



Allentown Children's Health Improvement Project (ACHIP) First Year Report

The Allentown Children's Health Improvement Project

ACHIP is a home visiting program based in downtown Allentown that aims to help at-risk families with children aged 0-5 years old. The program is part of a collaborative effort between Lehigh Valley Children's Hospital, Lehigh Valley Heath Network's (LVHN) Department of Community Health, and Allentown Promise Neighborhood (APN). Funding for the initial pilot demonstration of this program is provided by the Dorothy Rider Pool Health Care Trust.

The ACHIP staff includes Community Health Workers, Behavioral Health Specialists, and a Community Nurse Navigator. Using a protective factors and wellness model, the team works together to connect families to the resources they need, including community-based organizations, medical resources, housing and food assistance, and mental and behavioral health services, in order to build on existing family strengths. The team also works with families to support skill building, including parenting skills, and healthy child development. ACHIP hit the one-year mark in November 2017, and this report provides information on our first year of learnings including indicators of the program's processes and a description of the community members being served.

What are ACHIP's goals?

ACHIP has three specific aims. The first is to implement a collective impact approach to enhance the health and well-being of children and their families. In this approach, the ACHIP team collaborates with other agencies and sectors who are all working to improve family health. The second aim is for the program to demonstrate how this proactive approach works to improve the health of children and their families. Using a developmental evaluation framework, the team engages in continual strategic learning to test, adapt, and reflect on the intervention as we develop and assemble core components of the program. We are learning from the families served by the program about how to best meet their needs. The third aim is to show that Community Health Workers (CHWs) are an effective staff model for assisting children and families within a specific community. CHWs are unique because they are members of the communities they serve and can help in ways that traditional medical staff cannot. CHWs identify barriers to care and struggles in the home, and work with the family to overcome them by connecting the family to community resources.

Some first year milestones...

- ◆ ACHIP began enrolling families in November 2016, and a fully staffed office opened at 11th and Hamilton Streets in Allentown. This was the first site of its kind for LVHN and is in a shared space with Allentown Promise Neighborhood (APN).
- ◆ 3 CHWs, 2 behavioral health specialists, and 1 nurse navigator were hired and onboarded for the program.
- ◆ Over 100 families participated in the first year
- ◆ A data system was built for staff to enter information on the families they work with
- ◆ Baseline data was collected on all referred and enrolled families
- ◆ Continuous development of program protocols initiated as we learn how to best serve families with young children
- ◆ The ACHIP team co-lead with APN its first in a series of community forum, entitled Community Empowerment Series, focusing on how we cope with stress and what the community can do to better support its members.

Key Learnings in the first year:

- ◆ Introducing community health workers into a healthcare team as the primary intervention for families requires significant time to allow for all team members to become comfortable with the role of the CHW and understanding the boundaries and strengths of the CHW role.
- ◆ Despite reported high levels of adverse childhood experiences, families living in the community being served often do not identify the need for or have interest in mental health counseling. Terminology is critically important when discussing mental health, and it is important to use language that resonates with families such as behavioral health and difficulties with living. The ACHIP team is refining the types of behavioral health services provided for families including using approaches such as supportive coaching, psycho-education, and parenting peer support.
- ◆ ACHIP's first community forum revealed a sense of hopelessness and disconnection to the larger community among the families in Allentown. Despite this feeling, there was a simultaneous desire to want to get more involved if there was a sense of community. This dialogue further informed our efforts to genuinely engage with the families in Allentown. The ACHIP-APN partnership is exploring new ways to create a sense of belonging or feeling as though they are part of a larger community where they are welcomed, supported, and meaningfully connected, for families living in Allentown.
- ◆ Creating shared measurement across programs and services that are engaging families with young children in Allentown is challenging as programs and agencies have varied reporting requirements and data infrastructures that limit the ability to change or alter measures being collected.

Who are the ACHIP families?

Demographics

Of the parents that enrolled, over 50% were unemployed, 77% had a high school degree/GED or higher, 60% were not married, and a majority were on Medicaid when referred to ACHIP. Amongst 59 parents that provided us with income information, close to 90% earn less than \$30,000/year. Many of our participants fall into more than one of the demographics mentioned below, highlighting the complexity of the issues faced by the families we serve.

77% of enrolled families are insured by Medicaid. Eligibility requires a family of 2 to earn less than \$25,765

78% of enrolled primary caregivers are unemployed, or under-employed (part-time).

Nearly 90% make less than \$30,000 per year. 2017 Federal Poverty Level for a household of 2 is \$18,670

Caregiver Mental Health, Psychosocial and Environmental Factors

- Among the over 50 parents who completed an Adverse Childhood Experience survey (ACEs) Over 40% experienced 4 or more (of 13) of these adverse childhood experiences, with another 25% experiencing 1 to 3. (Figure 1)
- Nearly 65% of families are at risk for food insecurity.
- Barriers to quality healthcare can affect the entire household. Over 20% of enrolled caregivers said transportation was their greatest barrier to care.

Childhood Development

The children enrolled in ACHIP are assessed for strengths and areas of need. The assessment tool is called the Devereux Early Childhood Assessment created by the Devereux Center for Resilient Children. Nearly 20% of assessed children had at least one identified "area of need." This is important because these needs can have a negative effect socially and in school. Over 30 families have participated in our group parent education classes; however, few completed the entire course. From an early small sampling, we have seen that infants tend to be at an adequate developmental level, but the enrolled toddlers have more areas of need. This suggests that environmental factors are at play and need to be addressed. These needs drive the work that ACHIP CHWs and Behavioral Specialists do with families.

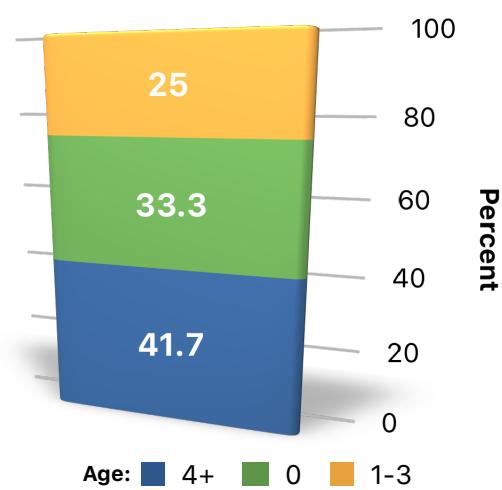
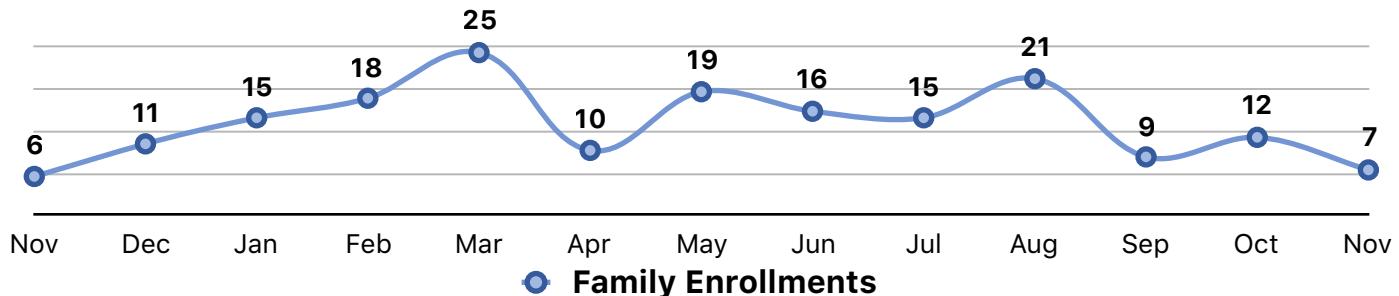
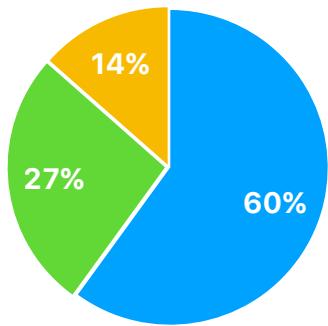


Figure 1. Total Number of ACES

Early Program Indicators

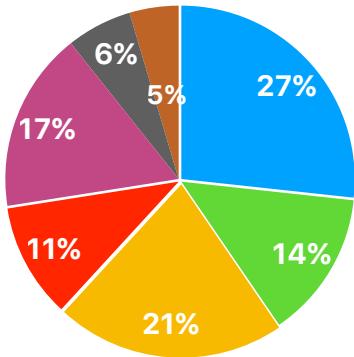


Referral Sources
(550+ referrals)



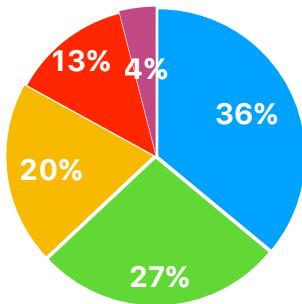
- LVHN
- Other Health Systems
- Community Orgs/Non Profits

Ages of Enrolled Children



- Less than 1
- 2 Years Old
- 3 Years Old
- 4 Years Old
- 5 Years Old
- 6-7 Years Old

Enrollment Status*



- Enrolling in ACHIP
- Not Eligible
- Cannot Make Contact
- Not Interested
- Available In Future

*Eligibility depends on child's age and the family's home address.

Next Steps for ACHIP...

The ACHIP team will continue to partner with community organizations, including Allentown Promise Neighborhood, local early child care facilities, United Way of the Greater Lehigh Valley, Allentown School District, and CareerLink in order to continue connecting families with needed community resources. We hope to show that by working collaboratively, families served reap a much greater benefit.

The community forums are a tool ACHIP used in its first year to bolster community activation efforts in partnership with APN. These forums will continue in 2018 based on input and co-direction from community members.

Digital Storytelling is another tool the ACHIP team is experimenting with. Data is invaluable when it comes to program and process evaluation, but storytelling is a people-centric approach that allows community members to tell the story of their own journey. [Linked here is ACHIP's first digital story.](#)

This coming year, we will evaluate change over time for families enrolled in ACHIP including increase in protective factors, access to community resources, healthcare, improving family goals, and increasing child development outcomes. The team is continuously learning about the varied ways parents and families enter the program and working to define appropriate and guided steps for program graduation. The team has also learned that each family has a unique set of circumstances and the length of time a family utilizes the program varies greatly. Given the extensive traumatic histories of parents and the compounding risk factors, ACHIP will continue to provide social and emotional support services.

In addition, we continue to work on program processes, determining if the on-boarding of CHWs and other team members can be done more effectively and efficiently and better understanding why a large percentage of families referred to the program are not opting to enroll. Through further development of the partnership with APN, we aim to expand our outreach to families in the community and determine viable ways to connect families to supports to further their connection to the larger community beyond the time they are enrolled in ACHIP.

Community Empowerment; Let's Talk About Stress

Key Takeaway: There should be more community events for community members, at little or no cost.

• WHAT ARE THE MAJOR SOURCES OF STRESS? •

1 POVERTY <ul style="list-style-type: none">Lack of stable and affordable housing<ul style="list-style-type: none">Hard to find sources of healthy food options	2 LACK OF OPPORTUNITY <ul style="list-style-type: none">Not enough chances or access to good job training	3 LACK OF SUPPORT <ul style="list-style-type: none">There is a lack of social connection and general feeling of community	4 CHALLENGES OF RAISING A FAMILY <ul style="list-style-type: none">Day care costs are far too much<ul style="list-style-type: none">Violence in schoolsLack of activities
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• WHAT ARE SOME OF THE WAYS WE CURRENTLY DEAL WITH STRESS? •


SOCIALIZE


PHYSICAL ACTIVITY


SMOKE & DRINK

• WHAT DO YOU WANT TO SEE MORE OF? •

What do neighbors **want** in order to foster community building and partnership?

COMMUNITY MEETINGS

SAFE SPACES TO PLAY

MORE JOBS & TRAINING

The first Community Empowerment session was held on July 27th, 2017 at View Lounge with over 30 people in attendance, and was sponsored by:


Lehigh Valley
Children's Hospital
LEHIGH VALLEY HEALTH NETWORK


PROMISE NEIGHBORHOODS
OF THE LEHIGH VALLEY

1st Community Empowerment Event Wrap-Up Infographic