



**BlueCross BlueShield  
of North Carolina**

**Foundation**

**Preliminary Project Proposal**

Submission of a Preliminary Project Proposal is the initial required step for any organization seeking to apply for a grant from the Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation. After review of the Preliminary Project Proposal, you will be notified by email whether or not your organization has been invited to submit a full grant application. Please note that we are unable to accept grant applications that have not gone through the Preliminary Project Proposal process.

Please check the appropriate box for the Focus Area/grant type (*select only one*):

**Health of Vulnerable Populations** (HVP)

*Improving health outcomes for North Carolinians served by health care safety-net organizations*

**Healthy Active Communities** (HAC)

*Increasing physical activity and access to healthy food for North Carolinians*

Equipment-only requests

*(Healthy Active Communities only)*

**INSTRUCTIONS**

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**SUBMISSION:**

The Preliminary Project Proposal must be submitted both electronically and via hard copy (postmarked) by 5 p.m. on or before January 15, 2010. Please note: All proposals **MUST** be sent using a method that allows for tracking (e.g., return receipt, FedEx) in order for the applicant to independently track the receipt status.

**COMMUNICATION:**

The only communication you will receive from the BCBSNC Foundation will be regarding a decision on your proposal either accepting or declining your submission. This will be sent via email.

**EMAIL CONTACTS:**

- For HVP focus area please email to: [katie.eyes@bcbsncfoundation.org](mailto:katie.eyes@bcbsncfoundation.org)
- For HAC focus area, including equipment requests, please email to: [jennifer.macdougall@bcbsncfoundation.org](mailto:jennifer.macdougall@bcbsncfoundation.org)

**MAILING ADDRESS:**

A signed original Preliminary Project Proposal must be sent to the mailing address below (please note the different addresses for regular postal service or FedEx/UPS package delivery):

*Mailing address:*

BCBSNC Foundation  
Attention: Jill Mallatratt  
PO Box 2291  
Durham, NC 27702

*FedEx/UPS delivery address:*

BCBSNC Foundation  
Attention: Jill Mallatratt  
5901 Old Chapel Hill Blvd.  
Durham, NC 27707-0718

**ORGANIZATIONAL PROFILE**

Legal Name of Requesting Organization: <b>Family Health Center</b>	PO Box and/or Street Address: <b>PO Box 29</b>
City, State, Zip: <b>Blue, NC 27702</b>	County: <b>Blue</b>
City, State, Zip: <b>Centerville, NC 12345</b>	Fax Number (Area code): <b>919-867-5310</b>
Phone Number (Area code): <b>919-867-5309</b>	Executive Director Email Address: <b>Jane.Doe@familyhealth.org</b>
Executive Director Name: <b>Jane Doe</b>	Grant Request Contact Email Address: <b>John.Smith@familyhealth.org</b>
Grant Request Contact Name: <b>John Smith</b>	Date of Incorporation (mm/dd/yyyy): <b>01/02/56</b>
Organization Web Site Address: <b>www.familyhealth.org</b>	Tax Status (check one): <input checked="" type="checkbox"/> 501 (c)(3) Tax-exempt public charity <input type="checkbox"/> Government entity <i>If invited to submit a grant application you will be required to submit proof of your tax status.</i>
Is your organization classified as a supporting organization? (This should be noted on your IRS tax determination letter): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, what type of supporting organization are you? <input type="checkbox"/> Type I supporting organizations are <i>operated, supervised, or controlled</i> by the supported organization. <input type="checkbox"/> Type II supporting organizations are <i>supervised or controlled in connection with</i> the supported organization. <input type="checkbox"/> Type III supporting organizations are <i>operated in connection with</i> the supported organization.	Are any Blue Cross and Blue Shield of North Carolina employees associated with your organization as board members, volunteers, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please list names and their association with your agency: _____ _____

## PROJECT

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Project Title:

### **Prenatal Care for the Uninsured**

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Proposed Activities – include strategy and evidence that your approach can be effective (response limited to 2000 characters including spaces):

Through this project, Family Health Center (FHC) will provide culturally competent and comprehensive prenatal care for uninsured women in a family medicine setting and provide a medical home for their families. We will identify and manage high-risk pregnancies and psychosocial issues in this population, ultimately resulting in improved birth outcomes and maternal health. Currently, many of these women receive inadequate or no prenatal care – showing up at the hospital emergency room to deliver their babies. FHC will accept referrals of uninsured, low-risk pregnant women from both local OBs and the health department. We will provide a medical home for these women during the usual course of prenatal care and for their families beyond delivery.

While we will utilize all available government sources of payment, including "emergency delivery", the cost to FHC will still be approximately \$1,217 per person. However, because FHC cares for families, women who receive prenatal care at FHC will be more likely to remain with FHC after the birth of their child. By the 5<sup>th</sup> year of caring for the children, who will be eligible for Medicaid, we will be able to sustain the cost of caring for the pregnant moms. This project represents a financially viable means of improving care for the uninsured. Many of our faculty and residents speak Spanish and have a real calling to be involved in the healthcare of this population. At a time when fewer OBs are practicing in rural areas, family medicine doctors will be called on to bear the majority of this load. Unless family medicine residents receive strong training in obstetrics, they are unlikely to choose to deliver babies when they go into practice.

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Equipment Requested – applicable for equipment-only requests (HAC focus area)

**N/A**

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Overall Project Budget:

**\$120,000**

Grant Request Amount:

**\$70,000**

*(May not exceed \$5,000 for equipment-only requests)*

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Geographic Area Served by this Project (list specific counties or communities):

**Blue County**

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Target Age Groups (check all that apply):

- General population (all ages)
- Infants & Toddlers (age 0-5)
- Children (age 6-13)
- Young adults (age 14-18)
- Adults (age 19-64)
- Seniors (age 65+)

Target Gender (check only one):

- General population
- Females only
- Males only

Target Ethnic Group (check all that apply):

- General population (all races)
- African-American
- Hispanic
- Native American
- Other

*For HVP Focus Area Only:*

Estimate the percentage of individuals who will be served by this project in each category:

**100** % Uninsured

**0** % Low income, insured

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Target Population – please describe in detail the population experiencing the issue your project addresses. Of the total population you are serving, how many people have the problem and how many will your project impact? **Tip: This gives us a sense of the nature and degree of the challenge you face. We understand that you may not be providing service to everyone who has this condition or need.** (response limited to 1000 characters including spaces):

Our target population is women without health insurance who don't qualify for government funded healthcare and encounter cultural and language barriers when accessing care. They often lack a medical home and over-utilize emergency care for routine health needs. In Blue County, the Hispanic population was 9,000 in 2007, with about 3,000 women of childbearing age. The Blue County Health Department is referring more pregnant Hispanic women to the Family Health Center in Centerville each month to assist them in accessing consistent prenatal care throughout their pregnancy. This project aims to improve care for Hispanic women during their pregnancies and beyond by providing them with a medical home. It will serve ten uninsured pregnant Hispanic women per month, referred by the Health Department, for a total of 120 during the year. In addition to Hispanic women, our patient population may include recent immigrants from the former Soviet Union and Eastern Europe.

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## **RESULTS**

Outcomes – please describe what health gains or behavior changes your target population will achieve as a direct result of this grant. Address how this grant will meet the objectives found in the detailed focus area descriptions for the focus area to which you are applying. **Tip: Anticipated health gains are not activities, such as participation in workshops. They are specific verifiable changes in health status made possible by these activities.** (response limited to 2000 characters including spaces):

- Provide prenatal care to deliver 108 healthy babies to uninsured mothers—an increase from 10 in the prior year.
  - Demonstrate improvements in quality of care and maternal and birth outcomes for these patients.
  - Reduce the wait time in the county for a first prenatal visit for uninsured women from 6 to 2 weeks; reduce incidence of births to this population in Blue Regional's emergency department.
  - Ensure program sustainability by maintaining at least 22 newborns in family care practice. Generate \$16,000 in collections to support future care, with the goal of making the program self-sustaining after 3 years.
  - Three of the current year residency graduates will go on to practice maternity care in
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their first year of practice, an increase from one in the prior year.

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Intensity and Duration – please define how long and how many times participants will need to engage in this project in order to achieve the desired results (response limited to 1000 characters including spaces):

We will enroll 10 women each month, each receiving the standard course of 13 individual or group prenatal visits. In addition to monitoring the health of both mother and baby, prenatal education will include: contraception, breast feeding, pain management, smoking cessation, nutrition and exercise, stress reduction and recognizing the signs of depression.

Babies will be seen approximately nine times in their first year-- six well child visits and an estimated 3 sick child visits. Not all of the babies will be born in the first year of the grant based on gestational age at enrollment. It is critical to the financial model that families who receive prenatal care through FHC continue in the practice after delivery, making FHC the medical home for Medicaid covered children.

In order to achieve our provider training goals, we will continue to enroll seven each year in the residency program but will provide increased opportunities to provide prenatal and delivery services.

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## CERTIFICATION

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**We certify to the best of our knowledge that all the information contained in this proposal is accurate and complete.**

Organization's Executive Director: <i>Jane Doe</i>	Signature: <i>Jane Doe</i>	Date: <b>January 10, 2010</b>
Project/Program Director: <i>John Smith</i>	Signature: <i>John Smith</i>	Date: <b>January 10, 2010</b>