

APPLICATION for Community- Based Doula and/or Breastfeeding Peer Counselor Program Replication



Thank you for your interest in the HealthConnect One Community-Based Doula and/or Breastfeeding Peer Counselor Program. Please complete this application in its entirety. If you need more space, feel free to add additional pages. We also require that you submit a recent, audited financial report, current operating budget, organizational chart showing your structure and staff commitments, agency materials (e.g., brochures, annual report, etc.) and letters of support from potential collaborators in order to complete the application. Once we have received all these materials, we will communicate with your key contact person within 10 business days.

Please mail your Community-Based Doula application to:

National Program Director
HealthConnect One
1436 West Randolph, 4th Floor
Chicago, IL 60607
jmckinley@healthconnectone.org
(404) 798-7718

Please mail your Community-Based Peer Counselor application to:

Program Manager
HealthConnect One
1436 West Randolph, 4th Floor
Chicago, IL 60607
breyes@healthconnectone.org
(312) 243-4772 x230

1. What program are you interested in replicating?

Community-Based Doula Program

Community-Based Breastfeeding Peer Counselor Program

Both

General Information

Name of Organization:

Key Contact Person:

Title of Key Contact Person:

Phone Number:

Fax Number:

Address:

City/State/ZIP:

E-mail:

Website:

Age of Organization:

Annual Budget:

1. What are your primary funding sources? Please specify the agencies, institutions or sources for each item checked.

- Local Government
- State Government
- Federal Government
- Private Foundations
- Private Contributions
- Organization Memberships
- Service Fees
- Other (enter below):

Name of Each Source and % Total

2. What is your organization's mission?
Who do you target for your services?

3. Do you collaborate with other service providers? If so, which ones and how?

The Community-Based Doula and/or Breastfeeding Peer Counselor Program

4. Why is your organization interested in replicating the Program(s)? How does the program fit with your organizational mission?

5. How did you assess your community's need for the Program(s)? How can you document the need?

6. Who might be potential collaborators for the Program(s) in your community? (Please list an agency name, contact person and telephone number for each.) How do you envision involving each collaborator in the Program(s)?

7. How do you plan to involve your service community in planning and implementing the Program(s) locally?

Program Management

8. How would your organization finance the Replication Program(s)?

9. What staffing, training and other resources would you devote to the program?

10. What systems or measurements will your organization put in place in order to monitor program success?

11. Please list the individuals that will participate in the Replications Program from your organization. Include a description of each individual's skills and current responsibilities.

Agency and Culture

12. Please describe the leadership style within your organization.

13. Please describe the decision-making process within your organization.

14. Please describe how your organization has successfully planned and implemented other programs in the past. What factors were critical to the success of this process?

15. Does your organization support peer-based services (those involving lay community health workers)? Do your collaborators support peer-based services? If not, how will you engender support for the Program(s)?

Baseline Data

16. Does your agency record breastfeeding data now? Yes
No

17. If yes, what data is collected and where do you store this information?

18. Number of clients sampled?

19. This sample represents what percentage of clients served?

Demographic Information

a. Race/Ethnicity (% of mothers in each race/ethnicity category)

b. Age of Mothers (% of mothers in the following age categories: 12-17, 18-24, 25-30, 31-46)

c. Educational Attainment (highest grade level/years of college completed by mothers)

d. Employment (% of mothers employed)

e. WIC eligibility (% of mothers eligible for WIC)

f. Health insurance status of mothers (% private insurance, % Medicaid, % uninsured)

Health Outcomes

g. C-section (% of deliveries by cesarean section)

h. Low birth weight (% of infants born at less than 2500 grams)

i. Very low birth weight (% of infants born at less than 1500 grams)

j. Preterm (% of infants born at less than 37 completed weeks of gestation)

k. Breastfeeding initiation (% of infants ever breastfed)

l. Breastfeeding duration (% of infants breastfed to 6 weeks, 3 months, 6 months)

m. Breastfeeding exclusivity (% of infants exclusively breastfed to 6 weeks, 3 months, 6 months)

n. Prenatal care (% of pregnant women receiving adequate prenatal care based on Adequacy of Prenatal Care Utilization Index (APNCU))

o. Epidural use (% of deliveries in which an epidural or spinal anesthesia is used during labor, vaginal or non-vaginal)

p. Inductions (% of infants that were induced prior to 39th week)

q. Infant mortality (rate per 1,000 live births that results in an infant death)

Health Conditions and Other Risk Factors

20. Are any of the following health conditions seen frequently in childbearing women in the community that will be served? Please check all that apply.

Overweight/obesity

Diabetes

Depression

High blood pressure

Heart disease

Respiratory illness or asthma

Herpes/STDs

Other

21. If any health conditions were identified, please describe the impact these conditions have on the community.

22. Are any of the below behavior risk factors seen in families in the community? Please check all that apply.

Smoking

Alcohol

Illegal drugs

23. If any risk factors were identified, please describe the impact these factors have on the community.

Community Environment Factors

24. Are there any other community factors that could have an impact on maternal and child health in the community? (i.e. poverty, racism, unemployment, gentrification, intimate partner violence, acculturation, immigration, transportation) Please describe these community factors.

Please include a copy of the following with your application

Recent audited financial report

Current operating budget

Organizational chart showing your structure and staff commitments

Agency materials (e.g., brochures, annual report, etc.)

Letters of support from potential collaborators

Thank you for your interest!