identified their children as overweight or obese, while many noting beliefs that their children have average weight, receive the recommended servings of fresh fruits and vegetables, and participate in recommended physical activity each day.

Childhood obesity continues to be a national growing epidemic. More than 12 million children and adolescents in the U.S. are considered overweight or obese. The Consortium to Lower Obesity in Chicago Children (CLOCC) reports young children in Chicago have considerably higher obesity rates than low-income children in other regions of the U.S. The national rate of obesity for children aged 2-5 years old is 10.4% while Chicago's rate for children ages 3-7 is 22%. Furthermore, the national rate of obesity for children aged 6-11 years old is 19% while Chicago's rate for children 10-13 years old is 28%. These findings come from data that were collected with the cooperation of the Chicago Public Schools and the Archdiocese of Chicago from the Child Health Examination Forms that are required for children at school in school.

Many communities in PCC's service areas have been identified as "food deserts," regions with few supermarkets selling nutritious foods and "food swamps," regions with abundant fast food restaurants and convenience and liquor stores. Both regions are often associated with communities with low-income families and have "limited access to affordable healthy foods and water, but have ample access to affordable energy-dense, nutrient-poor foods and drinks, such as sugary snacks and beverages," (Centers for Disease Control and Prevention, CDC). Without nutrition education or access to healthful options, Chicago-area residents are susceptible to co-morbid health conditions, including: heart disease, stroke and hypertension; type II diabetes; breast, colon and endometrial cancers; high LDL cholesterol and triglycerides; liver and gallbladder disease; respiratory problems; osteoarthritis; reproductive health complications; and depression.

PCC's AmeriCorps program is dedicated to combating the obesity epidemic by providing healthy lifestyle awareness and education including breastfeeding support. The American Academy of Pediatrics (AAP) recommends breastfeeding babies for one year. The CDC cites studies that indicate the longer an infant is breastfed, the less likely that infant is to become obese as an adolescent or adult.

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Additionally, breastfed infants often develop stronger immune systems, are less likely to develop type I or II diabetes, and have lower risk of infant mortality. Nationally, 75% of mothers initiate breastfeeding; however, this rate is significantly lower among African American and low-income women. According to the National Immunization Survey (2004-2008), 46% of African American women initiated breastfeeding, while 67% of women who live less than 100% of FPL initiated breastfeeding.

**HIGHLY EFFECTIVE TO SOLVE COMMUNITY PROBLEMS:** Since 2009, PCC's AmeriCorps program has promoted healthy lifestyles, with an emphasis on youth obesity prevention. Members address this need through a two-pronged approach: helping children and families make good fitness and nutrition choices through its Healthy Lifestyle team and promoting a healthy start through its Breastfeeding Peer Counseling team. The Institute of Medicine (IOM) recommends that health professionals "routinely track body mass index in children and youth and offer appropriate guidance and counseling to children and their families." PCC's 2013 -2016 AmeriCorps program will deploy members as lifestyle coaches and peer counselors, acting upon the recommendations of the IOM and other authorities to effectively address obesity in PCC's target communities.

**Healthy Lifestyle Coaching:** AmeriCorps members will deliver messages about a healthy lifestyle, nutrition and physical activity as they meet children and their families in PCC health centers or community settings. Health care providers will refer these individuals to members and members will also identify children and their families through PCC information systems to initiate in-person contacts. AmeriCorps members will: 1) support children and families in identifying healthy goals, 2) educate about healthy lifestyle choices, and 3) motivate children and families to take steps towards improving their overall health and wellness. Members will also disseminate these messages to the general PCC population through audiovisual media, poster displays, distribution of take-home materials and community resources. The guidelines used by members to conduct health promotion are based on materials gathered from the United States Department of Agriculture (USDA) MyPlate model which are easy-to-understand visual tools to help consumers adopt healthy eating habits by encouraging them to build a healthy plate, consistent with the Dietary Guidelines for Americans.

**Breastfeeding Peer Counseling:** AmeriCorps members, including peer counselors representing the communities they serve, will promote breastfeeding to a wide audience of pregnant women and their

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support persons. Breastfeeding promotion activities include: 1) meeting with pregnant women and support persons during prenatal care, 2) inviting women to prenatal groups and co-facilitating breastfeeding education with childbirth educators, and 3) disseminating positive messages about breastfeeding to the general population as described above for the Healthy Lifestyle team.

In addition to delivering messages about healthy lifestyles and breastfeeding, AmeriCorps members will offer an Intensive Coaching Program (ICP) to children and their families with high motivation to improve their nutrition, activity and/or self-care, as well as new mothers with goals to breastfeed. Each ICP participant will be matched with an AmeriCorps member who will provide weekly contacts during a six-week session. To enroll, participants must commit to this frequency of contact and set goals for the six-week session. Members will serve a maximum of five participants at any given time. Individualized goal setting is grounded in the concept of self-management from the Institute for Healthcare Improvements (IHI), Chronic Care Model (CCM) to support individuals in managing their health. Members will promote the program to a) pregnant/new mothers, b) overweight or obese children and their families, c) children and families with lead poisoning, d) individuals with or at risk of developing chronic conditions, e) any child and family motivated to improve nutrition and physical activity.

Healthy Lifestyle team members will engage in weekly intensive coaching program activities that employ community based interventions. Some examples of activities include: 1) providing home visits to conduct education and perhaps even participate in meal preparation, 2) establishing a schedule for motivational phone calls, an evidence-based technique to support change, and 3) visiting local grocery stores to explore options for nutrient-rich foods and compare to less healthful foods. PCC's AmeriCorps staff developed an ICP template to guide members through six weekly sessions, providing structure for routine activities as well as flexibility to individualize goals. The ICP template includes various topics with objectives, tools and resources to utilize during each weekly contact. Topics include portion sizes/food groups, fiber/ fruits and vegetables, physical activity, smart shopping, cooking techniques, eating out/fast food, and relaxation/stress management.

Breastfeeding Peer Counseling team members will also engage in weekly intensive coaching program activities. The ICP will be open to all new mothers; however, members will target first-time breastfeeding mothers, and those with previous breastfeeding difficulties, or who must return to work

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or school. In addition to home visits and clinic visits, members will visit new moms in the hospital and at services within the community. The breastfeeding ICP template functions the same as the healthy lifestyle ICP template as described above. The Breastfeeding Peer Counseling team will work in parallel with the Healthy Lifestyle team, united by the same goal of promoting a healthy lifestyle and preventing childhood obesity.

Since 1997, PCC AmeriCorps members have served as health educators, functioning both in the clinic and in the community, and directly impact the health and wellness of low-income communities through health promotion, wellness activities and initiatives contributing to health improvements. As a result of PCC's AmeriCorps program, children and families are able to receive health education and intensive coaching from AmeriCorps members; thereby further enhancing success in setting and achieving health goals. Overall, members are able to help advance PCC's mission and extend the reach of health services, both within our health centers, as well as to patients' homes and the communities we serve. PCC staff members are committed to self-management and health education, but without the AmeriCorps program, PCC patients would lack access to health education services because PCC staff is consumed with providing primary health care and other activities such as referral tracking, and care coordination. PCC's AmeriCorps program allows PCC to be more effective in achieving health goals for the community. PCC is requesting ten full-time AmeriCorps members for each program year; five will serve on the Healthy Lifestyle team and five will serve on the Breastfeeding Peer Counseling team. Members are placed at four high-volume PCC health centers: Lake Street, Austin, Salud and South Family Health Centers. PCC's AmeriCorps program requires full-time slots because they are best suited to service in health care where opportunities to provide direct services are arguably endless.

EVIDENCE-BASED: PCC's AmeriCorps program utilizes a multi-strategy model for changing awareness, knowledge and behavior in regards to nutrition, healthy choices and the benefits of breastfeeding in order to have a measurable community impact. This multi-strategy model includes evidence-based and evidence-informed health coaching and peer counseling interventions. AmeriCorps members facilitate Intensive Coaching Programs with patients that desire to invest more in their individualized health goal(s). This coaching technique is known as a proven technique to alleviate struggles and help patients focus on reaching their goals. The Miriam Hospital's Weight Control and Diabetes Research Center confirms that health coaches can play important roles in

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weight loss and obesity prevention. The research center also indicated that "health coaches successfully supplemented a less intensive, lower cost behavioral intervention and that their weight losses were actually comparable to those produced by professional coaches -- something that could be critical in this changing healthcare landscape." The CDC asserts that health coaches may significantly impact health related costs associated with overweight and obese patients.

The U.S. Preventative Services Task Force (USPSTF) recommends effective interventions combine nutrition education with behaviorally-oriented counseling to help patients acquire the skills, motivation, and support needed to alter their daily eating patterns and food preparation practices, including the 5-A behavioral counseling framework: "Assess dietary practices and related risk factors, Advise to change dietary practices, Agree on individual diet change goals, Assist to change dietary practices or address motivational barriers and Arrange regular follow-up and support." PCC's AmeriCorps ICP clearly aligns with the 5-A behavioral counseling framework.

Breastfeeding has been recognized as a proven disease-prevention strategy as well as plays a foundational role in preventing childhood overweight. According to the Journal of the American Medical Association, adolescents who were mostly or only fed breast milk were at an approximately 22% lower risk of being overweight, compared to adolescents who mostly or only fed infant formula in the first 6 months of life. The breastfeeding-obesity link is recognized by the CDC and the American Academy of Pediatrics (AAP). The AAP recommends exclusive breastfeeding for the first six months and continued breastfeeding with the addition to appropriate foods up to at least one year of age. According to the Journal of Human Lactation, "women tend to make the decision to breastfeed early in their pregnancies;" therefore, enrollment in breastfeeding support programs, promotional support and additional information during pregnancy is instrumental in breastfeeding initiation. Studies conducted by the Maryland WIC program found that breastfeeding peer counseling programs were particularly influential in improving breastfeeding rates among low-income communities. In a randomized, controlled trial of prenatal and postnatal lactation consultant interventions conducted by Bonuck, Trombley, Freeman and McKee, it was found that mothers with support increased breastfeeding initiation and continuation when compared to mothers without direct, peer support.

The overall change expected as a result of PCC's AmeriCorps program is to improve the health of low-income communities ultimately leading to Healthy People 2020 objectives for Nutrition and Weight

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Status: 1) increasing consumption of fruits, vegetables and whole grains; 2) reducing consumption of calories from solid fats and added sugars; 3) reducing the proportion of obese children and adolescents; and 5) preventing inappropriate weight gain in youth. In the 2010-2013 cycle, PCC's AmeriCorps program began to focus on youth obesity and is positioned to further advance its impact. The program began using the electronic health record allowing real-time access to health information and health team communication. Motivational interviewing techniques were added to support positive behavior change. The Healthy Lifestyle (HL) Assessment tool was developed to assess patient knowledge and behavior before and after pre-and post-ICP and standardize health education because it is based on HP2020 targets and the USDA MyPlate model. The HL Assessment tool includes basic demographic information and a series of pre and post questions pertaining to patient perception of health, patient behavior and knowledge on nutrition and physical activity, reading a nutrition label and the USDA MyPlate model. In its first year of use, 86% of patients demonstrated one or more positive changes in health knowledge or behavior. Revisions in the tool align with national recommendations to benchmark our program's impact.

Peer counselor support has led to increased breastfeeding initiation rates among women served in Chicago's Austin community. Despite other clinical breastfeeding support at PCC, improvement in breastfeeding did not begin to accelerate until the AmeriCorps program adopted breastfeeding peer counseling. Between 2009-2011 breastfeeding initiation at sites with AmeriCorps members increased from 47 to 59% (PCC Lake) and astoundingly, 34% to 58% (PCC Austin). Peer counselors create dialogue, provide one on one support and share resources with mothers in a unique way. PCC has still not achieved HP2020 targets and believes it is essential to continue the current program strategy to support families in making healthy choices for the next generation.

In order to demonstrate impact, PCC expects at least 70% of individuals who participate in the Healthy Lifestyle ICP will demonstrate improvement in health knowledge and/or behavior through the HL Assessment. Measures of health knowledge include recommended daily intake of fruits and vegetables, recommended weekly physical activity, ability to read nutrition labels and recognition of the healthy USDA MyPlate model. Measures of healthy behavior include reported daily intake of fruits and vegetables, reported weekly physical activity and reported activities to consume healthy food groups and portions. We will report the proportion of participants who demonstrate overall positive change, and we will also begin to measure change in specific areas of knowledge or behavior. Mothers

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who participate in the Breastfeeding ICP will initiate breastfeeding, and at least 50% will breastfed for a minimum of one month. The overall percentage of PCC infants receiving breast milk at 3-4 weeks of age is 40%. PCC's AmeriCorps program aims to improve these outcomes over baseline. If we achieve year one targets, in subsequent years we will increase targets for degree of change and/or proportion of participants who make positive changes.

As a method to measure impact, PCC's AmeriCorps clinical advisors and members developed the HL Assessment, as previously described, in response to feedback from CNCS. We recently developed a more sophisticated Access database to analyze item-based changes. Members continue to utilize an Access database to report health promotion activities. Members will collect data about breastfeeding initiation and continuation from mothers and their infants' medical record and enter this and breastfeeding promotion activities into the database. The Program Manager will produce monthly reports to track the team's progress toward reaching targets and support members to optimize services and impact. This data is reported monthly to the Program Director and semi-annually to PCC's Steering Committee. The program will report to the Serve Illinois Commission via a quarterly system using the National Performance Measure tool.

PCC's healthcare providers, AmeriCorps and development staff established the performance measure targets for the 2013-2016 cycle with feedback from current AmeriCorps members. National breastfeeding data for African-American, Hispanic and low-income women was used to inform breastfeeding targets; comparable national data for lifestyle changes resulting from health coaching is not available. Results from 2011-2012, were positive but are also early findings and cannot be presumed to be replicated immediately in the next cycle because we continue to adapt and revise measurement tools to be more robust.

PCC is pleased to report that our 2011-2012 AmeriCorps program met, and in some cases exceeded, all performance targets. The HL team enrolled 204 children and adults into the ICP (target:160) with 120 completing the program and 86% demonstrating positive change in knowledge and/or behavior (target: 50% each). BPC team enrolled 80 mothers into the ICP (target: 80), with 71% completing the program and 71% breastfeeding for at least one month (target: 50%). Furthermore, the HL team promoted health and nutrition to 1,884 individuals (target: 1,400), and the BPC team promoted breastfeeding to 903 individuals (target: 700).

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Overall, PCC's AmeriCorps program has contributed to addressing the identified need in the community. Because PCC's AmeriCorps program is aligned with national initiatives, including the First Lady's Let's Move campaign, our members are sought as stakeholders in groups like the Health Resources and Services Administration (HRSA)-supported Building a Healthier Chicago, a coalition committed to fighting obesity in Chicago. Members participate in city-wide conferences and networking events and are regularly invited to present. Local community agencies, such as the Westside Health Authority and CLOCC, as well as other AmeriCorps programs request to collaborate with PCC's Program, which strengthens our impact beyond our outcome measures. In the past three years, the PCC AmeriCorps program has reached nearly 9,021 individuals through health promotion and over 919 through intensive coaching support. Health disparities, including obesity, are rooted in the social determinants of health. Strategies to reverse disparities are multi-faceted and must include direct services. The perseverance of PCC's AmeriCorps members working continuously in PCC's service communities is a critical part of the solution.

**MEMBER RECRUITMENT:** Our goal is to recruit members, primarily from the communities we serve, who represent diverse cultural, educational, and socioeconomic backgrounds, including individuals with disabilities. In addition, PCC recruits bilingual members for placement at sites that serve Latino youth and families. PCC seeks candidates with strong interests in health or nutrition with a demonstrated desire to serve PCC's target population. By definition, peer-counselors have experiences that relate to those served; therefore, for the Breastfeeding Peer Counseling team, preferred candidates have experience as mothers who have breastfed. PCC strives to recruit from the local community and underrepresented populations. In order to recruit and engage underrepresented populations, PCC's recruitment strategies include: 1) posting flyers throughout our medically underserved communities we serve, 2) conducting mailings to local colleges, 3) posting flyers at local Women, Infants and Children (WIC) offices, 4) reaching out to PCC's patient population through personal referrals, 5) engaging in partnerships with community organizations, and 6) utilizing the National Service online application system. These strategies have led to 100% member recruitment as well as allowed PCC to recruit members who are culturally competent and often from PCC's patient population and communities served.

**MEMBER TRAINING:** In order to complete the year of service, AmeriCorps members must

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demonstrate their ability to be knowledgeable about AmeriCorps, the organization, health disparities, cultural competency, promotional and counseling techniques, as well as the ability to serve within a health care setting and use behavioral change skills. As a result, members participate in a four-week training/orientation session, which is held five days per week. The first week includes an overview of PCC, its service area and demographics, in-depth AmeriCorps and national service background, and members' roles and responsibilities including prohibited activities. Dynamic activities are used to facilitate staff and team introductions, PCC's mission and structure, and AmeriCorps requirements. Members also participate in a High Ropes course at a local Park district, which is a team building activity that emphasizes the importance teamwork at PCC sites. During the second week, members receive training on health disparities and cultural competency. The third week of training teaches members various health promotion and counseling techniques. Members are trained to be effective health educators through lectures, role-playing, and other activities. Members complete a scavenger hunt of the community using public transportation and incorporating visits to local community organizations. During the four week, members shadow PCC staff to gain understanding of comprehensive health care. Members then work directly with PCC staff to develop skills for service through return demonstrations, role-plays and providing services under staff supervision; staff "sign off" skills on a checklist when the member has demonstrated performance. By the end of the four week of training, members demonstrate competence to serve within a health care setting and provide behavioral change support.

Members receive ongoing training throughout the service year on a monthly basis and follow-up training on cultural competence and motivational interviewing. Topics include preparation for life after AmeriCorps, including resume and interviewing skills. Furthermore, each member is assigned a professional mentor based on their future career or educational goals with whom they meet monthly to discuss future plans and explore various professions. Mentors include physicians, nurses, social workers, and health care administrators. PCC also leverages many no-cost training opportunities for members such as city-wide health summits and seminars at hospitals.

PCC has complied with CFR requirements, through detailed descriptions and monitoring of members roles and responsibilities assuring that AmeriCorps members do not engage in prohibited activities and we have never had a violation. We attribute success to the following methods which we will continue.

- 1) The service agreement clearly states member expectations including all prohibited activities and

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consequences for not abiding. 2) In orientation, the Program Manager explores prohibited activities scenarios with the team to ensure comprehension, developed from national models cited on the EnCorps resource website. 3) Annually, PCC's Senior Management team reviews program scope and prohibited activities so that all agency leaders support the AmeriCorps mission and minimize risk of prohibited activities.

**MEMBER SUPERVISION:** Members are supervised by a highly competent, professional team who monitors members' services to address concerns early and effectively. All members gather weekly to update on activities, plan days of service, and problem solve. The members are supervised by the program manager who was selected based on her experience in community health, health education and program management. The program manager is responsible for overall supervision of member activities, attends all required program director trainings, and reports these topics at monthly PCC staff meetings. Onsite clinical advisors assist members in serving children and families with unique health needs and serves as a liaison with the health care team. At PCC we have learned that the most appropriate clinical advisors are nurses and social workers. Although clinical advisors involvement in the AmeriCorps program is part time, a higher staff to member ratio has allowed the program manager to spend one day per week at every site, providing individual support leading to increased supervision and retention. The program provides training, oversight and support to supervisors through monthly staff meetings, an annual planning retreat, and orientation sessions for any new clinical advisors.

**MEMBER EXPERIENCE:** PCC's AmeriCorps program allows members to impact communities, develop a life-long commitment to civic participation, and connect with other national service participants through powerful service experiences. Service projects are designed to address urgent community needs as identified by community organizations. Volunteers are recruited from the community to ensure project success. Members are committed to collaborating with other AmeriCorps programs such as City Year, the Greater Chicago Food Depository and Chicago Health Corps. Building an ethic of service and an understanding of citizenship is critical to member retention and the lasting impact of AmeriCorps. During orientation, members learn national service history and the philosophy. Members promote these messages to the community, which reinforces their commitment.

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PCC supports members in understanding they are AmeriCorps members and identifying themselves to others. At PCC, members introduce themselves as AmeriCorps health educators in all interactions. All members wear AmeriCorps apparel two days per week as a visual reminder to staff, patients, and community members. In addition to wearing AmeriCorps apparel, PCC provides ID badges that display the AmeriCorps position title. During orientation members create an AmeriCorps 'elevator speech' with facts about national service and why they chose to serve. AmeriCorps logo is prominently displayed on program materials. Upon exit, members are asked to donate service gear back to PCC or reminded to wear it proudly but never in circumstances that will not violate AmeriCorps values. PCC AmeriCorps staff support the AmeriCorps identify through standing agenda items, where topics are divided into "AmeriCorps" and "PCC", but also integrated as appropriate. Members present at monthly PCC's New Staff Orientation which, allows members to spread the word about national service.

PCC's AmeriCorps program has partnered with the Illinois Humanities Council and the Project on Civic Reflection for the past five years to provide members structured opportunities to reflect on their service and continue to develop their civic identity. PCC's AmeriCorps program manager is trained to facilitate civic reflection multi-media activities based group discussion sessions. These activities will be incorporated throughout the program year during recruitment activities, monthly group discussions, and the AmeriCorps annual team retreat.

The High Ropes course in orientation connects members to each other through challenging interactive activities enabling members to grow as individuals and a team, exploring risk, leadership, communication and problem-solving. Members also connect with other AmeriCorps programs through the Martin Luther King (MLK) service day and AmeriCorps week, as well as additional projects.

**VOLUNTEER GENERATION:** PCC's AmeriCorps program utilizes volunteers to expand our reach in the communities we serve. In addition to service day, volunteers will be recruited, trained, and supported in two ways. First, volunteers will assist with PCC's Reach Out and Read (ROR), a national program, which aims to incorporate early childhood literacy into pediatric primary care. Anyone can serve as a volunteer and this opportunity is ideal for individuals with physical disabilities. Second, volunteers will be recruited to assist with PCC's Austin Produce Market, which is the result of a partnership between PCC and Windy City Harvest, a sustainable local urban agriculture training

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program. This partnership provides fresh, local, and organically grown produce to the community at affordable prices. The team will recruit and manage local volunteers from high schools, community agencies, churches, and businesses. PCC will develop an orientation session for Produce Market volunteers to train them to not engage in prohibited activities. Members will guide volunteers in sharing recipes, assist in set up and clean up duties, as well as market promotion through community canvassing.

**ORGANIZATIONAL COMMITMENT:** PCC is proud to have an AmeriCorps program since 1997 and is committed to representing national service. Individual activities to display the AmeriCorps brand are described above. Organizationally, PCC will strive to prominently display "AmeriCorps Serves Here" logos at each PCC site. The AmeriCorps logo is on PCC's website and in staff member email signatures. From the first day of service, members are introduced to program alumni and staff encourages members to develop relationships among service years. Cultivating this continuum is another way that PCC develops the concept of AmeriCorps-for-life and connection with the AmeriCorps brand. In addition, PCC's Development Department consistently describes AmeriCorps in communications, especially to government agencies and in local philanthropic circles. PCC will revise marketing materials and communications to media sources to proudly include our AmeriCorps affiliation.

### **Organizational Capability**

**ORGANIZATIONAL BACKGROUND and STAFFING:** The mission of PCC is to improve health outcomes for the medically underserved community through the provision of high quality, affordable, and accessible primary health care and support services. Anchored with family medicine, we are committed to serving the needs of all people in all stages of life, while we continue to specialize in the delivery of comprehensive maternal and child health services to address this unmet need in our community. PCC began in 1980 as the Parent and Child Center, which consisted of a three-room clinic of West Suburban Hospital that offered prenatal, postpartum, and infant care for underserved residents of Chicago's impoverished Austin community. In 1992, PCC was incorporated as an independent, 501(c) 3 nonprofit organization, and attained the status of a Federally Qualified Health Center (FQHC) in 1994. FQHC is a federal designation from the Bureau of Primary Health Care, Center for Medicare and Medicaid Services that is assigned to private non-profit or public health care organizations that serve predominantly uninsured or medically underserved populations. PCC has grown to encompass nine health centers that offer comprehensive care and support services, primarily

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serving the Westside of Chicago and the near west suburbs. PCC also provides care at Vanguard West Suburban Medical Center, Vanguard Westlake Hospital, and Norwegian American Hospital. For the past 16 years, PCC has successfully implemented the AmeriCorps program as a result of PCC's highly dedicated team of staff and strong management structure. The commitment and expertise of PCC's management, providers and Board of Directors has allowed PCC to continually expand services to meet the growing needs of our service community.

PCC's 2013-2016 AmeriCorps program includes one full-time program manager and five staff members who serve in a part-time capacity. The Program Director, Andrea McGlynn is a Master's prepared nurse, with extensive experience community health management. She has been in PCC's AmeriCorps program since 2004. Lucy Flores has been the PCC AmeriCorps Program Manager since 2010. Mrs. Flores supervises members implementing program activities through a player-coach model. She has over 17 years of experience in health care, grant management, and health programs. She is bilingual in Spanish and bicultural, which broadens our team's cultural-competence. Janelle Landis Kheshgi, a bilingual, International Board Certified Lactation Consultant and Nurse has 30 years of experience and provides clinical supervision of the breastfeeding peer counseling team, ensuring training and follow-up of problems by a healthcare professional when indicated, and providing linkages to HealthConnect One and the Chicago Breastfeeding Taskforce. A team of advanced practice nurses provide clinical oversight for the Healthy Lifestyle team, as well as review all health education materials and perform case reviews of all PCC patients enrolled in the ICP.

Highly qualified internal and external experts provide programmatic and financial orientation, training and technical assistance to staff. The Serve Illinois Commission conducts monthly and biannual trainings around program management, fiscal administration and other requirements. One or more program staff has always been present at Serve Illinois trainings. PCC staff participate in fiscal webinars sponsored by the Serve Illinois Commission which are held approximately on a quarterly basis and is. PCC staff also attends the annual Conference on Volunteerism and Community Service. Information received from all trainings is communicated back to the appropriate PCC staff within the organization to ensure we provide financial and programmatic orientation, as well as training and technical assistance to staff.

PCC has a multidisciplinary team of physicians, advanced practice nurses, social workers, lactation

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consultants and health support staff with expertise in serving the patient population and providing training and skills development for members. Ten PCC staff members have Masters in Public Health and many staff members have health management degrees. PCC is a teaching facility, where residents and students of medicine, social work and nursing are placed and trained. PCC retains many AmeriCorps alums as employees after service, which dramatically enhances our training capacity. Furthermore, PCC has a wide variety of affiliations and arranges for member training from regional and national experts, including the Assistant Surgeon General in Chicago, national breastfeeding experts, and many more.

As a Joint Commission accredited organization, PCC implements continued evaluation within the program design to assess program operations and achieve outputs and outcomes. First, members complete a post-orientation questionnaire to assess their knowledge to perform program activities. In addition, they complete anonymous evaluations of each training topic and the program manager conducts an open participatory evaluation of the orientation. Members are expected to complete bi-weekly logs to document task completion, struggles and accomplishments generating improvement topics for each meeting. At the end of each program year, members are given a formal participatory evaluation conducted by a graduate student who knows the program, combining qualitative and quantitative measures and generating recommendations. This past year, PCC conducted our first AmeriCorps alumni survey which indicated that 90% of alumni strongly agreed that their service informed them about health and social inequalities and 83% strongly agreed that it inspires them to continue serving. This survey allows us to demonstrate the long-term impact on members. The overall impact of the program is based on the evaluation of our performance measures.

Since 1997, PCC has administered competitive and formula AmeriCorps grants, and provided onsite monitoring. Currently, PCC administers nearly \$5 million in grant supported programming, which includes \$3.1 million in Federal Bureau of Primary Health Care Section 330 funding, as well as state, private, corporate and village contracts. PCC follows the Financial Accounting Standards Board's rules for not-for-profit organizations. An independent Certified Public Accountant firm annually reviews accounting practices and procedures, internal controls, audit trails, and cost allocation procedures. PCC's Finance Manager oversees and produces financial reports for administration and Board of Directors. Program staff review finance reports monthly, and all activities and reports are cross-checked and approved by at least two managers. PCC's management structure consists of a 12

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member Board of Directors who governs PCC and maintains collective knowledge that informs decision-making and ensures a secure future for the organization. In addition, PCC has an executive management team that includes the President and Chief Executive Officer (CEO), Chief Operating Officer (COO), and Chief Medical Officer (CMO). PCC's President and CEO reports to the Board of Directors and has extensive experience in operational, financial and administrative management in community health. PCC's COO has over 18 years of experience at PCC in program management, grants management, and operations, as well as provides ongoing guidance with the knowledge of AmeriCorps' vision and CNCS requirements. PCC's CMO is responsible for the overall direction of the medical staff and clinical activities and has 18 years of experience at PCC. PCC's Board of Directors, administrators and staff fully support PCC's AmeriCorps program by providing the necessary resources, orientation, and training to operate the program

PCC fully supports the AmeriCorps program and the opportunity to advance PCC's mission through service. PCC proudly promotes AmeriCorps services to patients and individuals in our service communities, which adds unequivocal value to PCC. AmeriCorps members serve side by side with physicians, social workers and front line staff using the same facilities, IT tools and equipment, thereby receiving the equal support as PCC staff. AmeriCorps members are integral to both team work and celebrations; at holidays members receive the same gift given to PCC staff. PCC's administration supports members at community health fairs, meetings and speaking engagements at schools and churches. Not only does PCC fully integrate and support the AmeriCorps program, for the past 16 years we have dedicated the necessary resources and staff to ensure the program is managed in the most efficient and effective manner. PCC has also demonstrated a record of compliance and responsiveness to the CNCS and Serve Illinois Commission.

**SUSTAINABILITY:** PCC is proud to have sustained the program since 1997 beyond federal support by aggressively pursuing foundation and corporate funding, dedicating PCC general operating funds and launching new strategies to secure financial and in-kind resources. As a method to diversify our funding sources and promote sustainability, we continue to seek new grant opportunities for program support, as well as leverage community partnerships. For instance, PCC is in its third year of partnership with the School for Social Service Administration (SSA) of the University of Chicago, which places graduate student interns with PCC's AmeriCorps program to assist in program management. These interns serve as valuable in-kind resources toward managing aspects of the

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AmeriCorps program. Last year, SSA interns advanced member training, recruitment strategies and created formal AmeriCorps alumni relations strategy, including a semi-annual newsletter. PCC will optimistically launch its first donor appeal to over 100 alumni members and expects to raise a minimum of \$5,000 annually through direct mail campaigns, matching grant challenges and year-end gifts.

One of PCC's newest community partnerships is with the Maternal Child Health Advocacy Council (MCHAC) founded by a PCC patient who was inspired to "give back" after receiving services from PCC, including AmeriCorps BPC support. The MCHAC are professional women who aim to support PCC through fundraising events and serve as mentors to BPCs. The MCHAC and the Oak Park Women's Guild are new sources of philanthropic support to the AmeriCorps program. PCC also has a contract with CEDA, a non-profit agency that provide WIC nutrition services to PCC patients and community members. Registered Dieticians from CEDA WIC will be new sources of in-kind training to PCC AmeriCorps members.

As a FQHC, PCC provides care to anyone regardless of their ability to pay. PCC has over 20 years of experience raising funds for services and initiatives through grants, donor solicitations, a capital campaign and fundraising galas. PCC's broad base of support from individuals, foundations, corporations and government has been essential to its financial viability and long-term sustainability of the program. PCC has a dedicated group of community stakeholders who provide non-financial support including PCC's Board of Directors representing a broad range of skills and perspectives. PCC has stakeholder partners in local schools, churches, politicians, and other community agencies who share PCC's commitment to those living in low-income and medically underserved communities.

Through community partnerships, the AmeriCorps program exchanges information, identifies challenges and develops responsive strategies to meet needs within the community. Partnerships with Building a Healthier Chicago, Windy City Harvest, and CLOCC, are described above and in addition, Breastfeeding Peer Counselors are members of the Chicagoland Regional Breastfeeding Taskforce, a broad grassroots coalition. PCC will continue to leverage relationships with local government officials to promote health in their circles of influence and networks of supporters and solicit stakeholders' perspectives to shape each year of the program.

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COMPLIANCE & ACCOUNTABILITY: PCC utilizes the following strategies to monitor the AmeriCorps program: 1) direct member observation and supervision 2) weekly member and program management meetings, which have standing agendas to prompt review of critical program activities, and 3) systematic review of member documentation, service activities and program activities documented in OnCorps. Clinical advisors provide onsite supervision and forward meeting minutes for review by the program manager at least once per week.

With 16 years of experience we have developed an excellent relationship with the Serve Illinois Commission and seek guidance when any questions arise. PCC has a perfect record for timely report submission. PCC was honored to host CNCS site visits, in which our program was upheld for its performance and compliance. As a result, PCC's program manager has been asked to collaborate with other programs to offer best practices. PCC utilizes Commission tools internally to review member files immediately after enrollment and exit. The program manager performs onsite monitoring of member activities weekly. Program staff attend mandatory trainings throughout the year and review prohibited activities. PCC will immediately identify and report noncompliance issues to Commission staff and PCC administration. PCC will take action recommended as a result of the review by the Commission and PCC administration.

PCC is proud to report that we successfully enrolled 100% of member positions during our past program year. During the 2011-2012 program year, PCC enrolled 16 members which three full-time members and one part-time member exited the program early due to employment opportunities and personal circumstances. PCC realizes that national service opportunities may present challenges, particularly for mothers serving as breastfeeding peer counselors who are often single, heads of household responsible for providing financial support for others. Despite these challenges, PCC is firmly committed to the model and continues to refine techniques to recruit a diverse team members whose motivations to serve the community sustain their commitment to AmeriCorps. PCC is pleased to report that three of the members were replaced and the program continued as planned; thereby allowing us to successfully achieve all of our performance measures.

### **Cost Effectiveness and Budget Adequacy**

COST EFFECTIVENESS: The budget for the 2013-2014 program year contains essential costs for a successful program while maintaining a sustainable match, which in previous years PCC has always met. In 2011-2012, PCC reduced the program to eight members because it had gradually grown

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larger than could be sustained because two PCC sites were under renovation, providing inadequate space for members. For the 2013-2016 cycle, PCC is requesting ten members; renovations will be complete, and the community need for services remains high.

PCC's cost per Member Service Year (MSY) is \$13,300, which has not increased since the previous year and does not exceed the maximum cost per MSY. Sources of organizational funding include revenue from patient services, governmental, foundation and corporate grants and individual contributions. Based on PCC's current organizational budget, PCC's proposed AmeriCorps program represents 1.2% of PCC's budget. During the past five years, PCC has received AmeriCorps State funding from 2008-2010, as well as AmeriCorps State Competitive funding from 2010-2013.

The proposed request to CNCS represents 46% of PCC's total AmeriCorps program budget. PCC has successfully obtained diverse sources of program support and will continue to broaden these strategies in 2013-2016. Since 2010, we have significantly increased in-kind support through graduate student interns which advances member training, recruitment strategies to achieve a diverse team, and improves alumni relations. In addition, MCHAC serve as mentors and have offered to help cultivate new funding partners. In the proposed budget, PCC will secure \$154,613 from non-CNCS sources. To date for 2012-2013, PCC has obtained the following non-CNCS resource commitments; \$4,000 from the Oak Park River Forest Community Foundation and \$30,000 from the Polk Bros. Foundation; grant funds are pending from Jewel-Osco (\$15,000) and Verizon (\$7,000) as well as an alumni appeal campaign. PCC will continue to seek additional opportunities to obtain diverse resources.

If PCC were to develop a health education program like the proposed AmeriCorps program, PCC would have to hire Community Health Workers, which in Chicago, require an hourly wage between \$10-15 per hour. Using the median salary, the cost for salaries and benefits alone would be \$311,000, more than the entire proposed AmeriCorps program. Not only is AmeriCorps more cost effective, it generates many additional benefits such as membership in the Serve Illinois and AmeriCorps network, and members' benefits encourage further education which ultimately enhances the workforce.

**BUDGET ADEQUACY:** The program budget includes the necessary supplies (such as laminating materials, copying paper, card stock, posters, pens, markers, dividers, binders, etc.) and member-related expenses (including travel, training, living allowance and benefits, pre-service health exams,

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etc.) in alignment with the program narrative, as well as the cost of criminal history checks and fingerprinting. The highest costs in our budget are staff salaries which PCC has found essential to achieve effective program management and achieve outcomes. PCC invests significantly in the professional training and oversight of members by PCC professional staff.

### **Evaluation Summary or Plan**

A process evaluation will be conducted during the 2013-2016 grant cycle, as previously described in the "Organizational Capability" section of the grant. A copy of PCC's 2011-2012 AmeriCorps program evaluation was submitted to the CNCS for review.

### **Amendment Justification**

Not applicable

### **Clarification Summary**

Not applicable

### **Continuation Changes**

Not applicable