

MEMBER POSITION/TITLE

NHC Position Title: Care Coordinator

Host Site Position Title: Maternal Child Health (MCH) Coordinator

AMERICORPS PROGRAM

Program: National Health Corps

Location: Pittsburgh, PA

HOST SITE NAME & LOCATION

Shadyside Family Health Center
5215 Centre Avenue
Pittsburgh, PA 15232

ORGANIZATION DESCRIPTION & MISSION

UPMC Shadyside Family Health Center (SHY FHC) is an urban health center that has more than 30,000 patient visits per year. SHY FHC provides medical care for people of all ages, from infant care to maternity care to seniors. Since 1970, SHY FHC has been the hub of the Shadyside Family Medicine Residency Program, educating doctors to become specialists in family care. SHY FHC operates to fulfill the mission of UPMC. UPMC's mission is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education.

MEMBER POSITION PURPOSE

The MCH Coordinator will improve the health of mothers and women of child bearing age by providing case management services to them and their families. As an integral member of the team, the NHC member will collaborate with physicians and staff to identify high risk women to optimize their health prior to getting pregnant and provide education and counseling at well child and maternity or well women visits. The MCH Coordinator will focus on several important risk factors linked to adverse birth outcomes including smoking, depression, family planning, multivitamin use with folic acid, obesity, and food insecurity.

MEMBER TERM OF SERVICE

This is a full-time AmeriCorps national direct service position. To fulfill this position, the member will:

- complete 46 weeks of service;
- complete a minimum of **1,700** hours of service during their service term between hours served at their host site, hours served with NHC Program, and optional pre-approved hours served in the community. .
 - A maximum of 20% of the aggregate total hours may be designated as training.

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- A maximum of 10% of the aggregate total hours may be designated for pre-approved fundraising activities.
- Member must satisfactorily complete Pre-Service Orientation (PSO) and service assignments as defined in their position description and determined by NHC Program Staff.

SITE CONSIDERATIONS

Is the site accessible via public transportation (if yes, what line/route)? Yes- 71A, 71C, 71D, 82, 86

Does this position require a personal vehicle?: No. General commuting costs are not reimbursed. Travel expenses to related bi-annual Interventions to Minimize Preterm and Low birth weight Infants using Continuous quality Improvement Techniques (IMPLICIT) meetings will be fully reimbursed.

Organization dress code: Business Casual. No open toed shoes in patient care areas.

EXPECTED SERVICE TIME REQUIREMENTS/SCHEDULE

- It is expected that the MCH Coordinator works 40 hours per week. Normal hours would be Monday- Friday 8:30 AM-5PM, although there is flexibility.
- In addition to normal hours, the NHC member would be expected to be available on certain evenings for centering visits and OB classes.
- Additionally, the NHC member would be encouraged to attend biannual IMPLICIT meetings. The Fall 2019 meeting is in conjunction with the Family Medicine Education Consortium (FMEC) Northeast Regional Meeting. The Spring 2020 meeting will be in Lancaster, PA.

MEMBER ROLE/DESCRIPTOIN OF DUTIES:

Nationally, rates of prematurity and maternal mortality are rising. In United States, the preterm birth rate among black women is 49% higher than the rate among all other women and black women die 2-3 times more than white women around childbirth. Research demonstrates that prenatal care is not enough to reduce poor birth outcomes. Given these staggering statistics, many health care systems have turned to innovative models to improve women's health, and in turn improve maternal health.

Specifically, SHY FHC has been successful in implementing an innovative model of interconception care known as IMPLICIT ICC. Developed by the IMPLICIT (Interventions to Minimize Preterm and Low birth weight Infant using Continuous Improvement Techniques) Network, a perinatal family medicine quality improvement collaborative focused on improving the health of women and their birth outcomes, IMPLICIT ICC focuses on screening mothers during their baby's well child visit (WCV) for four evidence risked factors linked to poor birth outcomes and providing interventions as needed: smoking, depression, family planning, and multivitamin with folic acid use. By identifying and modifying these risks in the interconception period, doctors hope to improve family health and reduce prematurity and low birth weight in future pregnancies. Since February 2015, the SHY FHC has had the opportunity to follow the mothers of 500 babies at more than 1,900 WCVs. The mothers who bring their babies to the office at the SHY FHC are the same women who are at risk for unintended pregnancy and pre-term birth: 67.5% of moms are on Medical Assistance and 58.7% are African American. 44.8% of moms have a high school degree or equivalent or less. During

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IMPLICIT ICC screenings, 20.7% of mothers reported smoking, 12.2% of mothers were identified as being at-risk for depression, 41.9% of mothers reported not to be using contraception, and 63.7% reported not to be taking a multivitamin with folic acid.

Unfortunately, IMPLICIT ICC is not enough. Obesity, or a BMI greater than 30 has been well established in the literature to adversely affect maternal health during pregnancy and leads to poor birth outcomes. Obesity increases the risk of medically indicated preterm delivery, primarily due to obesity-related maternal disorders, such as hypertension, preeclampsia, and diabetes. In the U.S, National Center for Health Statistics data shows the prevalence of obesity in all reproductive-aged women to be 34%, and in Black women to be 57%. Evidence also shows the best outcomes when women achieve a normal BMI before pregnancy. There is also evidence that behavioral counseling to improve dietary intake and increase physical activity to achieve lifestyle modification may reduce the risk of poor pregnancy outcomes. From 2016-2017, 2,283 (40.4%) women at the SHY FHC were obese, with a BMI greater than 30. An additional 1,335 (23.6%) women were overweight, with a BMI between 25-29. From October 2016-September 2018 only 41 (8.8%) women with a BMI greater than 25 had dietary counseling on the chart. This data strongly suggests an unmet need for women with obesity at SHY FHC to receive assistance to improve their health.

Food Insecurity is “the disruption of food intake or eating patterns because of lack of money and other resources.” It is highly associated with adverse obstetric and pediatric outcomes, notably birth defects, low birth weights, preterm birth, high risk pregnancies, and unintended pregnancy. The American Academy of Pediatrics recommends screening for food insecurity at WCV, and the American College of Obstetricians and Gynecologists recommends screening for food insecurity at prenatal visits. In Allegheny County, an estimated 170,000 people are food insecure (14% of the population).

Including obesity and food insecurity screening and management during the preconception and interconception period is needed to further improve maternal health prior to getting pregnant. The UPMC Shadyside Maternal Child Health Coordinator will have the incredible opportunity to improve maternal and family health by helping women get healthier prior to pregnancy. The MCH Coordinator will focus on several important risk factors linked to adverse birth outcomes including but not limited to, smoking, depression, family planning, multivitamin use with folic acid, obesity, and food insecurity. To have a meaningful impact on women and moms at the SHY FHC, the MCH Coordinator will meet with during their baby’s WCVs, at third trimester visits, and during primary care visits.

- **Interconception Care:** The MCH Coordinator will provide direct service to women with identified risks: to counsel women on tobacco cessation with assessing their readiness to quit or cut down, to provide contraception counseling and assisting with access and identifying barriers as well as providing birth spacing education, to identify all women with high PHQ-9 depression screen scores and determine/overcome barriers to getting depression care, to provide education and identify/overcome barriers and educate women who are not taking multivitamins, to counsel women with obesity by providing nutrition and lifestyle management information, to educate food insecure women with community resources, and counsel on the importance of physical activity and nutrition to prevent or reduce

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obesity. There is also the opportunity to develop ways to link high risk women with community organizations to further improve their health.

- **Prenatal Care:** The NHC member will assist in providing health education to pregnant women by engaging with moms at 3rd trimester visits and will collaborate with physicians to assist with Centering Pregnancy (group prenatal visits) and initiatives.
- **Women’s Health Efforts:** The MCH Coordinator will meet with women who screen positive for obesity during primary care visits to assess and educate on strategies for weight loss and improved lifestyle management (e.g. My Plate education). By addressing BMI at primary care visits, the MCH Coordinator will work with women to achieve a healthier weight prior to conception to improve pregnancy health and potentially improve birth outcomes. To reach more women and provide health education to individuals in need, the MHC Coordinator will also host bi-annual awareness days and attend and participate in community events, such as health fairs, when possible. The MHC coordinator will also assist with the Women’s Health quality improvement resident projects, as needed. To improve contraception compliance to prevent unintended pregnancies, the NHC member will make Depo-Provera reminder calls to women who are due or overdue for subsequent injections.

PROGRAM OR INITIATIVE NAME		MEMBER ACTIVITIES AND PURPOSE OF SERVICE	MEMBER OUTPUTS	NHC PERFORMANCE MEASURE(S)
Interconception Care Efforts: 65%	Meet with moms at WCVs (25%)	Member will identify mothers (and maintain a registry) who are still smoking, are at risk for depression, are not using contraception, not taking a multivitamin with folic acid, who are food insecure, and who don’t have a healthy BMI.	Member will meet and counsel 50% of eligible visits weekly	Health Education (#1)
	Individual patient consults and outreach (25%)		Member will review 100% of moms on active list and provided case management, as needed.	Capacity Building (#12)
	Document in person encounters and collaborate with physicians and staff on care plans for moms (10%)	Member will meet with high risk mothers to counsel on the importance of smoking cessation, depression management, inter-pregnancy interval and the need for contraception, the importance of taking multivitamins with folic	Member will provide follow-up to 100% of moms who screened	Social Service Navigation (#4)

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	Prenatal classes and Centering group visits (5%)	acid, available community food resources, a healthy BMI, and nutrition and lifestyle management. Member will develop relationships with community organizations to improve maternal child care	positive for risk factors by the following week	
Prenatal Care Efforts (10%)	Meeting with 3 rd Trimester Mothers (5%)	Member will meet with 3 rd trimester moms to create relationships with high risk women.	Member will meet and counsel 100% of 3 rd trimester moms	Health Education (#1)
	Prenatal classes and Centering group visits (5%)	Member will recruit women through relationship building skills via in person and phone interactions with patients they are counseling	Member will attend and assist with 10+ centering visits Member will provide interconception care to 100% of centering patients	Capacity Building (#12) Health Care Service Enrollment & Scheduling (#7)
Women's Health Efforts (25%)	Attend Women's Health Quality Improvement Meetings (2.5%)	Member will attend bi-monthly Women's Health meetings	Member will reach 25 individuals through each awareness day	Health Education (#1)
	Maternal Child Health Awareness Events (2.5%)	Member will attend/participate in community health awareness events; will host biannual awareness days	Member will reach 50 individuals by attending community health awareness events	Health Care Service Enrollment & Scheduling (#7)
	Depo-Provera Reminders (10%)	Member will contact Depo-Provera patients to increase compliance and address barriers to receiving Depo		Deliver Information about Health

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	<p>Obesity screening and management for women of child bearing age (10%)</p>	<p>Member will meet with screen positive women during primary care visits to assess and educate on strategies for weight loss and improved lifestyle management</p>	<p>Member will review 100% of patients on Depo active list and attempt to contact 100% of due or overdue women</p> <p>Member will meet and counsel 50% of eligible primary care visits</p>	<p>Insurance, Health Care Access, and Health Benefits Programs (#3)</p>
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SITE ORIENTATION AND TRAINING

- The MCH Coordinator will attend UPMC volunteer training to become familiar with HIPPA, UPMC policies, EPIC electronic medical record, and other systems. After completing volunteer training, the NHC member will complete IMPLICIT ICC Training modules developed by the IMPLICIT Network, as well as attend clinical trainings with Dr. Schlar.
- Professional, personal, or service-related member development activities and training that a member might engage in during and in addition to his or her service: The MCH Coordinator may attend UPMC trainings relevant to the position, such as motivational interviewing training and a week-long observership in health coaching, and/or IMPLICIT Network activities, such as didactic and conversational webinars and in-person meetings.

SITE MEMBER QUALIFICATIONS

- The ideal Maternal Child Health Coordinator would be motivated, personable, independent, passionate, dependable, detail oriented, and analytical. This individual would need to be able to work independently as well as part of a team. Additionally, this individual would need to be able to multi-task in a variety of ongoing initiatives.
- The best candidate would be interested in a health care career and have at least a college degree. The Maternal and Child Health Coordinator should also have basic Microsoft Office training and skills. Comfort with group presentations would be helpful.
- The ideal Maternal and Child Health Coordinator would need to possess strong communication and customer service skills. The PHC member would need to communicate with site mentors, other team members, and patients. Advanced education or training in health promotion/disease prevention would be a plus. Experience with data analysis using Excel, or similar, would be helpful.

MEMBER BENEFITS

The member in this position will receive from the NHC program the following benefits:

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1. **Living Allowance** in the amount of **\$13,992.00**.
 - a. The living allowance is taxable and taxes will be deducted directly from the living allowance.
 - b. The living allowance is not a wage. It is intended to provide for expenses a member incurs while actively serving and is not linked to the number of hours a member serves. A member who exits his/her term of service early will receive the portion of the living allowance that would be provided for that period of participation under the program's living allowance distribution policy (a member who exits early in the first week (or first ½) of a pay period receives ½ a stipend; a member who exits early in the second week (or second ½) of a pay period receives a full stipend). Members who end their service early (i.e. not completing 46-weeks of service AND a minimum of 1,700 hours) will not be eligible for the remaining amount of their living allowance, either in "lump sum" or incremental payments. A member may not receive a living allowance if they are suspended by the program.
2. **Health Insurance.** If a full-time member is not currently covered by a health insurance program or loses coverage due to participation in the Program, they are eligible to receive limited health insurance through the program where they serve. Insurance coverage for full-time members begins after mandatory documentation is received and processed. Member insurance coverage does not cover family members and dependents.
3. **Child Care.** A child care subsidy, paid directly to the child care provider by a CNCS benefits administrator, GAP Solutions, is available to members who qualify. GAP Solutions distributes this allowance evenly over the term of service on a monthly basis. Members are responsible for locating their own child care providers. The amount of the child care subsidy that the member may be eligible for varies by state and may not cover the full cost of child care.
4. **Education Award.** Upon successful completion of the member's term of service, the member may be eligible to receive an education award from the National Service Trust. For successful completion of a full-time term (46 weeks and a minimum of 1,700 hours), the member will receive an Education Award. The member understands that they may not receive more than the amount equal to the total value of two education awards for full-time service from the National Service Trust, regardless of the stream of service in which the member serves.
5. **Loan Forbearance Interest:** If the member has received forbearance on a qualified student loan during the term of service, and the member successfully completes the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service. After a member is enrolled in e-grants by the Program Director, they may use the CNCS web-based system to apply for loan forbearance. The NHC is not responsible for following through with private lenders.

MINIMUM NHC MEMBER QUALIFICATIONS

In order to be eligible to serve in this position and in the NHC Program, a person must meet the following requirements:

1. Must be at least 18 years of age by the time training begins;
2. Must be a United States citizen or National or have a permanent resident visa;
3. Must have a high school diploma or an equivalency certificate (or agree to obtain a high school diploma or its equivalent before using an education award) and must not have dropped out of elementary or secondary school in order to enroll as an AmeriCorps member

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(unless enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under section 484 of the Higher Education Act of 1965, 20 U.S.C. 1091), or who has been determined through an independent assessment conducted by the Program to be incapable of obtaining a high school diploma or its equivalent;

4. Must have complied with all CNCS required criminal history checks including 1) a State Criminal Registry Check of the CNCS designated repository in both the state in which the program operates and the state in which the member resided at the time they applied to the program; 2) a nationwide fingerprint based FBI background check; and 3) a Department of Justice National Sex Offender Registry Check. The member understands that if the results of the required criminal history checks reveal that they are subject to a state sex offender registration requirement and/or have been convicted of homicide (1st, 2nd or 3rd degree) they will be **ineligible** to serve in the Program. The member also understands they will have the opportunity to review and dispute the findings from the criminal history check.
5. Must submit valid forms of documentation to prove date of birth and citizenship/naturalization/resident alien status and must have a valid government issued photo identification;
6. Must disclose any history of having been released from another AmeriCorps program; failure to do so will render one ineligible to receive the education award;
7. Must submit evidence that they successfully completed any previous AmeriCorps terms, if applicable;
8. Must furnish all other documentation deemed appropriate by the program and host service site.

EVALUATION AND REPORTING

All NHC members are given a written performance review by both their host site supervisor and NHC Program Director at the mid-term and end of their term of service. Performance reviews are based on the member's performance at their host site and their participation in National Health Corps responsibilities such as member trainings, committees and group service projects.

If a member disagrees with any aspect of their performance review, they can appeal to their Program Director according to the grievance procedure outlined in the Member Handbook.

NHC members will be evaluated according to the following criteria:

- a. Whether the member has satisfactorily completed service assignments, tasks and/or projects;
- b. Whether the member has met any other NHC expectations which have been clearly communicated orally and/or in writing throughout the service term;
- c. The member's ability to establish and maintain positive interpersonal relationships;
- d. Whether the member has completed or is on track to complete the required number of hours outlined in their member contract.

EMPLOYMENT STATUS OF AMERICORPS MEMBERS IN THIS POSITION

For guidance related to the employment status of AmeriCorps members please refer to the below link:

<http://www.nationalservice.gov/documents/main-menu/2015/frequently-referenced-resources-about-employment-status-amicorps-members>

AMERICORPS BRANDING AND MESSAGING

For guidance on AmeriCorps branding and messaging, please refer to the below link:

<http://www.nationalservice.gov/documents/amicorps-state-and-national/2015/amicorps-branding-and-messaging-guidance>

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NHC PROGRAM DIRECTOR AND SITE SUPERVISOR INFORMATION	
<ul style="list-style-type: none"> ● Irving Torres Program Director, NHC Pittsburgh irving.torres@allegHENYcounty.us or 412-578-8308 ● Lisa Schlar, Faculty Family Physician, schlarl@upmc.edu or 412-623-2287 	
Host Site Assurances	
By signing below the Host Site is confirming the following:	
<ul style="list-style-type: none"> ● The position description activities do not put member(s) at risk for exceeding the limitations on allowable fundraising activity as outlined in requirements of 45 CFR §§ 2520.40-.45? https://www.nationalservice.gov/pdf/45CFR_chapterXXV.pdf ● The position description activities do not violate the AmeriCorps supplementation restrictions as outlined in requirements of §2540.100 accessed via http://www.ecfr.gov/cgi-bin/textidx?SID=62ef430e421c0b565f20975d1a1906e5&node=pt45.4.2540&rgn=div5%23sp45.4.2540.b#se45.4.2540_1100 ● The member will receive no more 20% of the aggregate total of service hours designated as training as outlined in requirements of 45 CFR §2520.50? https://www.nationalservice.gov/pdf/45CFR_chapterXXV.pdf ● The member position activities follows the requirements related to supplementation, duplication or displacement of staff as outlined in 45 CFR §2540.100 (e) – (f). http://www.ecfr.gov/cgi-bin/textidx?SID=62ef430e421c0b565f20975d1a1906e5&node=pt45.4.2540&rgn=div5%23sp45.4.2540.b#se45.4.2540_1100 ● The member will not engage in AmeriCorps prohibited activities as outlined in 45 CFR §2520.65? https://www.nationalservice.gov/pdf/45CFR_chapterXXV.pdf 	
By signing below, you acknowledge that you have read and understand the contents of this position description	
Host Site Supervisor Full Name (Print): Lisa Schlar	
Host Site Supervisor Signature:	Date:
To be completed during PSO:	
AmeriCorps NHC Member Full Name (Print as listed on formal documentation):	
AmeriCorps NHC Member Signature:	Date:
By signing below, you acknowledge that this position description was finalized/approved by the NHC Operating Site Director:	
NHC Operating Site Director Full Name (Print):	
NHC Operating Site Director Signature:	Date: