

# Promoting Healthy Childhood Environments through Structured Home Visits for Black Pregnant Mothers, Infants, and Families in Buncombe County, NC

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*RFP for Coronavirus State and Local Fiscal Recovery Funds*

## ***Mount Zion Community Development, Inc.***

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Mrs. Belinda K. Grant NA  
47 Eagle Street  
Asheville, N. C. 28801

mzcd@cs.com  
O: (828) 776-1427  
M: (828) 776-1429  
F: (828) 254-7150

## ***Mrs. Belinda K. Grant NA***

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47 Eagle Street  
Asheville, N. C. 28801

belindakgrant@mzcd.info  
O: NA  
M: (828) 776-1429  
F: (828) 254-7150

# Application Form

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## *Question Group*

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Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

## **Coronavirus State and Local Fiscal Recovery Funds\***

Name of Project.

Promoting Healthy Childhood Environments through Structured Home Visits for Black Pregnant Mothers, Infants, and Families in Buncombe County, NC

## **Amount of Funds Requested\***

\$1,373,500.00

## **Recovery Fund Eligible Category\***

Please select one:

Services for disproportionately impacted communities

## **Brief Project Description\***

Provide a short summary of your proposed project.

Mt. Zion Community Development Corporation (MZCD) requests funding to strengthen the impacts of our maternal and infant health equity program, titled Project NAF (Nurturing Asheville and Area Families). This is

a research-based parenting curriculum, using evidence-based strategies that reduces infant mortality and low birthweight births for Black pregnant and post-partum women and their infants in Buncombe County.

This project provides support to Black mothers, infants, and their families to access prenatal, perinatal, and early childhood education resources to promote healthy births, reverse infant mortality rates, and increase positive health outcomes. Notably, our organization has a 20-year history of supporting reproductive health rights of historically excluded communities. In addition, our project's results have been recognized by the National Community Initiative Model to Eliminate Health Disparities, the Appalachian Regional Commission, and the NC Child Fatality Task Force.

## Project Plan\*

Explain how the project will be structured and implemented, including timeframe.

### Timeline

- A 5-year grant award will support the innovation, expansion, and sustainability of our home visiting program to advance health equity for pregnant Black mothers, infants, and their families from now until December of 2026.

### Leadership Structure

- **Case Management Team:** A team of case managers and a nurse family practitioner will support pregnant women and their families through home visits, emergency funds for basic needs, connections to educational resources, and coordination of pregnancy related resources.
- **Community Advisory Team:** Our project will be monitored by a core advisory team comprised of community leaders, staff at Buncombe County Health and Human Services, former/present Clients of Project NAF, First Presbyterian Church Asheville, Mountain Area Pregnancy Services (MAPS), and Mt. Zion Missionary Baptist Church of Asheville, Inc, the SPARC Foundation.
- **Collaborative Partners:** Our project will coordinate and align services with ABCCM Medical Ministry, Mothering Asheville, Mountain Area Pregnancy Support, Helpmate, Our Voice, MAHEC, Mission Hospital, Historic Black Churches, NC Division of Public Health, Women's & Children's Health Section, Women's Health Branch, and community mental health providers.

### Alignment with 2025 Strategic Plan and Community Health Assessment Priorities for Buncombe County

- Our implementation plan is aligned with the 2025 Strategic Plan for Buncombe County as it relates to the Foundational Focus Area on Equity and the Community Focus Area on Educated and Capable Community. For the first focus area, our program provides an equity lens to ensure that healthcare delivery models are culturally responsive to the needs of Black mothers and their infants. Thus, leading to a decrease in infant mortality rates. For the latter focus area, our program provides early childhood education to parents at a critical point in their child's development between the ages of 0-2. Thus, increasing kindergarten readiness for Black children. In addition, our program is aligned with Buncombe County's Community Health Assessment Priorities for 2022-2025 on birth outcomes, infant mortality, and general mental health.

### Implementation Plan

- **Activity 1:** Provide structured home visits, case management, and clinical support in prenatal and postpartum care to 40 clients each year over the course of 5 years. We will use grant funds to provide monthly stipends and basic needs assistance for mothers to participate in the program.
- **Activity 2:** Innovate our home visiting program to include partners and children's grandparents in learning new skills to support healthy pregnancy and infant development.
- **Activity 3:** Increase families' knowledge and access to resources in early childhood health, development, and care for children between ages 0 and 2 years old.
- **Activity 4:** Coordinate and align strategic partnerships to strengthen healthcare delivery models that reduce racial disparities in maternal and infant health outcomes.

## Statement of Need\*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

According to the 2018 Buncombe County Community Health Assessment, infant mortality rates for Black babies are more than twice as high as rates for white and Hispanic babies. Furthermore, in December of 2019, a team of public health professionals shared data with Buncombe County Commissioners that showed Black babies were four times more likely to die before their first birthday than white babies. (Asheville Citizen Times July 3, 2020-Mackenzie Wicker). We also know that nationally, Black mothers are three times more likely to die from pregnancy-related complications than white mothers, regardless of income or education, according to a federal Centers for Disease Control report. These racial disparities in infant and maternal health outcomes reflect an urgent need to support Black mothers, align diverse partners, and leverage critical resources to address this issue in our region.

Based on our community health research, we believe that the disproportionate impact of the Covid-19 public health crisis on communities of color has exasperated maternal and infant health disparities. Our clients have reported: an increase in stress and maternal mental health issues; a decrease in access to prenatal care during the pandemic; a loss of income due to absence from the workforce; an increase in food insecurity, an increase in housing instability, and an increase in intimate partner violence.

Lastly, a shift in funding for programs that support families of color have further undermined the health and well-being of Black women and their infants. For example, we know that in the past decades, many programs that support low-income families such as Medicaid, Work First, and nutrition assistance have experienced a steady erosion of funding, if not outright budget cuts. These cuts have a harmful impact on families of color, who are overrepresented in these programs due to barriers to economic opportunities, and further contribute to the marginalization of Black women and infants.

## Link to COVID-19\*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

We believe that the harm caused by the COVID-19 virus directly correlated with an increase in maternal and infant health disparities within communities of color. For example, many of our clients were required to use telemedicine to access prenatal doctor appointments and wellness checks for their babies. This shift from an in-person support system to remote support resulted in a decrease in the quality of care received by our clients during their pregnancies and postpartum periods. In addition, we witnessed increases in maternal mental health issues due to heightened anxiety and depression as the virus disrupted the daily lives of our clients and their families. Our clients also reported an increase in domestic violence due to being isolated with abusive partners during the pandemic's lockdown.

In terms of economic disparities, we found that women in our program were more likely to leave their jobs due to the fear of contracting the virus and harming the health of their baby. Moreover, many women left the workforce to meet the increased demand for childcare while schools operated remotely during the pandemic. All the above factors exasperated the health and economic impacts of the virus on Black women and their families.

We will use funds from this grant to address the above challenges by expanding services to Black women and their families through our home visiting program. We will provide competitive stipends and emergency assistance support to allow women to fully participate in our program, engage a nurse family practitioner to support women, expand our program to include fathers and grandparents, hire additional staff, and re-establish trust between pregnant women and the health care system. We will also use these funds to

coordinate partnerships with other providers, community leaders, and nonprofits to help reduce racial disparities in maternal and infant care on a systems level.

## Population Served\*

Define the population to be served by this project, including volume and demographic characteristics of those served.

All of our program participants represent low-income Black women who have been historically excluded in health care delivery models and pregnancy related resources. These women are strong, resilient, and care deeply for their families' health and well-being. Our program will aim to support 200 Black women and 200 infants over the next 5 years to reduce racial disparities in access to maternal and infant healthcare. In addition, we will hire a Black nurse family practitioner who can build trust and relationships with our clients due to shared lived experience and greater cultural awareness and understanding. This will fill a gap in terms of clinical support that is often underrepresented by people of color. Clinical supervision will be provided by ABCCM's Medical Clinic.

## Results\*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

1. Performance Measure: Number of Black babies, mothers, partners and grandparents served by structured home visits and holistic services.
  - o Baseline: 40 babies, 40 mothers, 40 partners and 40 grandparents will be supported in year 1.
  - o Goal: 200 babies, 200 mothers, 200 partners and 200 grandparents are supported by the end of year 5.
2. Performance Measure: Percent of participating mothers, partners and grandparents reporting increased knowledge and skills of contributors and methods to support healthy pregnancy and infant development.
  - o Baseline: No current baseline data.
  - o Goal: By the end of year 5, 90% of mothers, partners and grandparents have reported an increase in knowledge related to the contributors for a healthy pregnancy and infant development.
3. Performance Measure: Percent of families' with children between ages 0 and 2 years old reporting increased knowledge of, access to, and engagement with resources in early childhood health and development.
  - o Baseline: No current baseline data.
  - o Goal: By the end of the 5-year period, 60% of participating families report increased knowledge of resources, 40% greater access to resources, and 40% greater engagement with resources in early childhood health and development.
4. Performance Measure: Percent of pregnant Black women served by Project NAF who deliver babies at a healthy weight.
  - o Baseline: 83.4% of Black babies in Buncombe are born at a healthy weight (compared to 90.7% of White babies, based on the most recent data available for Buncombe County, NC (5 Year Aggregate 2014-2018, WNC Healthy Impact Data Workbook 2020).
  - o Goal: By the end of the 5 year period, increase the percentage of healthy weight births among Black babies served by Project NAF to 90.7%, eliminating the disparity.

## Evaluation\*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

We will establish a partnership with the NC Center for Health and Wellness Culture of Results Initiative at UNC Asheville to assist in our data collection, analysis, and evaluation for the five-year period of the grant. The NCCHW Culture of Results team will utilize Results-Based Accountability (RBA) and its data-driven process to prioritize and collect data, and plan, evaluate and improve their strategies. RBA has been recognized by the Center for Disease Control (CDC), the National Institute of Health (NIH), and departments and agencies across North Carolina as an evidence-based model for planning, evaluation, and improvement processes, and it aligns with the Buncombe County Community Health Assessment process.

The research consultants will work with our staff to design the evaluation, develop instruments such as surveys and/or focus group guides, collect and manage data; and report on outcomes. This will include developing quantitative and qualitative research tools to capture the quantity of our services and our impacts. We will use these measures and the story behind the curves to adjust our programmatic strategies based on our progress each year and assure continued quality performance. We will also assess how the COVID-19 pandemic has impacted maternal and infant racial health disparities to understand how our work is contributing to eradicating disparities in the community. We will also request their support for planning and facilitating cross-sector partnership meetings, develop shared strategies, and aligning efforts by multiple agencies to address this issue on a systemic level.

## Equity Impact\*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

A just, equitable, and sustainable COVID-19 recovery effort must include and prioritize Black women and their families who have been disproportionately impacted by the virus in Buncombe County. This includes directing resources to families and programs that are explicitly supporting the health needs of communities of color. Our program is essential to this recovery effort as we are a Black led team who have a deep level of trust and relationships with directly impacted communities and can ensure Covid relief resources are accountable to their expressed needs. This funding is essential to our growth and sustainability as an organization. We are one of a small number of Black led nonprofits in the region who are embedded within the communities we serve. An equitable COVID-19 recovery must reflect investment in those on the frontlines of community response efforts.

Our project will address the root causes of systemic inequities in infant and maternal health in Buncombe County by amplifying the voices and health needs of Black women who are often excluded in healthcare policy decision making spaces. Our project will work on three core equity strategies. The first strategy is providing structured home visits and one on one support to Black pregnant mothers, infants, and their families. This includes hiring a Black nurse family practitioner, as they can establish more trust with our clients. The second strategy is providing support to families on early childhood education for children ages 0-2 and connecting them to resources to increase the readiness of Black children for kindergarten. The third strategy will involve coordinating diverse partnerships to identify gaps in health care delivery models that are not culturally responsive to the needs of Black pregnant women. All three strategies are critical for addressing the compounding inequities caused by the COVID-19 virus on maternal and infant health at the individual and systemic level.

## Project Partners\*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

### Subcontractors:

☑ We will establish a partnership with NC Center for Health and Wellness Culture of Results Initiative at UNC Asheville. They will support our data collection, analysis, and quality assurance measures for the five-year period of the grant. We will also request their support to facilitate cross-sector partner meetings and strategy creation. They will perform 20 percent of the overall scope of work that is focused on research, evaluation, and partner alignment.

☑ ABCCM Medical Ministry: Will provide a nurse family practitioner to work exclusively with our clients and provide in-kind support through covering the cost of medicine for our clients. They will perform 100 percent of the overall scope of work that is focused on clinical support for pregnant women.

☑ Marketing and Communications Support: We will partner with a communications consulting firm, such as Aisha Adams Media, to expand our presence in the community through digital media outlets like YouTube and social media channels.

### Non-funded key partner critical to the project:

☑ We will partner with Historic Black Churches and faith based initiatives to establish heightened community awareness and action about infant & maternal mortality.

☑ We will coordinate pregnancy related resources with: Mothering Asheville, SistahsCaring4Sistahs, Mountain Area Pregnancy Support, Helpmate, Our Voice, MAHEC, Mission Hospital, OB/GYN Providers, BCHHS, DHHS, Women's Health Branch, and community mental health providers, and SPARC Foundation.

☑ We will expand our client's connections to meet basic needs with: Babies Need Bottoms, ABCCM Medical Ministry, Eblen Charities, Foundation, Salvation Army, Foster Memorial, and United Way's 211.

☑ We will expand our client's connections to existing early childhood education services with: Caring for Children, Children First/Communities in Schools, Community Action Opportunities, Community Resource Guide for Special Needs Services, CWA Learning Center; School Systems.

## Capacity\*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Our maternal and child health programs have ensured Black mothers and infants have pregnancy related resources to enable healthy births and reverse infant mortality rates. This is a research-based parenting curriculum, using evidence-based strategies to support up to 40 mothers and their babies to achieve equitable health outcomes each year. Moreover, we have a 20-year legacy of supporting the health and well-being of historically excluded community members in Buncombe County. This program has received national recognition and is being modeled in other communities across the USA. In addition, we have managed both state and federal funds to support our project from the NC Department of Health and Human Services. Our Executive Director, Belinda K. Grant was awarded the Lisa C. Clarke Bridge Builder award to recognize her work to reduce health disparities, enhance communication between across agencies, and build collaborations that close gaps between health systems in Asheville, NC.

In addition to the expert leadership of our Executive Director, the programmatic team is also supported by Sapphire De'Bellott, who is trained in the evidence-based curriculum, "Partners for a Healthy Birth." We

will also hire a community navigator to connect women in our program to pregnancy resources, access support for basic needs, and connect to early childhood development resources. In addition, we will partner with ABCCM Medical Ministry to hire a full-time Black family nurse practitioner to support women in our program. Finally, we will establish a partnership with Emma Olson, the Director of Partnerships and Evaluation at the NC Center for Health and Wellness at UNC-Asheville as our Project Evaluator. She brings field and educational expertise with advanced degrees as an MPH and MSW. Our operations, financial, and legal organizational team consists of an administrative assistant, receptionist, CPA Corliss & Solomon, PLLC, Roberts and Stevens PA.

## Budget\*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery Funds Budget.MCZD.Final.pdf

## Special Considerations\*

Provide any other information that might assist the County in its selection.

Reducing health disparities is a collaborate initiative and goals are reached through hard work, commitment/dedication, on-going contacts with program participants, Faith-based and other community partnerships. This work entails addressing needs and barriers so that a participant can access services for themselves, their babies, children, and families. MCZD remains committed and dedicated in its efforts to serve Black pregnant and postpartum women to impact infant mortality.

Through our Project NAF Program, staff has and will continue to advocate for improvements in maternal and child health by being a visible presence in the community and by speaking out to keeping service needs on the table; realizing that no single organization or single sector alone can solve community needs or problems. MZCD seeks to continue initiatives to achieve systemic changes, be a voice for the voiceless, the disenfranchised, and those left out; continuing its focus to seek out long-term solutions to impact maternal and child health services.

For MZCD, building bridges between services is inclusive of but not limited to: Continuous feedback from/to program participants, faith-based organizations/churches, local government, school systems, media campaigns, public housing and businesses; open dialogue to facilitate communication; and continuous networking as “faces and programs change.” We are committed to strategic collaboration to advance long-term changes.

Ultimately, this one-time infusion of resources will greatly strengthen the capacity of our nonprofit to provide critical pregnancy services to Black women, infants, and families in our community and reduce racial health disparities. Lastly, these resources are particularly vital to overcome the programmatic budget setbacks that our nonprofit experienced during the pandemic.



## File Attachment Summary

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### *Applicant File Uploads*

- Recovery Funds Budget.MCZD.Final.pdf

**Coronavirus State and Local Fiscal Recovery Funds**

<b>Organization Name:</b>	Mount Zion Community Development, Inc.
<b>Project Name:</b>	Promoting Healthy Childhood Environments through Structured Home Visits for Pregnant Black Mothers, Infants, and Families in Buncombe County, NC
<b>Amount Requested:</b>	1,500,000 over the course of 5 years

  

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds: Proposed	\$ 1,373,500.00	Pending	One time infusion of resources to advance our work over the next 5 years.
Buncombe County: Project NAF	45,000	Pending	
Buncombe County Strategic Partnerships Grant	108,000	Confirmed	
Buncombe County Contracts: Service Contract: COVID-19 Relief: SDOH	15,000	Pending	
City of Asheville	25,000	Pending	
Community Foundation of WNC	50,000	Pending	
Dogwood Health Trust	689,832	Pending	Fundraising goal over a period of 5 years.
Mt. Zion Missionary Baptist Church of Asheville, Inc.	3,600	Confirmed	
MZCD Board Contributions & Fundraising	2,000	Pending	
WNC Bridge Foundation: Pre-Application approved. Site Visit conducted for Proposal	60,000	Pending	
Dogwood Health Trust: Remaining funds through Nov 2021	\$ 3,592.00	Confirmed	
WNC Bridge Foundation: Remaining funds through Nov 2021	\$ 6,478.00	Confirmed	
Wells Fargo	\$ 10,000.00	Pending	
United Way	\$ 50,000.00	Pending	
First Citizens Bank	\$ 50,000.00	Pending	
ABCCM Crisis Ministry	\$ 60,000.00	Confirmed	This reflects in-kind support for the costs of medicines at 300 per participant, total support of \$60,000 for 200 participants over the 5 year grant period.
<b>Total</b>	<b>\$ 2,552,000.00</b>		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
MCZD Executive Director Salary	\$ 105,000.00	\$ 315,000.00	\$ 420,000.00	Operating Expense	25 FTE of 84,000 covered by this grant (includes medical, dental, retirement, and death insurance)
Project NAF Case Manager	\$ 66,250.00	\$ 198,750.00	\$ 265,000.00	Operating Expense	25 FTE of 53,000 covered by this grant (includes medical, dental, retirement, and death insurance)
Project NAF Resource Navigator	\$ 66,250.00	\$ 198,750.00	\$ 265,000.00	Operating Expense	25 FTE of 53,000 covered by this grant (includes medical, dental, retirement, and death insurance)
Administrative Assistant	\$ 50,000.00	\$ 150,000.00	\$ 200,000.00	Operating Expense	25 FTE of 40,000 covered by this grant (includes medical, dental, retirement, and death insurance)
MCZD Receptionist	\$ 50,000.00	\$ 150,000.00	\$ 200,000.00	Operating Expense	25 FTE of 40,000 covered by this grant (includes medical, dental, retirement, and death insurance)
Nurse Family Practitioner	\$ 550,000.00	\$ 50,000.00	\$ 600,000.00	Operating Expense	Full Time Position at 120,000 a year
Technical Assistance for Project Evaluation	\$ 100,000.00	\$ 25,000.00	\$ 125,000.00	Operating Expense	Between 15 to 20 hours a month of support from NC Center for Health and Wellness Culture of Results Initiative at UNCA-Asheville
Travel	\$ 20,000.00	\$ 5,000.00	\$ 25,000.00	Operating Expense	Staff Mileage Reimbursement
Marketing and Communications	\$ 110,000.00	\$ 10,000.00	\$ 120,000.00	Operating Expense	Monthly Newsletter, Logo, Website Maintenance, Monthly utube talk show with medical professionals with nurse family practitioners and participants
Technology	\$ 20,000.00	\$ 10,000.00	\$ 30,000.00	Operating Expense	COVID-19 has changed the way we live, work, play and receive information. Laptops will be used to implement PHB curriculum and to connect with clients to meet their day-to-day needs.
Stipends for Program Participants	\$ 100,000.00	\$ 25,000.00	\$ 125,000.00	Operating Expense	500 a year per client for 40 clients x 5 years = 200 clients (20,000 per year)
Emergency Assistance Stipends	\$ 100,000.00	\$ 25,000.00	\$ 125,000.00	Operating Expense	500 a year per client for 40 clients x 5 years = 200 clients (20,000 per year)
Clinical Onsite Services for ABCCM Medical Ministry	\$ 25,000.00	\$ 5,000.00	\$ 30,000.00	Operating Expense	Fee to ABCCM: \$500 per month = \$6,000 x 5 years = \$30,000.
Insurance: Southern Mutual: Property, Liability, Transportation & Worker's Comp	\$ 6,000.00	\$ 6,000.00	\$ 12,000.00	Operating Expense	Contribution for total cost of insurance.
Educational Supplies	\$ 5,000.00	\$ 5,000.00	\$ 10,000.00	Operating Expense	Educational materials for babies/infants/children.
	<b>\$ 1,373,500.00</b>	<b>\$ 1,178,500.00</b>	<b>\$ 2,552,000.00</b>		