

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. DATE RECEIVED BY STATE: 07-JAN-11	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 11AC123130		4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER: 09ACHIL0010007
5. APPLICATION INFORMATION			
LEGAL NAME: Pcc Community Wellness Center DUNS NUMBER: 867028490		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Andrea Mcglynn TELEPHONE NUMBER: (708) 383-0113 7277 FAX NUMBER: (708) 383-1378 INTERNET E-MAIL ADDRESS: amcglynn@pccwellness.org	
ADDRESS (give street address, city, state, zip code and county): 14 WEST LAKE STREET Oak Park IL 60302 - 2606 County:			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 363828320		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:94.006 10b. TITLE: AmeriCorps State		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PCCs AmeriCorps Program	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): The primary areas affected by this program is the City of Chicago and Cook County, Illinois		11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: 09/06/11 END DATE: 08/16/13		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="IL 007"/> b.Program <input type="text" value="IL 007"/>	
15. ESTIMATED FUNDING: Year #: <input type="text" value="2"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 194,992.00	<input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
b. APPLICANT	\$ 166,770.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 0.00		
e. OTHER	\$ 0.00		
f. PROGRAM INCOME	\$ 0.00		
g. TOTAL	\$ 361,762.00		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Robert Urso		b. TITLE: Executive Director	c. TELEPHONE NUMBER: 708-524-7686
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			e. DATE SIGNED: 05/09/11

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Executive Summary

The goal of PCC's AmeriCorps Program is to promote healthy lifestyles throughout the lifecycle, with an emphasis on youth obesity prevention. PCC AmeriCorps achieves this goal by promoting a healthy start to life through its Breastfeeding Peer Counseling Team; and helping children and families make good fitness and nutrition choices through its Healthy Lifestyle Team. PCC AmeriCorps members provide service in the medically underserved communities on Chicago's Westside and near West suburbs.

Rationale and Approach

COMMUNITY NEED: PCC Community Wellness Center is a non-profit organization dedicated to improving health outcomes for medically underserved communities through the provision of high quality, affordable, and accessible primary health care and support services. PCC serves the Chicago communities of Austin, Belmont-Cragin, East Garfield Park, West Garfield Park, Hermosa, Humboldt Park, Logan Square, North Lawndale, and West Town. PCC also offer services in the near west suburbs of Bellwood, Berwyn, Cicero, Maywood, Melrose Park, Stone Park, and Oak Park. PCC reaches out to individuals and families who are at or below 200% of the federal poverty level (FPL). Approximately, 80% of residents in these Chicago and suburban communities live at or below 200% of the FPL. The social and economic disadvantages experienced in these communities contribute to poorer health outcomes and several of these communities struggle with existing health disparities such as obesity.

The challenges of addressing obesity throughout the lifecycle has led to increasing interest in promoting healthier eating and increased physical activity. While the impact of the obesity problem among U.S. adults should not be understated, the concern among children is often seen as the greater immediate intervention priority. Obese children are more likely to be obese in adolescence and adulthood, and are threatened with reduced life expectancy. The need to target an intervention to children and their families living in the Chicago inner-city communities is vital.

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In an effort to examine overweight children at the community level, the Sinai Urban Health Institute conducted a population-based health survey (2002-2003) in six Chicago communities. Results from this survey revealed the prevalence of obesity in these communities was two to three times higher than the prevalence in the U.S as a whole. For instance, the prevalence of obesity, Body Mass Index (BMI) > 95th percentile, among children 2-12 years old, in Humboldt Park (48%), North Lawndale (46.4%), and West Town (42.3%) was more than twice as high as the U.S. (16.8%). The proportion of children who had a BMI for age > 85th percentile was also significantly higher, for example 68.7% for West Town, 64.5% for North Lawndale, 59.6% for Humboldt Park, when compared to 32.8% for the U.S. This data clearly indicates that the childhood obesity epidemic in Chicago communities has escalated beyond the national epidemic.

Many more children living in low-income Chicago communities are overweight or are at risk of overweight than in the nation or the overall state of Illinois. For example, pre-school children in Chicago are at risk for being overweight or are overweight (23.9%) compared to the nation (14.5%). Chicago data was compared with those from the National Health and Nutrition Examination Survey (NHANES). Overall, the prevalence of overweight subjects was 24%, more than twice that of the national prevalence of 10% for 2 to 5 year olds documented by NHANES (1999-2002). The report also indicated that nearly one quarter of children entering Chicago's schools is already overweight. Based on a research study conducted by a PCC resident in 2008 at PCC's Salud Family Health Center, it was discovered that among a sample of children 3-5 years of age, 34% of these children were overweight or obese according to BMI calculations.

Special attention must be given to ethnic minorities, persons with disabilities and groups of low socioeconomic status to ensure they have equal access to obesity prevention and treatment programs and to healthier foods and recreational opportunities within their communities. Black and Hispanic

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children and adolescents have higher obesity rates, and weight-driven diseases such as Type 2 diabetes. The most effective intervention for Type 2 diabetes prevention is exercise and diet modification. Lead poisoning among children can also be reduced with proper nutrition. Also, hypertension responds well to lifestyle changes, such as losing weight, dietary changes, and exercise. Families in PCC's service areas often struggle with poverty and do not have resources to provide nutritious meals or safe after-school activities for children. Their communities have numerous fast food restaurants and small, high-priced convenience stores selling low nutritional value foods.

Providing adequate and proper nutrition is fundamental for normal growth and development in all life cycles. Breastfeeding has been recognized as a proven disease-prevention strategy. Research studies have revealed that breastfed infants were 13% to 22% less likely to be obese than formula-fed infants, and each additional month of breastfeeding was associated with a 4% decrease in the risk of obesity. The breastfeeding-obesity link is recognized by the U.S Centers for Disease Control and Prevention (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.

Data from the National Immunization Survey (NIS) indicates that breastfeeding initiation rates have increased in the past decade, however gaps between racial and socioeconomic group remain. According to the CDC analysis of the 2008 National Immunization Survey, 81% of Hispanic mothers and 84% of White mothers initiated breastfeeding, but only 58% of Black mothers did so. Among new mothers living below the Federal Poverty Level, 68% initiated breastfeeding, while 83% of mothers living at 350% of the FPL or higher did so. The CDC found in 2003 that Chicago, in particular, was found to be behind other metropolitan areas. Moreover, rates for mothers participating in WIC, especially African-American mothers, young mothers and unmarried mothers were significantly lower. The population of

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women served by PCC illustrates breastfeeding disparities. PCC's overall breastfeeding initiation rate is 61%. However, during FY09, at PCC's two sites where the majority of women served are African American, 36% and 44% of women, respectively, initiated breastfeeding.

Healthcare professionals have frequent opportunities to encourage children, youth, and their parents to engage in healthier lifestyles. Unfortunately, obesity treatment is rarely considered a reimbursable interaction between the patient and provider. Our current health care system is not fully focused on preventative measures for childhood obesity. The American Medical Association is encouraging primary care providers to identify community resources and referral services that can help care for overweight and obese patients. To address overweight and obesity, the CDC and Department of Health and Human Services have recently developed recommended community strategies to prevent obesity. These strategies include increasing support for breastfeeding, participating in community coalitions or partnerships, providing peer and professional support, and educating children and families.

As mentioned earlier, third party payors generally do not reimburse for nutrition consultation, nurse visits, or health education visits. Therefore, we truly believe that PCC needs this AmeriCorps program to help us continue to fulfill this unmet need in our community. PCC's AmeriCorps members serve as a resource for individual lifestyle counseling and link to existing community programs with the goal of encouraging children, youth, and their families to engage in healthy lifestyles and activities. Members' direct service and recruitment of youth volunteers provide the necessary actions steps needed to make obesity prevention a part of routine preventive health care for patients and those in the communities we serve.

DESCRIPTION OF ACTIVITIES AND MEMBER ROLES: The goal of PCC's 2010-2013 AmeriCorps Program is to promote healthy lifestyles throughout the lifecycle, with an emphasis on youth obesity

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prevention. AmeriCorps members will achieve this goal through a two-pronged approach: promoting a healthy start to life through its Breastfeeding Peer Counselor Team; and helping children and families make good fitness and nutrition choices through its Healthy Lifestyle Team. Both teams will promote healthy lifestyle choices at PCC health centers, through community organizations, and to individual patients. In the clinic setting and with individual patients, personal goals will be based on the Chronic Care Model, designed to improve planning and coordination of care for individuals as they set and manage their health goals. In the community setting, members will promote healthy lifestyles through the "train the trainer" model, involving children and families in local schools, faith-based organizations, and service agencies through outreach and volunteerism.

PCC has sponsored an AmeriCorps program since 1997, with the members serving as health educators functioning both in the clinic and the community. Last year, the program shifted its focus from emphasis on chronic health conditions such as hypertension and diabetes to preventive health measures, with the goal of fighting obesity-related diseases through the promotion of breastfeeding and healthy lifestyles. Six women from the community who had successfully breastfed were recruited and trained to be breastfeeding peer counselors. Ten individuals were recruited and trained as healthy lifestyle promoters. All the AmeriCorps members currently serve in PCC health centers and in collaboration with community agencies.

Over the past year, PCC has been actively developing collaborative relationships with schools, churches, and community centers. Most of these collaborations have lead to the implementation of community health and wellness programs, such as Bodyworks and Child-to-Child. Two important collaborations, however, are of particular significance in community-based efforts to fight obesity: 1) PCC AmeriCorps involvement in Building a Healthier Chicago (BHC), a large coalition of both public and private institutions dedicated to fighting obesity through the promotion of proper nutrition and physical fitness;

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and 2) collaboration with three other AmeriCorps teams serving in schools located in the Chicago neighborhood of Austin where PCC AmeriCorps members serve. With the support of BHC, PCC AmeriCorps team leader is organizing an All-AmeriCorps in Austin workshop on childhood obesity and AmeriCorps' collaborative response. The goal of the workshop is to review ways that the four AmeriCorps teams can support each other to promote healthy eating and physical exercise among children in the Austin community. It is the intention of PCC AmeriCorps to build on these strong community collaborations in the coming years.

Member Slots: In the 2010-2013 AmeriCorps program, the Healthy Lifestyle and Breastfeeding Team positions are designed to be full-time. Full-time positions are best suited to work in a health care agency where the opportunities to provide direct services are endless. Serving the community in the clinic and schools settings will require the time commitment of ten full-time members on the Lifestyle Team. The Breastfeeding Team will have five full-time positions. However, we recognize that a mix of full-time and part-time positions might better suit candidates for the Breastfeeding Team who are likely to be mothers of young children and who live in the communities we serve. If recruitment yields a different proportion of members interested in full vs. part-time positions, we will apply the permitted slot conversion policies to comply with the budget and meet the program and member needs. PCC will also actively promote our AmeriCorps program to individuals with disabilities.

Member Placement and Roles: For the 2010-2013 program years, AmeriCorps members will be placed at four of PCC's eight health centers which include Lake, Austin, Salud, and South, because these sites experience higher patient volume. The members will be involved in two principal health promotion activities:

Lifestyle Coaching- Ten members will be recruited and trained as healthy lifestyle coaches to promote

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nutrition, physical activity and self-care in a health care setting and the community. In the clinic, members will counsel patients on fitness and nutrition. These patients may be referred by a PCC health care provider or recruited by an AmeriCorps member. Members will offer an intensive coaching program to individuals and families with specific nutrition, activity, and self-care goals, and provide weekly contacts during an eight-week session. Coaching activities will employ various creative techniques, including home visits, grocery store tours, walking groups, and cooking classes. Members will establish a schedule for motivational phone calls, a successful and evidence-based technique used in previous AmeriCorps years. A program-developed curriculum will assist the members with their weekly sessions, but members will have the freedom to individualize a patient's specific intervention.

PCC AmeriCorps members will also promote fitness and nutrition to the community through collaboration with schools, churches, and community centers. During the 2009-2010 program year, PCC established relationships with six area schools and one community center to conduct fitness and nutrition promotion through classroom-based or after-school activities. Members were trained in two health promotion programs: 1) Bodyworks, a program of the Office on Women's Health to promote healthy teens and strong families; and 2) Child-to-Child, an international child health promotion program in which the children are health promoters. The success of these programs led to requests by the schools and community center to continue the collaboration into the next school year.

Breastfeeding Peer Counseling-The Breastfeeding Team, comprised of five (or six if we convert one full-time position into two half-time positions) community peer counselors, will promote breastfeeding to pregnant women and their support persons. Breastfeeding will be promoted in the clinic, at community centers (including WIC offices), and to individual patients. After completing a ten-week training program as Breastfeeding Peer Counselors, the members will counsel pregnant women and support persons during their prenatal visits and co-facilitate breastfeeding education with PCC childbirth

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educators. AmeriCorps members in the Breastfeeding Team will also offer an eight-week Intensive Coaching Program to new mothers, matching each enrollee with a breastfeeding peer counselor. Using a curriculum developed by PCC program staff, AmeriCorps members will employ various support techniques such as phone calls, clinic and home visits, and visiting recently-delivered mothers in the hospital. The Breastfeeding Team will also initiate a support group in a community setting, modeling breastfeeding peer support so that women attending the group can learn to support other women in their community who want to breastfeed.

The Breastfeeding Team will work in parallel with the Healthy Lifestyle Team, united by the same goal of promoting a healthy lifestyle and preventing childhood obesity. Together, the two teams augment the health and wellness efforts of PCC by providing enhanced individual attention and community engagement.

Member Development toward Desired Outcomes: PCC's specific plan for member development, training and supervision is included in the Member Outputs and Outcomes section. All the members participate in a four-week orientation program that includes the history of PCC and AmeriCorps, an understanding of their roles and responsibilities, and specific training in their targeted teams. In addition, members receive ongoing training through periodic conferences and workshops. As part of a larger effort to form service-minded community leaders, PCC encourages members' initiative in researching, planning, implementing, and evaluating programs and projects that will further the mission of PCC and AmeriCorps.

Complying with Rules: Since 1997, PCC has respected AmeriCorps' CFR requirements, monitored through detailed descriptions of members' roles and responsibilities and assuring that AmeriCorps duties do not duplicate, displace, or supplement established PCC staff positions. PCC's AmeriCorps

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Program also has an impressive track record of training, supporting and complying with rules on prohibited service activities. For the past 12 years, PCC AmeriCorps members have never had a violation of prohibited activities. We attribute our success to the following methods, which we intend to continue in the 2010-2013 cycle. 1) PCC's AmeriCorps contract establishes all expectations for PCC AmeriCorps members and clearly explains all prohibited activities and consequences for not abiding by these policies. 2) In orientation, review the contract that details the prohibited activities and the Program Manager conducts discussion about scenarios to ensure comprehension. This technique serves as a national model as seen on the EnCorps website. EnCorps website serves as a resource center that includes staff reviewed and recommended tools for recruiting and developing AmeriCorps members. 3) Each year, PCC's Senior Management team is briefed about PCC's AmeriCorps Program for the upcoming year, including a prohibited activities review so that all agency leaders can support and promote the AmeriCorps mission and help to minimize risk of prohibited activities.

Added Value to Services: PCC is committed to providing the highest quality health care to patients, and helping patients take responsibility for their own health outcomes by setting self-management goals. Success in setting and achieving these goals is enhanced through the education, coaching, and personal attention that AmeriCorps members are able to provide. In addition, PCC AmeriCorps members are able to further PCC's mission and expand its outreach through its work in classroom-based and after-school programs, community centers, and local service agencies.

MEASURABLE OUTPUTS AND OUTCOMES:

Measurable output: AmeriCorps members will enroll at least 200 children and adults at PCC clinics into the 8-week Intensive Coaching Program.

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Intermediate outcome 1: 100% of children and adults enrolled in the Intensive Coaching Program will set a healthy goal to achieve during the 8-week program.

Intermediate outcome 2: 60% of children and adults enrolled in the Intensive Coaching Program will participate in weekly contacts with members over the course of the 8-week program.

End outcome: 50% of children and adults enrolled in the Intensive Coaching Program will achieve their goal within the 8-week program.

This aligned performance measure is only one of the measures that we expect to achieve as a result of our activities. PCC's remaining performance measures that focus on healthy lifestyle, breastfeeding, volunteers, and pediatric literacy are found in eGrants.

An example of PCC's widespread promotion in the community will be to promote breastfeeding to 1,000 individuals, primarily pregnant women as well as expectant fathers and other support persons. PCC's AmeriCorps program will address the Healthy Futures priority area and we will not be using standard performance measures. In order to track these outputs and intermediate outcomes, AmeriCorps members will utilize an Access database that we developed specifically for these goals and objectives. On a monthly basis, the Program Director will generate quantitative reports to share with AmeriCorps members and their Clinical Advisors. Together they will use this performance measure process to ensure the performance measures are being met.

PCC continues to achieve performance measures for our AmeriCorps program. In the 2008-2009 program year, we met or surpassed all of our outputs and outcomes measures. Members provided health education to 301 children with elevated blood levels. In addition, nearly 400 individuals were provided

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outreach screening and asthma education. After receiving intervention from our AmeriCorps members, over 90% experienced improved health outcomes. Successful outputs and outcomes were also achieved among our maternal and child health populations and diabetic patients. Members provided prenatal education to 878 high-risk women, and 517 high risk patients identified as diabetic or at risk of developing diabetes. Furthermore, 100% of members were provided professional mentors and had career/educational plans at the end of their service year.

PLAN FOR SELF-ASSESSMENT AND IMPROVEMENT:

PCC's AmeriCorps program follows explicit, organization-wide commitment to continuous performance improvement (PI) by measuring achievement towards the goals and objectives of the program. The Program Director is responsible for generating monthly reports that summarize member/team productivity and progress towards outcomes. Members and staff review reports monthly, identify areas of strength and areas to change ("positives and deltas"). Quarterly, data is reported to PCC's Steering Committee. Continuous PI is achieved by applying PCC's Plan-Do-Study-Act method, in which members actively implement and evaluate tests of change toward improvement. The Program Director is held accountable for program performance and results by PCC's CEO and Board of Directors.

We actively seek ongoing feedback from members, inviting them to share struggles and accomplishments, specifically to improve the program in real-time. Twice-monthly team meetings with the Program Director and Team Leader(s) and weekly site meetings facilitated by clinical advisors are the primary forums for member-based self-assessment and improvement.

Collaboration with community partners will be critical in the 2010-2013 cycle, and we will enter each relationship with a clear written plan for sharing feedback. Our goal is to conduct quarterly face-to-face meetings with our community partners, and in addition we will provide a written tool to solicit their

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input. PCC can now offer "Survey-Monkey" technology to members and community partners to solicit any feedback.

COMMUNITY INVOLVEMENT: PCC's AmeriCorps service projects are designed to address the community's most urgent needs as identified by local organizations and individual members. Input from three key groups influenced the focus and design of the 2010-2013 AmeriCorps program cycle. The first area of influence is PCC AmeriCorps' experience over the years of short-term collaborations focusing on healthy lifestyles in area schools and churches. The interest generated in nutrition and exercise, the demand for additional programs, and the lessons learned from the implementation of these interventions were used to design the program activities. A second area of influence was the need expressed by PCC patients for on-going guidance and support in the community for adopting healthier lifestyles, including breastfeeding. The final area of influence came from an opportunity for AmeriCorps members to attend the Building a Healthier Chicago conference. BHC is a large coalition of public and private institutions committed to promoting healthy nutritional choices and exercise in an effort to fight obesity in Chicago. At the conference, members were exposed to various programs and strategies to fight obesity at the community level, some of which they incorporated into the second half of their service year. More importantly, in follow-up BHC meetings held at the community level (e.g. "Building a Healthier Austin"), members and PCC staff have joined with other organizations to collaborate in the local implementation of these same programs and strategies. James M. Galloway, MD, Assistant U.S. Surgeon General and Acting HHS Regional Director, Region V is directing the BHC and Building a Healthier Austin efforts, and champions PCC AmeriCorps' involvement in this community collaboration.

Ongoing Community Engagement: PCC will continue to engage its community partners and stakeholders in three principal manners: 1) periodic evaluations and feedback from the schools and

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community centers where PCC has initiated wellness programs; 2) participation in city-wide coalitions to promote fitness and nutrition, such as Building a Health Chicago and Consortium to Lower Obesity in Chicago Children (CLOCC); and 3) partnerships with community-based health organizations such as the Westside Health Authority. Over the past year, PCC AmeriCorps has initiated wellness programs in six schools and one community center and breastfeeding outreach in two WIC offices. Regular communication with the school administration and WIC staff allows for feedback and suggestions to improve services.

PCC AmeriCorps members have been involved in BHC city-wide annual conferences and quarterly meetings as well the local focus gatherings, Building a Healthier Austin. Members have also attended CLOCC trainings on childhood obesity and have joined appropriate work groups within CLOCC. PCC's involvement in these large coalitions, which are also dedicated to fighting obesity, will help us maintain communication with other stakeholders. Finally, PCC has a long history of collaboration with the Westside Health Authority (WHA), a nonprofit community based organization that also sponsors a Healthy Lifestyles Program. PCC patients have been referred to cooking and exercise classes held at WHA. The WHA has also continued to fully support PCC programs. A PCC staff member serves on the WHA Health Promotion Advisory Board, a relationship that enhances communication and collaboration between the two organizations.

RELATIONSHIP TO OTHER NATIONAL AND COMMUNITY SERVICE PROGRAMS: PCC AmeriCorps has a history of collaboration with other national and community service programs. In the past year, PCC AmeriCorps members collaborated with City Year in a day of service and PCC staff mentored two new AmeriCorps groups. In addition, PCC AmeriCorps members presented a PCC-created, low-literacy health education powerpoint on H1N1 influenza to two other AmeriCorps teams and distributed the powerpoint to all AmeriCorps teams in Illinois through the Illinois Commission on Volunteerism and

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Community Services (ICVS). As AmeriCorps works with vulnerable populations, PCC's goal was to help spread this important health information through the vast AmeriCorps network. In addition, PCC AmeriCorps is planning a childhood obesity workshop in January 2009 with three other AmeriCorps teams that work in the same Chicago neighborhood. The goal is to coordinate local efforts to fight this serious public health problem.

PCC will continue its involvement in LeaderCorps, the ICVCS delegation of AmeriCorps leaders in Illinois, whose mission is to connect AmeriCorps members and programs across Illinois. PCC will also continue to participate in Illinois Volunteer Management Network (VMN) through the Northeast region events.

POTENTIAL FOR REPLICATION: PCC AmeriCorps is committed to sharing its experiences with colleagues who seek to implement similar programs. For example, in April 2010, members presented about their implementation of the BodyWorks curriculum at the annual Building a Healthier Chicago (BHC) conference at Chicago's Hyatt Regency. BHC is a large collaborative of public and private stakeholders working to strengthen efforts to promote the health of Chicago residents and employees. BHC promotes and tracks the adoption of selected programs, practices, policies, and supportive environments throughout Chicago. Specific programs identified by the BHC include breastfeeding promotion and Bodyworks, core initiatives of PCC's AmeriCorps program. In addition, BHC leadership has welcomed PCC AmeriCorps members at annual and quarterly meetings and endorsed the AmeriCorps model in the promotion of healthy lifestyles. As we share our successes with organizations like BHC, the opportunities for replication will multiply. In an effort to communicate our program successes, PCC also compiles annual "great stories" to share the experiences and outcomes members encountered during the program with partners and collaborators.

Organizational Capability

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ABILITY TO PROVIDE OVERSIGHT: 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 Community Wellness Center was incorporated as an independent, 501(c) 3 nonprofit organization, and attained the Federally Qualified Health Center status in 1994. Since then, PCC has grown to encompass eight health centers that offer comprehensive care and support services, serving nine Chicago Community Areas (CCA's). PCC has three partner hospitals at which care is also provided, Resurrection's West Suburban Medical Center, Gottlieb Memorial Hospital, and Norwegian American Hospital. PCC also provides care at Interfaith House, a homeless respite center located in PCC's service area. In 2008, PCC became a Joint Commission Accredited organization which validates PCC's high quality services.

PCC has experienced phenomenal growth over the years. Since 2002, we have nearly tripled the amount of patients served. PCC has gone from 11,359 patients in 2002 to 32,304 patients in 2008, totaling 110,731 patient encounters. The commitment and expertise of PCC's management, providers and Board of Directors has allowed PCC to continually expand services to meet the constant growing need of our service community. In October 2009, PCC opened a new site, PCC Walk-In Wellness Center which is located down the hall from the emergency department at Norwegian American Hospital. The site allows patients to receive medical attention for non-emergent care without an appointment. PCC's Walk-In Wellness Center is open 365 days a year. Most importantly, patients are given the opportunity to follow-up with a PCC primary care provider. Also, patients who do not have an existing primary care provider are able to make PCC their medical home.

In addition, PCC is proud of the significant progress we have made on the new PCC Austin Family Health Center which will be complete in January 2010. PCC's new Austin facility is a state-of-the-art

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building which will have a Leadership in Energy and Environmental Design (LEED) certification. Achieving LEED certification is the best way to demonstrate that a building project is truly "green." PCC would be one of only three LEED certified community health centers in the country.

PCC has continued to demonstrate great capacity to manage a federal grant and provide monitoring of required systems. Currently, PCC administers over \$5 million in grant supported programming, which includes managing \$2.9 million in Federal Bureau of Primary Health Care Section 330 funding, \$1.7 million in American Recovery and Reinvestment Act (ARRA) funding, as well as funding from state, private, and corporate sources. PCC's financial management follows the Financial Accounting Standards Board's rules for nonprofit organizations. An independent Certified Public Accountant firm annually reviews our accounting practices and procedures, internal controls, audit trails, and cost allocation procedures. PCC's Finance Director oversees billing and produces financial reports for administration and the Board of Directors. Program staff meets monthly and all activities are under the control of the Program Director.

BOARD OF DIRECTORS, ADMINISTRATION, AND STAFF: PCC is governed by a 12 member Board of Directors. Sixty-seven percent of the members are users of PCC's centers. The board maintains a collective knowledge level that allows for informed policy decision making and a secure future for PCC, as well as encourage free exchange of ideas, new perspectives and open communication. The board has also been very supportive of the 2010-2013 AmeriCorps program. PCC's President and CEO reports directly to the Board of Directors. The Program Director of PCC's AmeriCorps Program reports to the Chief Operating Officer.

Robert Urso has served as the President and CEO of PCC since 2001. He has extensive experience in the operational, financial and administrative management of community health agencies. His credentials

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include a B.S in Nursing, an M.S. in Public Service Administration, and an M.H.A in Health Care Administration. Most recently, Mr. Urso completed the UCLA Certificate of the Health Care Executive Program. PCC's Chief Operating Officer, Lynn Hopkins has been with PCC for 15 years and has extensive experience in program management, development, grants management, and health center operations. She received her bachelor degree from DePaul University in Chicago and earned a Master of Science in Human Services Administration. Chief Financial Officer, Thurman Gills, has provided financial oversight to PCC for the past nine years. Mr. Gills is a licensed CPA, and has provided financial management to several Chicago agencies.

There will be five program staff directly involved in the PCC 2010-2013 AmeriCorps Program. Andrea McGlynn, Director of Maternal Child Health and Community Services, is a Master's prepared, certified nurse-midwife with extensive experience in midwifery care, case management, quality assurance, and health policy. She has been involved in PCC's AmeriCorps Program since 2004, and now overseeing the entire program.

Lucy Flores serves as the Program Manager of the PCC AmeriCorps program. Lucy has completed her Bachelors of Arts in Community Health and has over 17 years of experience in health care, grant management, and community health programs. She has a variety of experiences that highlight her passion and commitment to service in the community setting. In addition, she is bilingual in Spanish and bicultural, which broadens our team's diversity as well as capacity to serve PCC's population in a culturally-compentent manner.

Courtney Matthews is a bilingual Registered Dietician dedicated to community nutrition, breastfeeding, and lifestyle wellness including yoga and exercise. Ms. Matthews provides clinical supervision of the intensive nutrition program, ensuring that all participant goals are safe, offering guidance to the

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AmeriCorps members and providing linkages to technical assistance such as UIC nutrition interns and CLOCC meetings.

Janelle Landis Khesghi, a bilingual, International Board Certified Lactation Consultant, and Advanced Practice Nurse is dedicated to support breastfeeding through home visitation and peer counselors. Ms. Khesghi provides clinical supervision of the breastfeeding support program, ensuring that all breastfeeding problems are addressed by a healthcare professional when indicated, offering guidance to members and providing linkages to Health Connect One and the Chicago Breastfeeding Taskforce.

Clinical advisors at each PCC site include licensed social workers, advanced practice nurses and health promotion specialist with peer counseling experience. PCC also plans to hire a part-time PCC AmeriCorps Program Assistant. In order to fill this position, we will recruit an AmeriCorps Alum member, who may be pursuing further education, to serve as the Program Assistant.

PLAN FOR SELF-ASSESSMENT OR IMPROVEMENT: PCC's Performance Improvement Department (PI) oversees quality assessment and improvement in clinical, administrative, and financial areas. PCC's PI Department has a variety of systems for tracking, analyzing and reporting key performance measures.

Patient Satisfaction surveys allow patients the chance to convey thoughts about the services and programs. Patients are asked for feedback on waiting times, staff, facility, and confidentiality. Patients are also asked for improvement suggestions. A recent analysis of patient satisfaction surveys indicated that out of a total possible score of 5, patients rated satisfaction at 4.4. The highest rated indicators of satisfaction were confidentiality (4.7), providers (4.6), nurses and medical assistants (4.6), facility (4.5), and behavioral healthcare services (4.5). In addition, PCC has a uniform process used by all staff

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members to document and handle patient complaints with the ultimate goal of resolving problems promptly and increasing patient satisfaction.

PCC's Steering Committee comprised of managers and medical directors, meets monthly to discuss key organizational indicators. The Steering Committee addresses clinical, operational and financial indicators. This includes Office of Performance Review, pay for quality, Uniform Data System, and healthcare plan indicators. The PI Committee of the Board of Directors reviews Steering reports on a quarterly basis.

PLAN FOR EFFECTIVE TECHNICAL ASSISTANCE: PCC's 2010-2013 is well-positioned to seek and receive technical assistance from highly qualified internal and external experts. In addition to the program staff, PCC also employs a Public Health Specialist who designed the Access database used for program monitoring and evaluation. PCC's clinical expertise comes from a multidisciplinary clinical staff who offers wide variety of knowledge of health issues affected by lifestyle. Service expertise comes from an AmeriCorps Alum, Katherine Suberlak, who is now the Director of PCC's Behavioral Health Department and Lynn Hopkins, COO, who began PCC's AmeriCorps program in 1997. Internal experts are trainers during orientation, PCC mentors and they provide regular input to the health services that our AmeriCorps members provide.

PCC has relationships with various prominent local and national organizations with valuable external expertise to contribute to PCC's 2010-2013 AmeriCorps Program. 1) HC One provides training for the Breastfeeding Peer Counselors. 2) PCC is a stakeholder in the Building a Healthier Chicago Coalition which receives leadership from Assistant Surgeon General, James Galloway, MD and the Health Resources and Services Administration (HRSA). 3) The UIC Women's Mental Health Program is contracted with PCC to implement an initiative to screen for perinatal depression and eating disorders

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and promote treatment and support through the "Mothercare Program". This provides us access to UIC experts in mental health, nutrition and behavioral health who will provide trainings and links to resources. 4) CLOCC is the Coalition to Lower Obesity in Chicago's Children. PCC's dietician is a member of the stakeholders group and its School Systems Working Group. CLOCC is a local leader in innovative initiatives to address obesity prevention in youth and AmeriCorps members attend CLOCC committee meetings.

VOLUNTEER GENERATION AND SUPPORT: As a nonprofit organization, PCC appreciates any volunteer support generated to increase our organizational capacity. PCC is proud to report that our Board of Directors are volunteers from the community. As a Federally Qualified Health Center, PCC is required to have a Board that is at least 51% patients. Currently, 67% of our Board of Directors is patients of our health centers. This ensures that our Board is reflective of those we serve, and that patients can have an active voice in decision making processes. Their direct involvement provides PCC with valuable insight and direction in developing the organizations programs and services. The Board of Directors plays an integral part in the overall decision-making process at PCC.

Over the years PCC has increased our organizational capacity by recruiting and supporting a diverse group of volunteers. This past year, PCC's AmeriCorps members coordinated three National Service Days with community volunteers and agencies, such as Martin Luther King, Jr. Day, Make a Difference Day, and National Youth Service Day. The team organized community service projects such as health fairs, donation drives, and community clean-ups. Volunteers are also generated through PCC's Reach Out and Read Program.

ORGANIZATIONAL AND COMMUNITY LEADERSHIP: PCC has become known in the community as a leader in providing high quality health care from dedicated staff. PCC providers are mission driven and

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many hold Masters Degrees in Public Health. Local churches, community groups, schools even patients frequently call upon PCC when they are sponsoring health fairs or panel discussions.

Recently, Thrive Counseling Center's Board of Directors selected PCC as the recipient of the 2009 Friends of Thrive Counseling Center Award. This award was given to us for our leadership role in providing integrated behavioral healthcare services and supporting the partnership with Thrive Counseling Center for the past three years. PCC has also received the Illinois ASHRAE Excellence in Engineering Award for PCC's new Austin Family Health Center from the American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc.

This past summer, Katherine Suberlack, PCC's Director of Behavioral Health and AmeriCorps Alum, accepted a position on the Board of Directors at the School of Social Service Administration, University of Chicago Alumni Association. In addition, Dr. Paul Luning, PCC's Chief Medical Officer, was appointed as a Member-at-Large on the Medical Executive Committee at West Suburban Medical Center. Dr. Luning is the first PCC staff member to be on this committee.

SUCCESS IN SECURING MATCH RESOURCES: For the 2009-2010 AmeriCorps program year, PCC received \$30,000 from the Polk Brothers Foundation and \$10,161 from the Washington Square Health Foundation. In addition, the Circle of Service Foundation awarded PCC \$10,000, as well as approved PCC for a challenge grant up to another \$10,000. In order to secure the remaining match resources, PCC continues to utilize general operating funds from revenue earned by patient fees for services. PCC recognizes that a broad base of financial support from individuals, foundations, corporations, and government entities is essential to a not-for-profit's long-term financial viability. PCC is constantly faced with challenges obtaining funding to support our programs and services so our patients are able to receive services regardless of their ability to pay.

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COLLABORATION: PCC has formed several collaborations and partnerships among hospitals, government agencies, local community groups and schools. In 2004, PCC was selected as a site for HRSA's Perinatal and Patient Safety Pilot Collaborative because of our experience with caring for a high-risk perinatal population. The most significant outcomes of the Perinatal Collaborative were the formal and permanent improvements in the coordination care between PCC and our original hospital partner, West Suburban Medical Center.

In 2006, PCC was selected to provide Interconceptional Care Program services through the Healthy Births for Healthy Communities collaboration, funded by the Illinois Department of Human Services, Illinois Department of Health and Family Services, and private foundations. The process of developing the Interconceptional Care Program raised awareness about the need for programs for the high-risk maternal child health population in the Austin community. A year later, PCC was notified that we were selected as a new site for the IDHS Targeted Intensive Prenatal Case Management Program (TIPCM). In collaboration with these programs, PCC established the capacity to serve an additional 120 high-risk women in their childbearing years. This program also enhanced PCC's relationship with the Westside Health Authority (WHA) which lead to the opportunity for PCC's AmeriCorps program to work more closely with the WHA to address obesity in the communities we share.

In addition, PCC collaborates with Adler School of Professional Psychology (Adler School) and Thrive Counseling Center (formerly known as Family Service and Mental Health Center of Oak Park and River Forest) to provide behavioral health care. PCC contracts with these two agencies to provide integrated behavioral health in a holistic, family-centered approach. Furthermore, PCC has formed a partnership with Interfaith House; a nonprofit homeless organization that provides a place of healing for homeless men and women recovering from illness.

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PCC's AmeriCorps teams have worked with various organizations and agencies throughout Chicago to provide intensive outreach and education to individuals and families and help PCC to build relationships with other groups and secure additional resources. These groups include community and faith-based organizations, institutions of higher education, schools, and public agencies. Thus far in the 2009-2010 program year, PCC AmeriCorps members have carried out fourteen (14) networking events that promoted healthy lifestyles. These events have created relationships between PCC, a community health center, and seven (7) neighborhood schools. In addition there have been several ongoing group health promotion sessions at five (5) sites. Formal linkage agreements with four (4) schools and one community center were established.

LOCAL FINANCIAL AND IN-KIND CONTRIBUTIONS: Financial contributions to PCC's AmeriCorps program were described in previous section. PCC has had the most success in securing funding from local foundations and corporations that support programs that have a direct effect on Chicago residents. In-kind contributions have also remained a vital asset to PCC's AmeriCorps program and have increased over time. These include training services during orientation, which included a safety training from a Chicago Police Officer. We have also received in-kind donations such as food, yoga demonstrations, cosmetics services, and massages services for service days.

WIDE RANGE OF COMMUNITY STAKEHOLDERS: PCC has a very dedicated group of community stakeholders to provide non-financial support to our organization. PCC's Board of Directors brings various expertise to PCC and offers a broad range of skills and perspectives. At this time, PCC's Board consists of 42% African American, 42% White, and 16% Hispanic. Board members work in the fields of law, medicine, education and finance. Eighty-three percent of members have served five or more years on the Board. Based on the diverse support we receive from local schools, churches, local politicians,

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and other community agencies PCC is able to reach more individuals in the communities we serve.

These community stakeholders share PCC's devotion to improving the quality of life for those living in low-income and medically underserved communities.

Cost Effectiveness and Budget Adequacy

CORPORATION COST PER MEMBER SERVICE YEAR: The corporation cost per member service year is \$13,000, which is within the allowed MSY cost.

DIVERSE NON-FEDERAL SUPPORT: PCC has continued to strive to secure diverse non-federal resources for the AmeriCorps program implementation. As mentioned earlier, PCC has received funding from the Polk Bros. Foundation, Circle of Service Foundation, and Washington Square Health Foundation. We will continue to aggressively seek diversified funding from foundation and corporate sources in order to support the AmeriCorps program. PCC will also utilize general operating revenue to secure any additional match funds needed.

DECREASED RELIANCE ON FEDERAL SUPPORT: PCC's program is required to provide a minimum of 42% match in the 2010-2011 program year. PCC proposes to match more than 43% of the budget in the upcoming year and has done so in the previous funding cycle. The 2009-2012 program, especially the addition of breastfeeding peer counselors, is an example of cost-effective programming and supervision costs that demonstrates our commitment to a broader reach without a commensurate increase in federal costs.

BUDGET ADEQUACY: PCC's AmeriCorps program budget represents the costs of necessary supplies and member-related expenses. The highest costs in our budget are staff salaries which reflect our experiences with effective program management, and our priorities in supporting program activities and achieving outcomes. Therefore we invest significantly in the professional training and oversight of

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AmeriCorps members, providing a high ratio of staff to members and on-site supervision by individuals who have years of experience in the services that PCC AmeriCorps members provide.

Evaluation Summary or Plan

EVALUATION PLAN: PCC understands the importance of continued evaluation to maintain high quality services. Evaluations are integrated into the program design in order to effectively reach the outputs and outcomes, and assess internal program operations.

During 2010-2013, several evaluation methods will occur. First, members complete a post-orientation questionnaire to assess their competence level to perform the intensive outreach and basic health education. The questionnaires are given at the end of the four week orientation and training. Members are able to complete an anonymous evaluation of the training topics presented at the end of each training session. The program manager then conducts an open participatory evaluation session on the orientation and training sessions the members were provided.

Second, members are expected to complete bi-weekly logs to document task completion struggles and accomplishments. Their thoughts are discussed at each team meeting and members share their accomplishments and areas for improvement. The program staff reviews the member's comments and concerns to make appropriate program changes.

Third, members are given a comprehensive participatory evaluation at the end of each program year. The evaluation allows AmeriCorps members the opportunity to reflect on their experiences and feelings about the program. Quantitative and qualitative measures are used to assess members' reactions to various topics and offer recommendations. The following categories are covered during the evaluation:

1) Training 2) Supervision 3) Documentation & Data 4) Program Significance 5) Staff Integration
6) Volunteerism & Community Involvement 7) Most & Least Valuable Experiences 8) Program

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Transitions 9) Obstacles with patient contact and information. Once the evaluation is completed, the results are shared with members, program staff and administrators. The evaluation feedback is taken into consideration for any necessary adjustments needed within the program structure.

The 2008-2009 AmeriCorps program evaluation showed that members strongly believed that their experiences gave them the opportunity to understand the various dynamics within a nonprofit health care organization. Members also indicated that their most valuable experiences came from helping patients from medically underserved communities. Members also strongly believed that the work they did for the community was very important.

In addition, 100% of members felt the program fostered their personal and professional development. The majority of the team members also highly favored and appreciated their supervisors support when overcoming challenges and receiving feedback in a very timely manner. Some of the other results from the evaluation are highlighted below:

- * 100% of members indicated that they were utilized to some extent to help serve PCC's patients and uphold the PCC mission.
- * 92% of members felt there was a sufficient amount of time spent training for the program; however 92% also indicated that more training should be offered throughout the program year in addition to the original orientation.
- * 67% of members indicated that they were comfortable with the basic data entry for patients' information, services, and outcomes.

The information and feedback collected from the evaluations continues to be taken into careful consideration for the planning of future program years.

Amendment Justification

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N/A

Clarification Summary

CLARIFICATION FOR PROGRAM YEAR 2011 - 2012 PART 2

Q1. Budget Clarification - Section 1G: Training

Include number of days and calculate a daily rate for trainers in member training line item.

R1. 20 days x 150.00 per day = \$3000.00

CLARIFICATION FOR PROGRAM YEAR 2011 - 2012 PART 1

Per the permission of the Serve Illinois Commission and the Corporation, this request for \$194,992 is for 14 full-time members and 1 half-time member.

Q1. In the Clarification narrative field, please enter a statement confirming your desired grant award start date and member enrollment period start date.

R1. The desired grant award start date and member enrollment period start date is September 6, 2011.

Q2. Please make the following changes directly in the application budget in eGrants

R2. We made changes in travel and training, as requested, in the application budget section. Travel costs include member travel to Springfield on two separate occasions: Opening Day (sharing bus) and Dome Day (train travel). Training costs are itemized.

Q3. Please explain the necessity of malpractice insurance for AmeriCorps volunteers.

R3. As a federally-qualified community health center (FQHC), PCC's liability insurance for direct services is provided through the Federal Tort Claims Act (FTCA). FTCA covers PCC's staff but not volunteers. Therefore a "gap" liability insurance policy is required for PCC's AmeriCorps program because members provide direct services to patients.

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Q4. Please verify that criminal history checks will be conducted on all members, employees and other individuals as described above. R4. Criminal history checks will be conducted on all members, employees or other individuals who receive a salary, education award, living allowance, stipend or similar payment from the grant, regardless of whether these costs are coming from federal or non-federal share. Criminal history background checks include a search of statewide criminal history repositories and the National Sex Offender Public Website for all members and employees as described above. An FBI check will also be conducted for members, employees or other individuals with recurring access to vulnerable populations. The cost of conducting these checks for members is reflected in the budget. The cost of conducting these checks for staff is covered by the agency in other budgets.

Q5. Please make the following changes in the Performance Measures screens in eGrants

R5. We revised the performance measures section of the application.

Breastfeeding

Performance measures have been restructured in order eliminate redundancy and to create aligned measures for breastfeeding peer counselor activities that clearly identify the change that will result from member activities. A new end outcome measure will demonstrate improved health through breastfeeding.

Healthy Lifestyle

Performance measures have been restructured in order eliminate redundancy and to create aligned measures for healthy lifestyle member activities that clearly identify the change that will result from member activities. A new intermediate outcome measure will demonstrate improved health knowledge and behavior as a result of AmeriCorps services.

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We deleted other proposed performance measures as requested by the Corporation.

CLARIFICATION FOR PROGRAM YEAR 2010-2011

Each clarification question is respectfully copied below with PCC Community Wellness Center's responses.

Q1. Clarify how one staff with six support advisors will be sufficient for administering this program including training and managing 18 members.

R1. First, we have changed the budget and proposed program narrative to 15 MSYs which equals 16 members: 14 full-time and 2 half-time members. This is equal to the supervision staffing that we have in the current 2009-2010 grant year and we have found this to be effective. Second, the support advisors are very involved in daily service. They are on-site, often working side-by-side with members in patient care, and they meet weekly with the team at their site. Third, we have just confirmed that a second year graduate student of Social Service Administration from the University of Chicago has accepted a field placement with PCC. The graduate student will be a member of the PCC AmeriCorps management team. In the first part of the year, the graduate student will focus on supporting individual members in adjusting to service site functions and expectations. In the second half of the year, she will coordinate the recruitment of members for the 2011-2012 year, allowing the Program Manager maximum time for direct supervision.

Q2. Please briefly list compelling benefits of breast-feeding.

R2. Research has provided evidence that breastfeeding decreases the incidence and severity of a wide range of infectious diseases. Breastfed infants have decreased rates of sudden infant death syndrome,

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diabetes mellitus, lymphoma, leukemia, Hodgkin disease, overweight, obesity, hypercholesterolemia, and asthma compared to those who were not breastfed. Breastfeeding has been associated with enhanced performance on test of cognitive development. Benefits for mothers include decreased postpartum bleeding, faster uterine involution, increased child spacing attributable to lactational amenorrhea, early return to prepregnancy weight, decreased risk of breast cancer, and ovarian cancer. (American Academy of Pediatrics, "Breastfeeding and the Use of Human Milk," Pediatrics, 2005; 115; 496-506.)

Q3. Please provide an outline of a typical day for each of the member streams. Include a brief time line for a member year.

R3. Both teams of members begin their day by checking-in via email with program manager and clinical advisor and submits a plan for the day. Members rotate between "clinic coverage," in which they promote health and/or breastfeeding to individuals and families in the clinic, service at community sites such as schools and community centers, and group health education such as co-facilitating group visits and classes. On most days, members schedule home visits to do in pairs at times when they are not scheduled for one of the above rotations. Most weeks include two days with meetings: the weekly meeting with clinical advisor plus either an entire-team meeting, a Reach Out and Read meeting, Reasons We Serve (civic engagement discussion group) or a planning meeting for a special project or service day. Data entry of services, volunteers and service hours is expected daily. Members end their day by checking-out by email with the program manager and clinical advisor.

Q4. Please describe how results of service will be measured and if the impact of breast-feeding on the incidence of obesity will be tracked.

R4. Outputs and outcomes will be tracked as ongoing evaluation data, as described in the performance measures sections. Progress toward intended outcomes will be reviewed monthly to determine results of service. We will measure the results of service as outcomes on two levels. First, for those who receive

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direct services from AmeriCorps members, we can measure how many were activated to set health goals for themselves; for those enrolled in the intensive coaching program we will determine how many achieve their goals. Second, for the population of PCC patients we can measure the overall breastfeeding initiation rate for all patients which indicates the broader impact on the community served by the breastfeeding peer counselors. It is not possible for PCC to track infants served by AmeriCorps members longitudinally to determine the impact on the incidence of obesity for this population. However, we anticipate that over time, these services combined with broader community engagement on this topics (e.g. Building a Healthier Chicago Coalition, locally and the First Lady's Let's Move Campaign nationally) will decrease obesity overall.

Q5. The application narrative states that PCC will match more than 50% of the budget. However, the budget shows a match rate of 43%. Please explain this discrepancy, and make any necessary changes to the budget.

R5. This was an error in the narrative; both the narrative and the budget have been corrected.

Q6. Please ensure that counseling or referrals for abortions are not part of any members' service and that members are not involved in medical decisions. This was not suggested in the narrative -- this is just to ensure clarity.

R6. Counseling or referrals for abortions are not part of any members' service and members are not involved in medical decisions.

Q7. Please describe the supervision in the peer to peer program.

R7. The breastfeeding advisors meet weekly with the breastfeeding peer counselors to plan their workload and address overall program implementation at their sites. In addition, they facilitate a twice-monthly meeting with PCC's International Board Certified Lactation Consultant (IBCLC) to review

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specific breastfeeding issues and problems and accept referrals for clients who need more than breastfeeding support. Breastfeeding peer counselors work side-by-side with their advisors, the IBCLC and other members of PCC's maternal child health team so that their services are frequently observed to ensure accurate information and real-life learning from these professionals.

Q8. Please ensure that all members and staff working with vulnerable individuals have background checks.

R8. PCC completes national background checks including sex-offender registry data for all AmeriCorps member and staff as a pre-service and pre-employment requirement.

Q9. Please ensure that members are not displacing staff positions.

R9. PCC management ensures that members are not displacing any staff positions.

Q10. Describe specific training for the use of "Chronic Care Model" curriculum.

Q10. Each year during orientation, our Family Nurse Practitioner and clinical advisor, Kristen Ellensohn, provide a presentation about the Chronic Care Model, each of its components and how it guides the improvement efforts of PCC to reverse health disparities. In addition members are taught how to implement PDSA (plan-do-study-act) cycles to make small changes in areas of the care model, in collaboration with other members of the PCC team.

FY10 Budget Clarification Response

Q1. Personnel Expenses: The program narrative lists Andrea McGlynn as the person overseeing the AmeriCorps program, but she is not listed on the budget. Please explain why she is not listed, and revise the budget if necessary. Explain why there are 3-4 clinical advisors for five sites.

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R1. We have revised the budget and included Andrea McGlynn in the role of Program Director providing administrative leadership and oversight of the PCC AmeriCorps Program. There are five clinical advisors for four sites; if we are able to place AmeriCorps members at a fifth site, PCC will either designate one of these advisors to liaise with this site or provide an on-site advisor as an in-kind donation to the program.

Q2. Travel: Delineate who will be the staff person for local travel identified in the budget.

R2. Lucy Flores, Program Manager, will be the staff person traveling locally. This has been revised in the budget.

Q3A. Member Travel: Costs to Springfield for "opening day" are not mentioned in the narrative. Please describe.

R3A. "Dome Day" is sponsored by the Serve Illinois Commission as a civic engagement activity, which supports members in educating Illinois legislators about national service programs. We have budgeted for four members to represent PCC in 2011.

Q3B. The application narrative says that 17 members will be recruited, but the member travel for direct services lists 18 members. Please explain this discrepancy and make any necessary changes in the budget. Additionally, please explain why 30 1-day bus passes are needed for orientation.

R3B. We have now revised the budget to include 15 MSYs, projected to be 14 full-time and 2 half-time members. Historically not all 100% of members seek reimbursement for travel expenses despite our encouragement to utilize this benefit. We have budgeted for 12 members to receive \$45 of reimbursement for a monthly transport pass from October 2010 through August 2011. If more request reimbursement we will provide this beyond the budgeted amount. Members do not need monthly transport passes in September 2010 because most orientation activities are in one location. However,

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two activities occur in the community and we plan to provide one-day transport passes for all members for those events; we anticipate that some will have their own passes and therefore we will budget for 12 members for two events on separate days at \$5 each, totaling \$120. If more request one-day passes for these events, we will provide them.

Q3C. Please provide a justification for the 22 round trip tickets to Springfield. What is the purpose of this trip? Also, explain and justify the "18 for Opening Day plus 4 for Dome Day" line item. What is this and why is it necessary for the program?

R3C. We have revised the budget to include 20 round-trip tickets. Opening Day in Springfield is required by the Serve Illinois Commission and we will send all members (14 full-time and 2 half-time). In addition, we will send 4 members for Dome Day, described above. This totals 16 round-trip tickets.

Q4A. Supplies: Please review the member gear line item. It specifies gear for 18 members, while the application narrative specifies 17 members. Describe member gear. Please review and adjust the line item as appropriate.

R4A. We have revised this item for 14 full-time members and 2 half-time members with the average price of gear for 2009-2010. The gear includes AmeriCorps T-shirts, AmeriCorps patches for PCC polos and AmeriCorps carrier bags.

Q4B. Please itemize office supplies - (group items).

R4B. This includes: \$500 for laminating and presentation supplies for teaching materials, \$500 for copier and colored paper, \$100 for pens, paperclips and staples, \$200 for binders and dividers, \$300 for agenda schedulers, \$200 for business cards, \$100 for post-its and legal pads and \$100 for large poster paper flip-charts.

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Q5A. Staff Training: Describe what additional training through the year will include. Please itemize components of the Trainings (food, lodging, trainer, materials, etc.)

R5A. This item was removed from the budget, as it was not determined to be necessary.

Q5B. Member Training: The "Teams and ropes course" lists a daily rate of \$1000. Is this a daily rate for a trainer, or is this the daily rate for the facility? Specify this in the line item description. If this is the daily rate for a trainer, this exceeds the maximum daily rate for consultants of \$617/day. Please describe this training, which was not included in the narrative.

R5B. The rate for the facility for the members is \$635 plus an estimated additional fee of \$100 to include AmeriCorps staff members. In addition our annual citizenship retreat will be \$300 for food and supplies.

Q5C. The "AmeriCorps, PCC and Healthy Lifestyle orientation and training" line item specifies a rate of \$140 per day. Is this a daily rate for a training, or is this the cost of the training materials? If this is the cost of a trainer then this cost should be listed under Section F of the budget.

R5C. The training consists of a variety of PCC professionals who contribute hours to training the AmeriCorps members during orientation. Their hourly rates range from \$15/h to \$95/h. They are not contractors, they are PCC employees and PCC makes their time available as an in-kind donation. None exceed the maximum of \$617/day, in fact most trainings are one to two hours in length. Each year this training totals approximately \$3000.

Q5D. The "Breastfeeding Peer counselor training" is listed at a daily rate of \$375. Is this a daily rate for a trainer? If so, it should be listed under Section F of the budget. Please provide breakout of expenses for the Breast Feeding Peer Counselor training.

R5D. We have revised the budget and listed it under Section F.

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Q6. Please provide justification for member pre-service health exams.

R6. PCC is accredited by the Joint Commission and per Joint Commission standards all those working or serving in our health care facility are required to have pre-employment or pre-service health exams to protect our patients.

Q7. Evaluation- For the mid-year evaluation, please describe the meeting expenses. Clarify if there will be an end-of year evaluation.

R7. The \$400 for the Program Evaluation includes \$300 for staff time, \$40 for supplies (pens, posterboard paper, report printing), \$60 for lunch for the members. Members are evaluated individually throughout the year and at the end of the year. There is no end-of-year program evaluation.

Q8. Other Program Operating Costs: The budget includes background checks for members, but not staff. Please verify that all staff working on the AmeriCorps grant will receive criminal history checks as required under the Regulations. This section of the budget consistently budgets for 18 members. The application narrative specifies 17 members. Please explain what the correct number of members is, and adjust the budget as appropriate.

R8. PCC completes national background checks including sex-offender registry data for all AmeriCorps member and staff as a pre-service and pre-employment requirement. This item has been revised in the budget for 16 members: 14 full-time and 2 part-time.

Q9. Please explain how \$50/month will provide sufficient day time cell phone coverage for 18 members in the field - Is this for the staff to call members?

R9. After several years of paying a monthly contract for cell-phones, we have consistent evidence that

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members almost always choose to use their personal cell phones instead of AmeriCorps cell phones. Therefore we have converted our plan to a pre-pay minute-based plan which will still provide one phone per site-team, adequate minutes and the option to increase minutes as needed.

Q10. Member Costs: Align number of members with narrative.

R10. This was revised for 15 MSYs which is projected to be 14 full-time members and 2 half-time members.

Q11. Member Support Costs-Please adjust the budget to include health care costs for all full time members.

R11. This was revised in the budget as requested.

FY10 Clarification Summary Part 2

Q1. For the mid-year evaluation, clarify whose staff time is budgeted at \$300. Also clarify that evaluation costs are for internal evaluation rather than for data collection associated with tracking and reporting on performance measures.

R1. The internal program evaluation will be done by Clair Daney, PCC's Development Assistant; the budgeted amount will cover her hours spent on this evaluation. Evaluation costs are for internal evaluation of our AmeriCorps program model and experience for PY10-11, rather than for data collection associated with tracking and reporting on performance measures.

Q2. Please clarify which performance measure is the aligned measure for your primary service activity.

R2. We have proposed two fully aligned performance measures: "intensive lifestyle coaching" and "intensive breastfeeding coaching". For each of these two performance measures, outputs, intermediate outcomes and end outcomes are targeted and expected. In addition, "community collaborations,"

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"healthy lifestyle promotion," and "member development" have outputs and intermediate outcomes.

"Breastfeeding promotion" has output and an end outcome. "Volunteer generation" is the only measure with just outputs.

Continuation Changes

RATIONALE AND APPROACH

Description of Activities and Member Roles:

-Member Slots

Ten full-time members will serve on the Healthy Lifestyle Team. The Breastfeeding Peer Counseling Team will have five full-time positions. However, if recruitment yields a different proportion of members interested in full vs. part-time positions, we will continue to apply the permitted slot conversion policies.

-Member Placement and Roles

Members will be placed at four of PCC's nine health centers which include Lake, Austin, Salud and South, because these sites experience higher patient volume. Plans to add members to other PCC sites will be explored if expansion of the physical plant of those facilities occurs.

-Lifestyle Coaching

The Healthy Lifestyle Team's Intensive Coaching Program has been changed to a six-week program. We are confident that participants will remain more engaged throughout the six weeks and be just as likely to achieve their goals. Also, Fresh From the Farm, a curriculum developed by the environmental organization Seven Generations Ahead, was added to Healthy Lifestyle community promotion activities as a means to provide children experiential learning about healthy foods and food sources. Furthermore, Healthy Lifestyle members have begun to incorporate activities included in First Lady Michelle Obama's "Let's Move" Toolkit for Faith-based & Neighborhood Organizations.

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-Breastfeeding Peer Counseling

The Breastfeeding Peer Counseling Team's Intensive Coaching Program has also been shortened to six weeks for reasons as described above.

Measurable Outputs and Outcomes:

See Performance Measures section.

Community Involvement:

-Ongoing Community Engagement

PCC AmeriCorps members remain involved in Building a Healthier Chicago (BHC) city-wide annual conferences, networking events and quarterly meetings for stakeholders. In addition, using BHC's "Market Guide to Keep it Fresh," AmeriCorps members will develop and implement a plan to run a local produce market by summer 2011 at PCC Austin with the primary goal of providing accessible, affordable produce to PCC patients and staff; many of whom are Austin community members. This initiative establishes a direct link between nutrition education and PCC's prescription for healthy eating.

Relationship to Other National and Community Service Programs:

In February 2010, PCC AmeriCorps and CityYear co-sponsored a symposium to address the childhood obesity epidemic in their shared service populations, consisting of children living on Chicago's Westside. PCC joined the Greater Chicago Food Depository in transportation for Opening Day 2010; saving money while facilitating a connection between AmeriCorps teams. We plan to pursue other collaborations with fellow Chicago-based AmeriCorps programs in the upcoming year. Furthermore, our program was invited by the Serve Illinois Commission to participate with other AmeriCorps programs in creating a pilot for a new National Performance Measurement Reporting Tool.

Narratives

Potential for Replication:

PCC AmeriCorps remains actively involved in both BHC and activities stemming from the "Let's Move" campaign. Whenever possible, we share our progress, strategies and challenges in these larger arenas to cross-fertilize best practices and help others who might seek to replicate our model. Healthy Lifestyle members presented their experiences implementing BodyWorks at the annual BHC conference in April 2010. PCC also recently submitted an entry to the University of Kansas Work Group for Community Health and Development's 2010 "Out of the Box" Award to promote our program model nationally.

MEMBER OUTPUTS & OUTCOMES

Member Recruitment and Recognition:

During 2009-10, member retention was a challenge; four members exited the program before completing the service year. Two Healthy Lifestyle members exited in order to enter graduate and baccalaureate programs, and two Breastfeeding Peer Counselors exited for personal and compelling reasons. Because Breastfeeding Peer Counselors in particular experience many of the same challenges as community members, and indeed all mothers share, they need to make significant sacrifices to commit to national service. To recognize these challenges and improve our retention, PCC has enhanced our pre-service counseling for all applicants with a comprehensive description of the lifestyle commitment a year of service implies; i.e. budget, time, travel, etc and specific instructions about ways they can and cannot complete the program if they plan to return to school. Program Management is committed to identifying challenges early in the year by continuously assessing time and attendance for all members and providing individualized support to overcome challenges.

Member Development, Training and Supervision:

Instead of receiving training from HealthConnect One, Breastfeeding Peer Counselors are now trained

Narratives

in-house by PCC's Breastfeeding Peer Counselor advisor and International Board Certified Lactation Consultant. The 20-hour comprehensive training follows the WIC training model and includes a practicum portion, lectures, role playing and other methodologies to incorporate different learning styles.

We also now recruit PCC AmeriCorps alumni to train members on the BodyWorks curriculum, as well as other important topics such as person-centered language. Our alumni are knowledgeable trainers and can communicate relevance to their successors; providing another outlet for their desire to serve, while contributing in-kind resources. Also, two AmeriCorps members are now provided the opportunity to serve as Team Leaders, and to fill these roles members receive mentoring from Management and develop leadership skills.

Ethic of Service and Civic Responsibility:

In 2009-10, PCC engaged a national AmeriCorps consultant to lead our retreat about civic responsibility and life after AmeriCorps. In doing so, she also trained PCC's Program Manager in the techniques needed to perform future retreats; helping us invest in an enriched, cost-effective and sustainable strategy to support members' ethics of service and civic responsibility.

COMMUNITY OUTPUTS & OUTCOMES

Sustainability:

In January 2010, PCC entered into an agreement with the University of Chicago's School for Social Service Administration to offer field-placement opportunities. In September 2010, our first administrative intern began, under the supervision of the AmeriCorps Program Director. We anticipate that this renewable and in-kind resource will be an important element of program sustainability as our match requirement reaches the maximum level in the next two years.

Narratives

Volunteer Recruitment and Support:

PCC AmeriCorps continues to sponsor the Read Out and Read Program because of the relationship between volunteerism in both programs as well as the link between literacy and health. A specific performance measure related to Reach Out and Reach has been re-introduced for Year 2.

Capacity Building:

As described in the Ongoing Community Engagement section above, PCC will implement a local produce market in the Austin community. Like the Corporation, we realize that our services can have maximum impact when they work simultaneously on multiple levels. PCC strives to identify and articulate these levels of impact as we work to address both the individual and social determinants of health.

ORGANIZATIONAL CAPABILITY

Ability to Provide Oversight:

PCC has grown to encompass nine health centers serving the Westside of Chicago and the near West suburbs. In 2009, PCC served 35,482 patients, totaling 115,172 patient encounters. In January 2010, PCC opened our new Austin Family Health Center. The state-of-the-art facility houses 15 exam rooms and offers comprehensive primary health care and expanded supportive services. Recently, the facility was awarded "Gold" Leadership in Energy and Environmental Design (LEED) certification, marking the building as one of the most environmentally friendly health centers in the State of Illinois.

Board of Directors, Administration, and Staff:

PCC is now governed by a 13-member Board of Directors. 62% of board members are currently users of PCC's centers. Changes in administration and staff are listed below:

Narratives

Chad Parker joined PCC in 2010 as the Chief Financial Officer. He has ten years of healthcare accounting experience and is highly skilled in financial management, cost report development, budgeting, development of financial statements and internal controls, strategic and business planning and year-end auditing processes.

Lucy Flores joined PCC in 2010 as the Program Manager of the PCC AmeriCorps Program. Lucy has completed her Bachelor of Arts in Community Health and has over 17 years of experience in health care, grant management, and community health programs. In addition, she is bilingual in Spanish and bicultural, which broadens our team's diversity as well as capacity to serve PCC's population in a culturally-competent manner.

PCC AmeriCorps Healthy Lifestyle members now receive clinical supervision from Kristen Ellensohn, MS, APRN. Breastfeeding Peer Counselors continue to receive clinical supervision from Janelle Landis-Khesghi, APN, CNM, IBCLC. Ms. Khesghi's role has been expanded to include training services.

Organizational and Community Leadership:

The opening of PCC's new Austin Family Health Center has allowed PCC to take a leadership role in our service area. PCC has been able to host many community events, such as monthly neighborhood police beat meetings and a networking event with the Austin Chamber of Commerce, in the site's Community Room.

Success in Securing Match Resources:

Because the economic downturn has affected resources available through corporate and private foundations, fundraising for PCC AmeriCorps continues to be a challenge. In order to address this challenge, we continue to search for both new funding sources and renewal of previous funding sources,

Narratives

and have increased both the number and frequency of grant proposals submitted.

Local Financial and In-Kind Contributions:

First, PCC will propose cost sharing agreements to community organizations and schools where PCC AmeriCorps members provide services. Second, PCC's AmeriCorps will seek to diversify its financial and in-kind contributions through its alumni relations. Starting in 2011, our administrative intern will launch a new initiative to reconnect with alumni by establishing PCC's AmeriCorps Facebook page and restoring PCC's AmeriCorps newsletter. The Facebook page will allow alumni to become more engaged with PCC through offering in-kind services and/or monetary donations. The newsletter will also be an outlet of information to the alumni, and will be mailed to alumni in January 2011 and May 2011. An annual fundraising letter will be mailed along with the second newsletter to directly ask for monetary contributions from alumni, and hopefully this will lead to a new, yearly source of match funds. Most PCC AmeriCorps alumni are now established in their careers, many for over a decade and most in healthcare, and they received their first formative experiences in the field through PCC AmeriCorps service.

COST EFFECTIVENESS & BUDGET ADEQUACY

Corporation Cost Per Member Service Year:

The cost per MSY in Year 2 provided by the Serve Illinois Commission is 13,534.

Budget Adequacy:

We have increased the member stipends to the required minimum for full-time members for Year 2 and predicted benefits costs for Year 3. The only significant change is that we will no longer contract with HealthConnect One for the Breastfeeding Peer Counselor training.

Narratives

EVALUATION PLAN OR SUMMARY

Evaluation Plan:

Starting in 2011, the administrative intern will perform the annual AmeriCorps Program evaluation. This will preserve the somewhat "external" identity of the evaluator while saving the cost of allocating staff time. Tools and reports from previous years will be available to the intern to adapt as needed.

Performance Measures

SAA Characteristics

- AmeriCorps Member Population - None
 Geographic Focus - Urban
 Geographic Focus - Rural
 Encore Program

Priority Areas

- | | |
|---|---|
| <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Healthy Futures |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |
| <input type="checkbox"/> Environmental Stewardship | <input type="checkbox"/> Veterans and Military Families |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |
| <input type="checkbox"/> Economic Opportunity | <input type="checkbox"/> Other |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |

Grand Total of all MSYs entered for all Priority Areas 14.5

Service Categories

- | | | |
|------------------|---|---|
| Health Education | Primary <input checked="" type="checkbox"/> | Secondary <input type="checkbox"/> |
| Parent Support | Primary <input type="checkbox"/> | Secondary <input checked="" type="checkbox"/> |

Healthy Lifestyle

Service Category: Health Education

Measure Category: Needs and Service Activities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Ten members will be recruited and trained as health educators to promote nutrition, physical activity and self-care to 1400 individuals in a health care setting and the community. In the clinic, members will counsel patients on nutrition and physical activity. These patients may be referred by a PCC health care provider or recruited by an AmeriCorps member. Members will also disseminate health messages through audiovisual media, poster displays, distribution of take-home materials, and community resources. PCC AmeriCorps members will assist individuals and families in the process of setting realistic, short-term self-management goals. An intensive coaching program will be offered to individuals and families who receive health promotion. This program will match each enrollee with an AmeriCorps member who will provide weekly contacts during a six-week session. In order to enroll, an individual or family must commit to this frequency of contact with their coach, set a goal for the 6-

Briefly describe how you will achieve this result (Max 4,000 chars.)

week session and sign a written statement that states their commitment and goal. AmeriCorps members will have a maximum of five individuals or families at any given time. The program will result in improved health knowledge and behavior.

Results

Result: Output

As a result of health promotion to 1400 individuals in the health care setting and the community, AmeriCorps health educators will enroll individuals (youth and adults) in the intensive coaching program to support healthy lifestyle changes.

Indicator: participants

Target: Individuals (youth and adults) enrolled in the intensive lifestyle coaching program.

Target Value: 160

Instruments: Intensive coaching program flowsheet documentation; data will be entered in database.

PM Statement: 160 individuals (youth and adults) will enroll in the intensive lifestyle coaching program.

Prev. Yrs. Data

Result: Output

Individuals enrolled in the intensive coaching program will complete the six week program.

Indicator: participants

Target: Individuals (youth and adults) in the intensive coaching program.

Target Value: 50%

Instruments: Intensive coaching program flowsheet documentation; data will also be entered into database.

PM Statement: 50% of individuals enrolled in the intensive coaching program will complete the six week program.

Prev. Yrs. Data

Result: Intermediate Outcome

Individuals enrolled in the intensive coaching program will increase their health knowledge and/or healthy behavior.

Indicator: increased health knowledge and/or healthy behavior as measured by the Healthy

Target: Individuals (youth and adults) in the intensive coaching program will have increased health knowledge and/or healthy behavior as measured by the Healthy lifestyle assessment tool.

Target Value: 50%

Instruments: Healthy lifestyle assessment tool (includes indicators of knowledge and health behaviors related to fruit/vegetable consumption and physical activity).

PM Statement: 50% of individuals (youth and adults) in the intensive coaching program will have increased health knowledge and/or healthy behavior as measured by the Healthy lifestyle assessment tool

Prev. Yrs. Data

Result: Intermediate Outcome

lifestyle assessment tool

Breastfeeding

Service Category: Parent Support

Measure Category: Needs and Service Activities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

PCC AmeriCorps Peer Counselors will promote breastfeeding to a broad population of pregnant women and their support persons. Breastfeeding promotion activities include 1) meeting with pregnant women and support persons during prenatal care, in exam rooms, waiting areas, at WIC sites and on home visits 2) inviting women to prenatal classes and co-facilitating breastfeeding education with childbirth educators 3) disseminating positive messages about breastfeeding to the general population.

Results

Result: Output

A broad population of individuals in PCC clinics and the communities served by PCC will become aware of the benefits and supports available for breastfeeding. As a result, more individuals in the community will choose to breastfeed and support breastfeeding mothers.

Indicator: beneficiaries

Target: Individuals (pregnant women, expectant fathers and support persons) who receive breastfeeding promotion.

Target Value: 700

Instruments: Daily activity documentation will be entered into the PCC AmeriCorps database.

PM Statement: PCC AmeriCorps members will promote breastfeeding to 700 individuals (pregnant women, expectant fathers and support persons) during each program year.

Prev. Yrs. Data

Result: Output

AmeriCorps breastfeeding peer counselors will enroll mothers in the intensive coaching program.

Indicator: participants

Target: Mothers enrolled in the intensive coaching program.

Target Value: 80

Instruments: Intensive coaching program flowsheet documentation; data will also entered to database.

PM Statement: AmeriCorps breastfeeding peer counselors will enroll 80 mothers in the intensive coaching program.

Prev. Yrs. Data

Result: Output

AmeriCorps breastfeeding peer counselors will provide ongoing support to mothers enrolled in the

Result: Output

intensive coaching program to complete the six week sessions.

Indicator: participants

Target: Mothers enrolled in the intensive coaching program will complete the six week program

Target Value: 50%

Instruments: Intensive coaching program flowsheet documentation; data will also be entered to database.

PM Statement: AmeriCorps breastfeeding peer counselors will provide ongoing support to mothers enrolled in the intensive coaching program and 50% of mothers will complete the six week program.

Prev. Yrs. Data

Result: End Outcome

AmeriCorps breastfeeding peer counselors will provide support to mothers enrolled in the intensive coaching program and support mothers to breastfeed for at least the first month of their infants' lives.

According to 2007 US national data, 69% of all new mothers were breastfeeding at 28 days. Our target population includes women of socioeconomic groups with significantly lower rates of breastfeeding than the national average, and therefore our goal for improved healthy behavior is realistic yet challenging.

Indicator: increased healthy behavior: breastfeeding

Target: Mothers enrolled in the intensive coaching program will breastfeed for one month.

Target Value: 50%

Instruments: Report of breastfeeding by mother and/or review of mother's medical record.

PM Statement: AmeriCorps breastfeeding peer counselors will provide support to mothers enrolled in the intensive coaching program and as a result 50% of mothers in the program will breastfeed for one month.

Prev. Yrs. Data

Required Documents

Document Name

Status

Evaluation

Already on File at CNCS

Labor Union Concurrence

Not Applicable