



Eliminating Disparities in Perinatal Health / Border Health Technical Assistance

January 6, 2011 webcast

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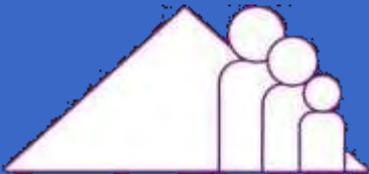
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***Health Resources and Services Administration
Maternal And Child Health Bureau***

FY2011 HEALTHY START COMPETITION



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**Dept. of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Maternal and Child Health Bureau (MCHB)
Division Of Perinatal Systems And Women's Health**



HEALTHY START OVERVIEW

- ***What is the Healthy Start Program?***
- ***What are the current Funding Opportunities?***
- ***Who is eligible?***
- ***What are the deadlines for applying?***
- ***How does my organization apply?***
- ***What are the critical requirements that need to be addressed in my application?***
- ***How is my application reviewed?***

HEALTHY START OVERVIEW

- ***What can federal funds be used for?***
- ***Are there restrictions on what federal funds can be used for?***
- ***Are there other federal policy requirements applicants should be aware of?***
- ***Contacts for more information***
- ***Other Resources***

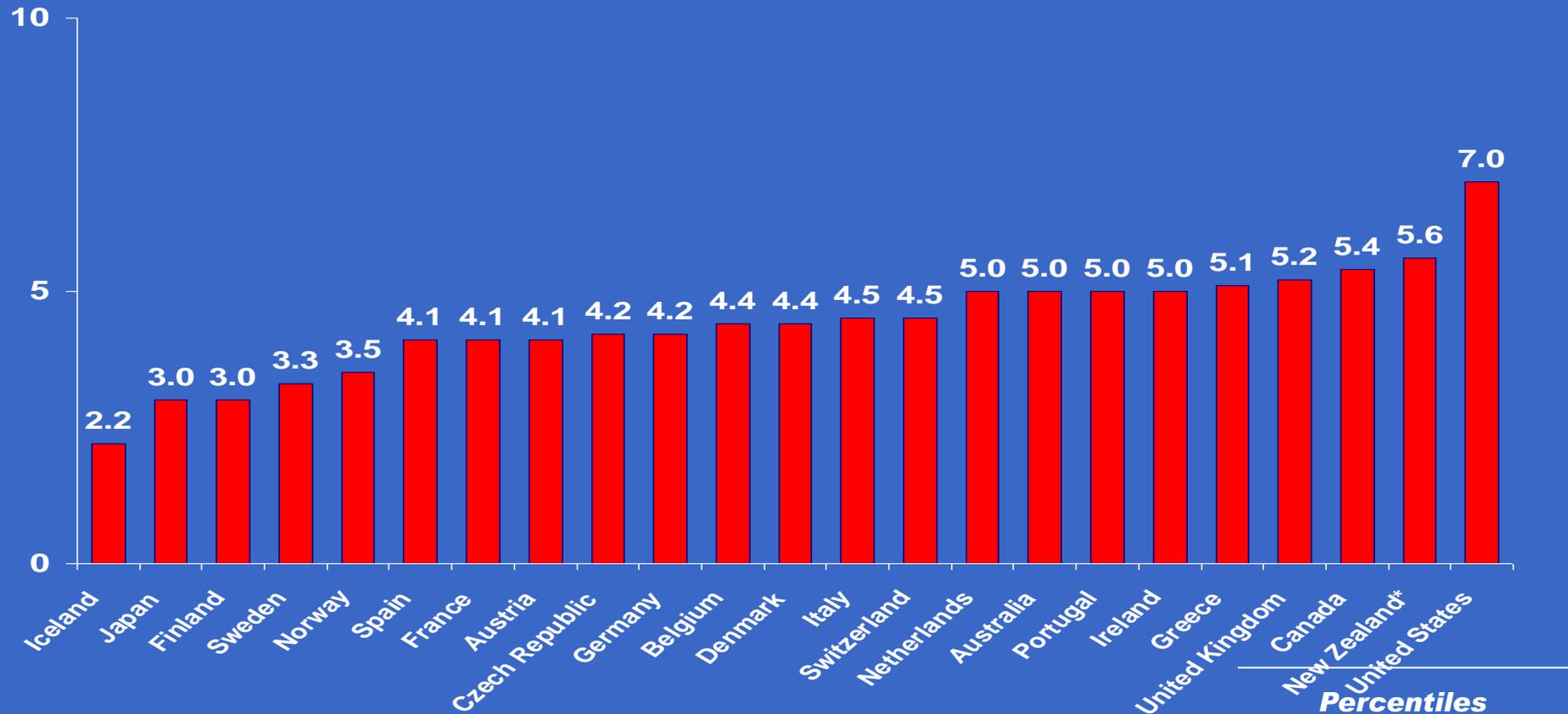
HEALTHY START'S ROLE IN ADDRESSING DISPARITIES

- ***Reduce the rate of Infant Mortality***
- ***Eliminate disparities in perinatal health***
- ***Implement innovative community-based interventions to support & improve perinatal delivery systems in project communities;***
- ***Assure that every participating woman & infant gains access to the health delivery system & is followed through the continuum of care;***
- ***Provide strong linkages with the local & state perinatal system.***

INFANT MORTALITY RATE, 2002

Infant deaths per 1,000 live births

International variation

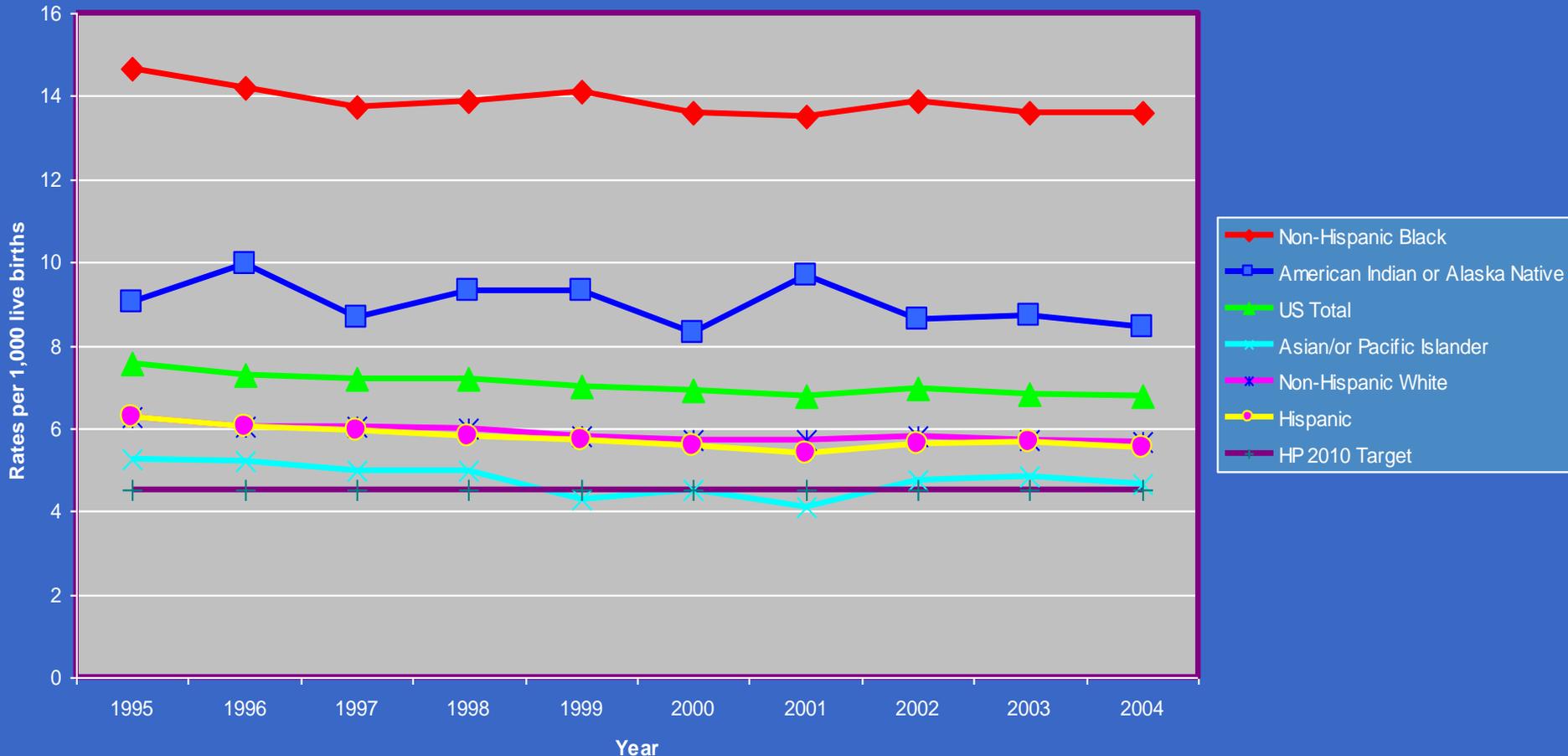


* 2001.

Data: International estimates—OECD Health Data 2005;

State estimates—National Vital Statistics System, Linked Birth and Infant Death Data (AHRQ 2005a).

INFANT DEATH RATES (Within 1 Year) by Race and Ethnicity: 1995 - 2004

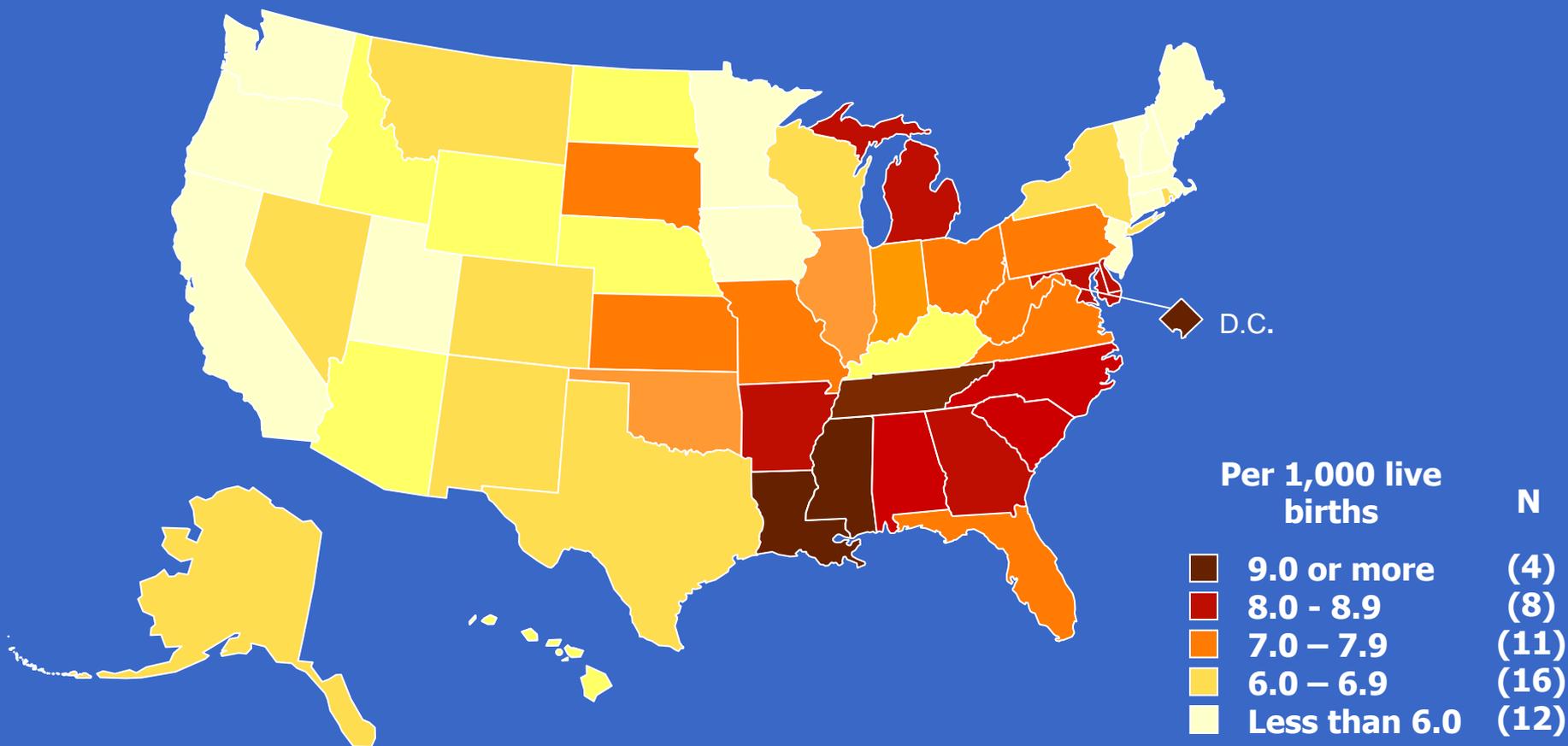


INFANT MORTALITY RATE

(Deaths: Within 1 Year)

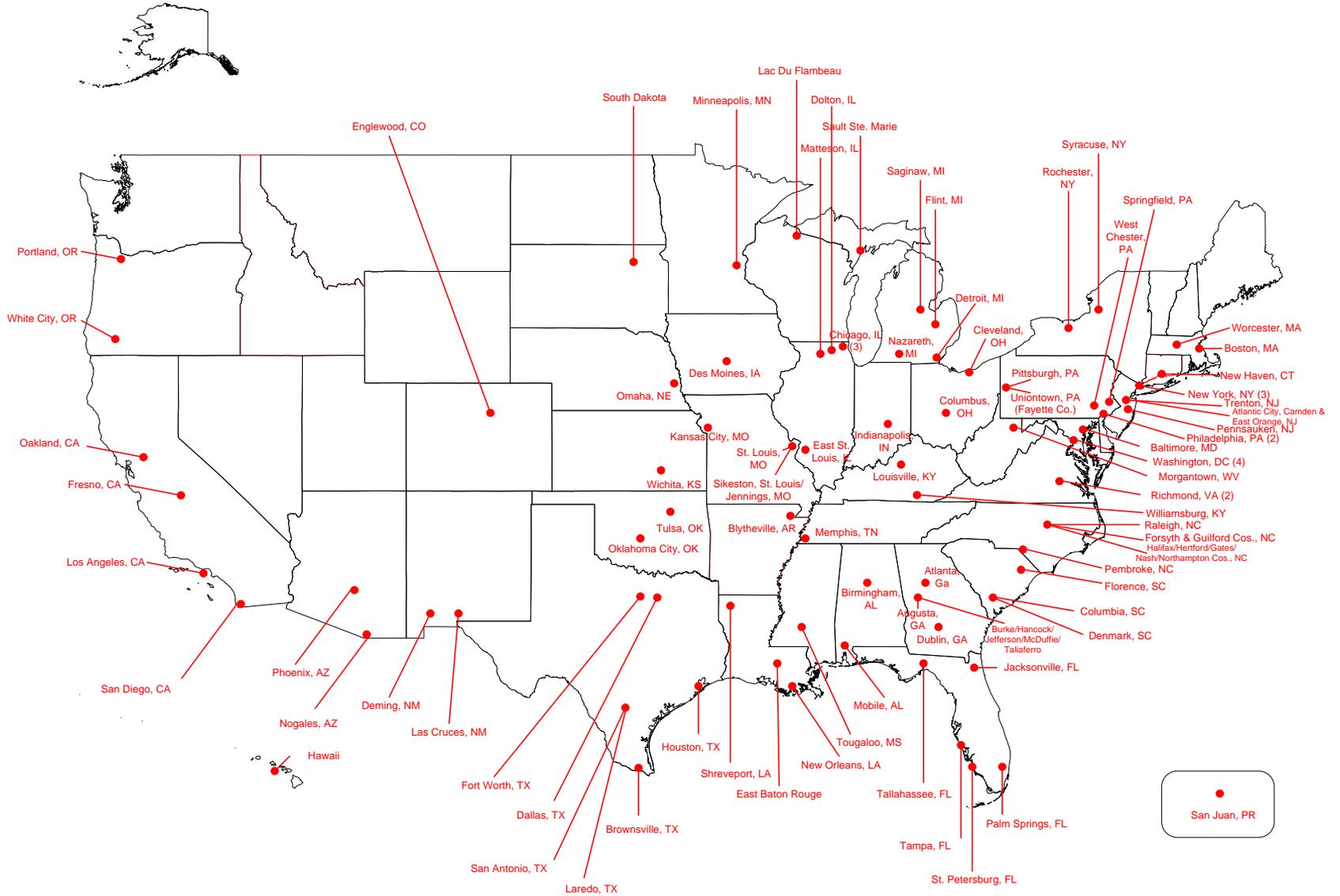
by State: 2002-2004

2010 Target = 4.5



Obj. 16-1c

Healthy Start Project Area Sites



HEALTHY START

***Established as Presidential Initiative in 1991
to improve health care access and
outcomes for women and infants,
promote healthy behaviors and combat
the causes of infant mortality***

15 Sites (1991-1997)

7 Sites (1994-1997)

HEALTHY START

***FY1998 Congressional Language: replicate
best models/lessons learned from
demonstration phase with existing sites
serving as resources centers***

20 Mentoring (1998-2001)

50-76 New Communities (1998-2001)

HEALTHY START'S LESSONS LEARNED

- ***National Evaluation***

- ***Internal Assessment by National Consultants***

- ***Secretary's Advisory Committee on Infant Mortality (SACIM)***

OVERARCHING CONCLUSIONS AND LESSONS LEARNED

- ***Elements necessary for success:***
 - ***Strong neighborhood-based outreach and case management model***
 - ***Focus on service integration and close link to clinical care system***
 - ***Implementation of evidenced based practices***
 - ***Consistency in program implementation over time and across program sites***

WHERE SHOULD THE FOCUS BE?

Services should begin in prenatal period and extended from beyond the postpartum period to throughout the entire interconceptional period, i.e., from end of one pregnancy to either the next pregnancy or to 2 years post delivery

HEALTHY START

Authorizing Legislation - Title III, Section 330H of the Public Health Service Act (42 U.S.C. 254c-8)

- An initiative to reduce the rate of infant mortality and improve perinatal outcomes***
- Make grants for project areas with high annual rates of infant mortality***

CONSIDERATIONS IN MAKING GRANTS

- ***(A) Factors that contribute to infant mortality, such as low birthweight.***
- ***(B) The extent to which applicants for such grants facilitate--***
 - ***(i) a community-based approach to the delivery of services; and***
 - ***(ii) a comprehensive approach to women's health care to improve perinatal outcomes.***

CONSIDERATIONS IN MAKING GRANTS

- ***(B) The extent to which applicants for such grants facilitate--***
 - (iii) a community based consortia of individuals & organizations including, but not limited to, agencies responsible for administering block grant programs under Title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under Section 330 (C/MHC, Homeless Rural) & other significant sources of health care services

CONSIDERATIONS IN MAKING GRANTS

- (3) SPECIAL PROJECTS- Nothing in paragraph (2) shall be construed to prohibit the Secretary from awarding grants under subsection (a) for special projects that are intended to address significant disparities in perinatal health indicators in communities along the United States-Mexico border or in Alaska and Hawaii.

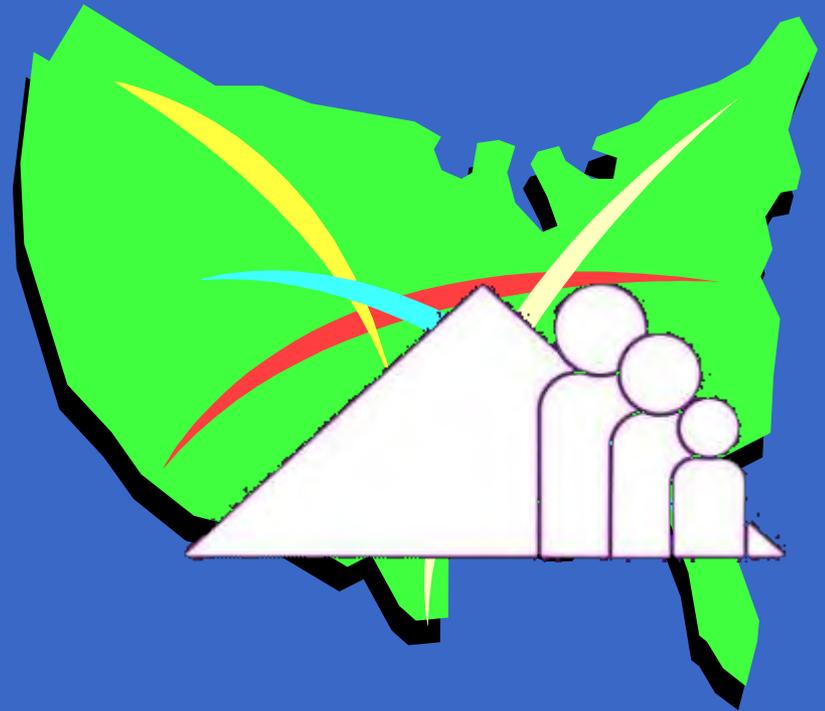
COMMUNITY CONSORTIUM

Individuals & organizations including, but not limited to, agencies responsible for administering block grant programs under Title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under Section 330 (CIMHC, Homeless Rural) & other significant sources of health care services.

COLLABORATION

HIGHLIGHTS OF SEC. 330H HEALTHY START

Partnership with statewide systems and with other community services funded under the Maternal and Child Health Block Grant.



HEALTHY START

- ***38 States***
- ***District of Columbia***
- ***Puerto Rico***
- ***Indigenous Populations***
- ***Border Communities***

***ELIMINATING DISPARITIES IN
PERINATAL HEALTH-
BORDER, ALASKAN AND NATIVE
HAWAIIAN COMMUNITIES***

7 Communities

<i>2007-2011</i>	<i>Two Grantees</i>
<i>2008-2012</i>	<i>Two Grantees</i>
<i>2009-2014</i>	<i>Three Grantees</i>

ELIMINATING DISPARITIES IN PERINATAL HEALTH

97 Communities

- ***2006-2010 Thirteen Grantees***
- ***2008-2012 Six Grantees***
- ***2009-2014 Seventy-eight
Grantees***

CURRENT FUNDING OPPORTUNITIES

- **HRSA-11-018 (H67) Eliminating Disparities in Perinatal**

Summary of Funding

- Five (5) year project period
- Maximum of \$750,000 annually for new projects
- Current Healthy Start grantees (existing competing continuation) may only apply for an amount up to their current funding level
- Anticipated project start date of June 1, 2011

*

ELIGIBLE APPLICANTS

New Applicant:

- Applicants, not currently funded thru Healthy Start or current Healthy Start projects applying for a new services area, are considered a new applicant and **should check the “new” box on question #8 on the SF 424 Face page.**

ELIGIBLE APPLICANTS

- Applicants may use verifiable three-year average data for 2005 through 2007, the proposed project area must have one or more racial/ethnic or other disparate groups with a three-year average Infant Mortality Rate of at least 10.14 infant deaths/1000 live births which is one-and-a-half times the national infant mortality rate for the period 2005 through 2007.

No other three year average will be accepted.

BORDER, ALASKAN AND NATIVE HAWAIIAN COMMUNITIES HRSA-11-018 (H67) ELIGIBILITY ONLY

• **Verifiable three-year average data for 2005 through 2007 meeting at least three of the following perinatal indicators:**

- **Percentage of Women of Child Bearing Age (WCBA) who are uninsured is greater than 35%;**

Percentage of children 0-2 years old with a completed schedule of immunization is less than 60%;

Percentage of infants in the bottom 10% on the growth/weight chart is greater than 25%;

Percentage of children under 18 years of age with family incomes below the Federal Poverty Level exceeded 19.9% for 2000. If more recent verifiable poverty data are available, please provide these data and identify years and source.

***BORDER, ALASKAN
AND NATIVE HAWAIIAN COMMUNITIES
HRSA-11-018 (H67) ELIGIBILITY ONLY***

Verifiable three-year average data for 2005 through 2007 meeting at least three of the following perinatal indicators:

Percentage of pregnant women with anemia/iron deficiency is 20% or more;

Percentage of pregnant women entering prenatal care in the first trimester is less than 80%;

Percentage of births to women who had no prenatal care is greater than 2%;

Percentage of births to women who had fewer than 3 prenatal clinic visits during pregnancy is greater than 30%;

***BORDER, ALASKAN
AND NATIVE HAWAIIAN COMMUNITIES
HRSA-08-031 (H67) ELIGIBILITY ONLY***

If verifiable clinical data are used, for each indicator divide the number of pregnant women or perinatal clients having the identical risk factor by the total number of pregnant or perinatal clients served annually. The data source for each indicator used must be provided in the application. The time period must be the same (i.e., 2005-2007)

ELIGIBLE APPLICANTS

Competing Applicant:

- Currently funded Healthy Start projects whose project period ends on June 1, 2011 are considered a Competing Continuation applicant

***PERINATAL DISPARITIES:
GENERAL DISPARITIES
HRSA-11-018 (H49) ELIGIBILITY***

- Demonstrated linkage to State Title V
- Existing Consortium or plans to create

ELIGIBLE APPLICANTS

- Examples of Eligible Applicants:
 - Consortium or network of providers
 - Local government agencies
 - Tribal governments
 - Agencies of State governments, multi-state health systems or special interest groups serving a community area
 - Faith and community based organizations

ELIGIBLE APPLICANTS

- Preference: The Senate report accompanying the relevant authorizing legislation urges HRSA to afford a funding preference to some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded.

ELIGIBLE APPLICANTS

- Preference: Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

ELIGIBLE APPLICANTS

- *Qualification:* Preference will be given to current and former Healthy Start grantees with expiring or recently expired project period. A current Healthy Start grantee (or existing competing continuation) is defined as a grantee receiving Healthy Start funds for the with project period of June 1, 2007-May 31, 2011.

- A current Healthy Start grantee with neither an expiring nor recently expired project period may apply to serve a new community under the Eliminating Disparities in Perinatal Health Competitions (only one applicant per project area will be funded), but will not be eligible for the preference.

HOW DO I APPLY?

www.grants.gov

HOW DO I APPLY?

Electronic Submission

HRSA is ***requiring*** applicants for this funding opportunity to apply electronically through [Grants.gov](https://www.grants.gov)

HOW DO I APPLY?

No paper applications will be accepted without prior written **approval from HRSA's Division of Grants Policy (DGP)**.

Applicants must request an exemption in writing from DGPClearance@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Make sure you specify the announcement number you are seeking relief for.

HOW DO I APPLY?

- **Resources for Faith-Based Organizations**
- **Guidance and Policy of Religious Nondiscrimination in Grant Eligibility and Service Delivery Faith-Based and Other Community Organizations**

HOW DO I APPLY?

- **Standard Forms**
- **Duns Numbers and Central Contractor Registry**
- **Grants.gov**
 - **Key Facts about Grants.gov**
 - **Search current HHS opportunities at grants.gov by date, category, CFDA code or eligibility**
 - **Each current and archived HRSA opportunities by program area, CFDA or announcement code, name or deadline**

HOW DO I APPLY?

- On Grants.gov their resources section provides access to useful Grants.gov and other grants related information and links.
- You can take advantage of Grants.gov **Outreach Materials** and **Training Materials** to help you become familiar with the Grants.gov process.
- The **Download Software** page will explain how to easily navigate on the site and complete your application.

HOW DO I APPLY?

REGISTERING ON GRANTS.GOV

- Grants.gov has streamlined the process of finding and applying for Federal grant opportunities.
- The Grants.gov registration process takes **3-5 business days** to complete.

HOW DO I APPLY?

REGISTERING ON GRANTS.GOV

- You do not have to register with Grants.gov if you only want to find grant opportunities.
- If you do plan to apply for a grant, be aware that you and your organization must complete the Grants.gov registration process.

HOW DO I APPLY?

REGISTERING ON GRANTS.GOV

- **Registration for an individual:**
You will be required to complete an individual registration process.
- **Registration on behalf of an organization:** FIRST register your organization using the steps that follow.

HOW DO I APPLY?

The Grants.gov registration process for an organization involves three basic steps.

- Register your organization
- Register yourself as an Authorized Organization Representative (AOR)
- Get authorized as an AOR by your organization

REGISTRATION:

1. Your organization will need to obtain a DUNS Number. If your organization **doesn't have one, you will need to go to** the Dun & Bradstreet website at <http://fedgov.dnb.com/webform> to obtain the number.

DUNS Number: Same Day

REGISTRATION:

2. Ensure that your organization is registered with the Central Contractor Registry (CCR) at <http://www.ccr.gov>.

If it is not, an authorizing official of your organization must register. You will not be able to move on to Step #3 until this step is completed.

CCR Registration: 2 Days

REGISTRATION:

3. Create a username and password with ORC, the Grants.gov credential service provider. You will need to use **your organization's DUNS Number** to access the ORC website at <http://apply.grants.gov/OrcRegister>

ORC Registration: Same Day

REGISTRATION:

4. Register with Grants.gov to open an account using the username and password you received from ORC.

***Grants.gov Registration: 1 Day
(Can be done the same day as the ORC
Registration)***

REGISTRATION:

5. The E-Business Point of Contact (POC) at your organization must respond to the registration email from Grants.gov and login at Grants.gov to authorize you as an AOR. Please note that there can be more than one AOR for an organization.

***AOR Authorization: 1-2 Days
(Time depends on responsiveness of
your E-Business POC)***

REGISTRATION:

6. At any time, you can track your AOR status at the Applicant Home Page of Grants.gov by logging in with your username and password.

**ADDITIONAL FORMS TO UPLOAD AS
PART OF YOUR ELECTRONIC**

SUBMISSION

(1) Downloading from
<http://www.hrsa.gov/grants/forms.htm>

Or

(2) Contacting the HRSA Grants
Application Center at:

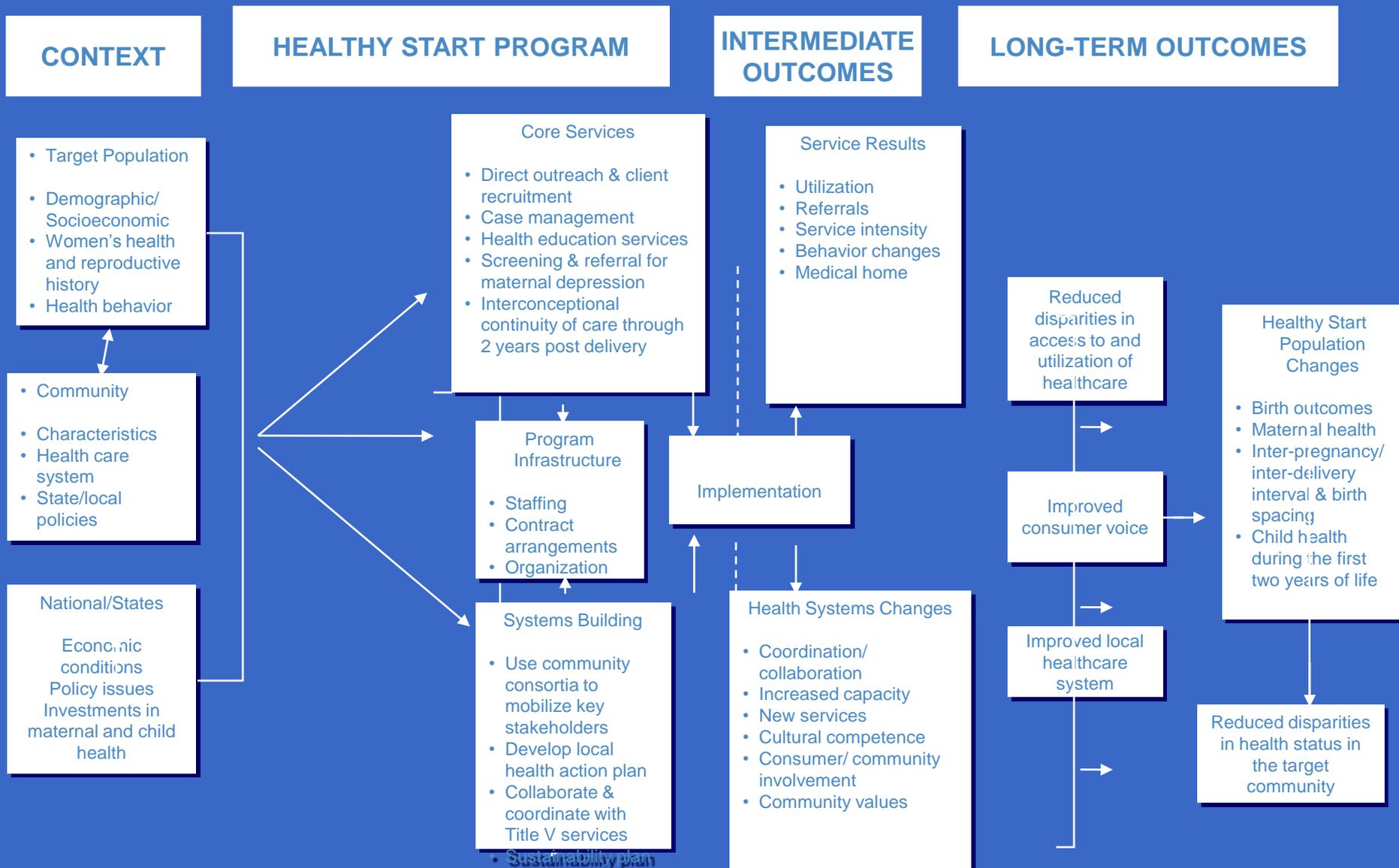
The Legin Group, Inc.
910 Clopper Road, Suite 155 South
Gaithersburg, MD 20878
Telephone: 877-477-2123
HRSAAGAC@hrsa.gov

WHEN IS THE APPLICATION DUE?

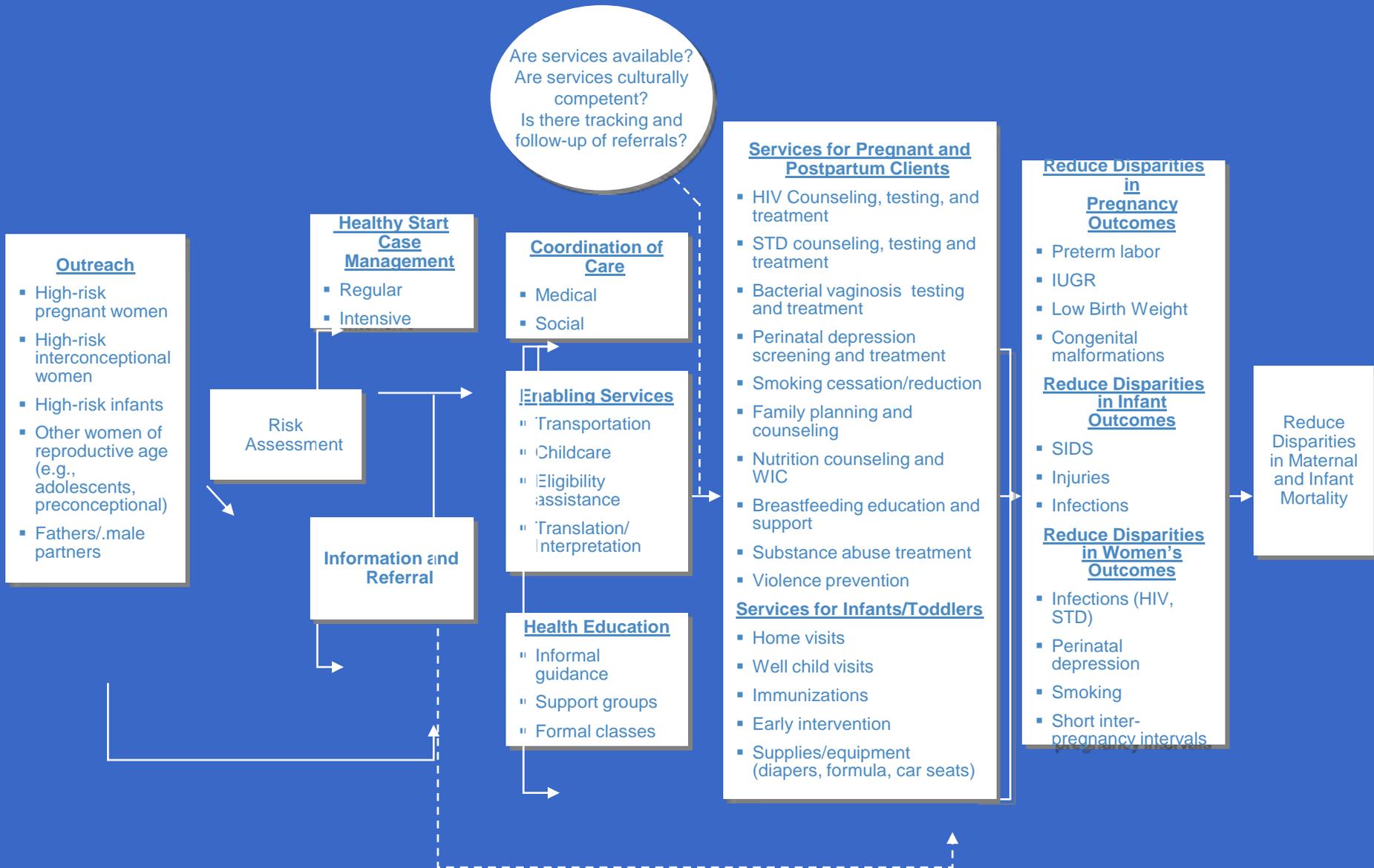
- Due date for applications is February 4, 2011
- E-marked on or before the deadline date and time.
- Deadline Time is 8pm EST.
- Please try to get application in at least 24 hrs prior to deadline.

What are the critical requirements that need to be addressed in my application?

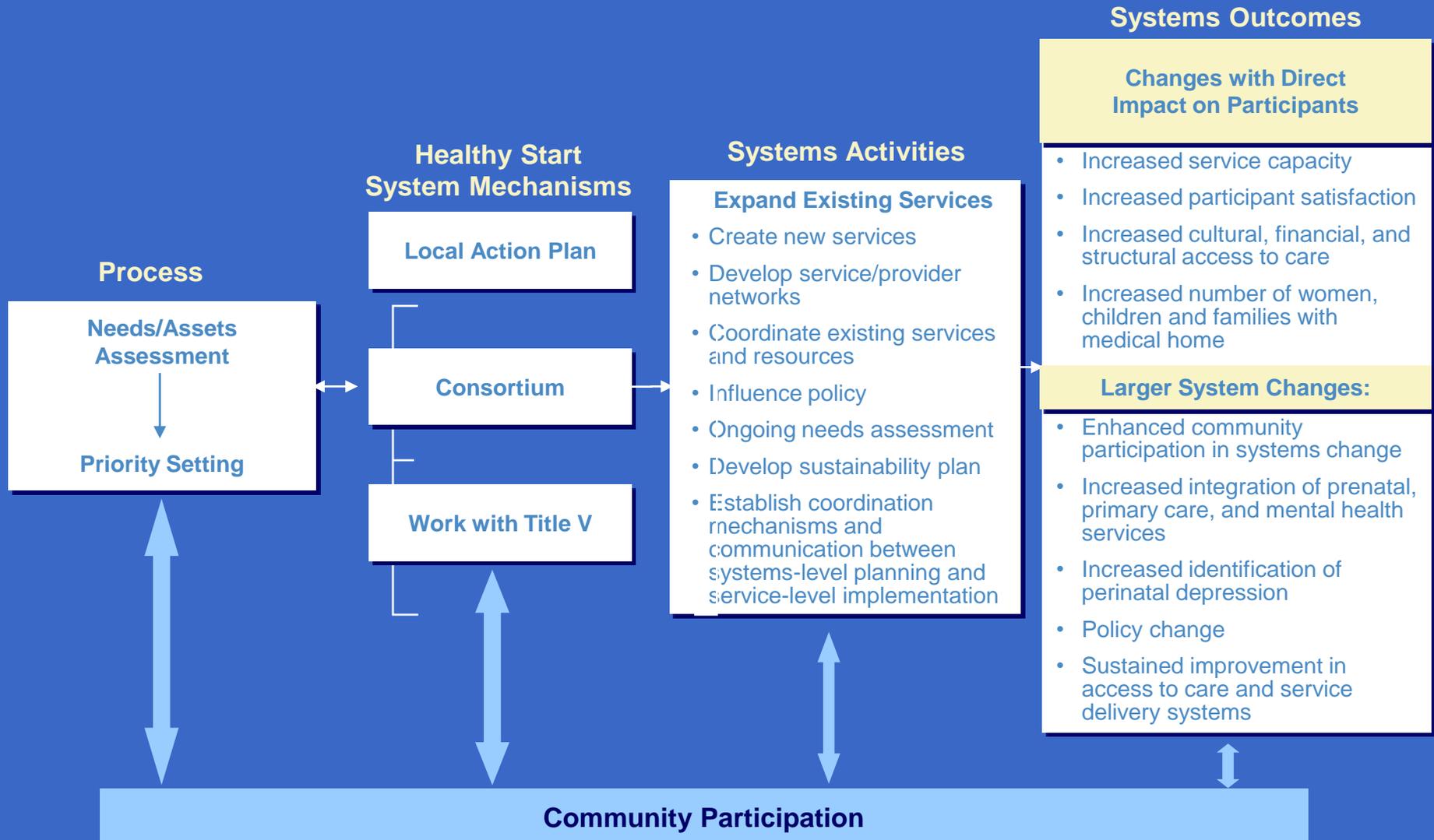
HEALTHY START LOGIC MODEL



HYPOTHESIZED LINK BETWEEN HEALTHY START SERVICES AND RESULTS



HYPOTHESIZED LINK BETWEEN HEALTHY START SYSTEMS ACTIVITIES AND RESULTS



REQUIREMENTS

- ***Need: Community Assessment***
- ***Response: Core Service Interventions***
- ***Evaluation: National and Local including Project Monitoring***
- ***Impact: Core System Interventions***
- ***Resources and Capabilities: : Administration and Management***
- ***Support Requested: Budget and Budget Justification***

NEED (20%): The extent to which the application describes the problem and associated contributing factors to the problem.

- The extent to which the proposed plan will enhance or improve Eliminating Disparities activities in the community through provision of required core services of outreach and client recruitment, case management, health education, interconceptional care, and depression services.
- The extent to which the demonstrated need(s) of the target population to be served are adequately described and supported in the needs assessment and summarized in the problem statement.

NEED (20%): The extent to which the application describes the problem and associated contributing factors to the problem.

- ***The extent to which the applicant describes the size, demographic characteristics, prevalent norms, health behaviors and problems of the targeted population(s).***
- ***The extent to which the proposed plan addresses the documented need(s) of the targeted population including attention to the cultural and linguistic needs of consumers.***
- ***The extent to which the project is linked to an existing perinatal system of care that enhances the community's infant mortality reduction programs already in operation in the project area.***

REQUIREMENTS

- ***The Community Assessments must describe:***
 - ***The current assets/resources of the community***
 - ***The current needs of the community***
 - ***The service area for the project***
 - ***The target population***
 - ***The comprehensiveness and quality of the service delivery system for the target population***

REQUIREMENTS: NEEDS ASSESSMENT

- Comprehensive/Quality Services
 - Includes all partners necessary to assure access to a full range of services, as identified by the community (e.g., prevention, primary, & specialty care; mental health & substance abuse services, HIV/AIDS, MCH, dental care)
 - Establishes referral arrangements that are necessary for quality care

REQUIREMENTS: Response

The extent to which the proposed project responds to the “purpose” included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the project objectives incorporate the specific HS program competition’s purpose (i.e. Eliminating Disparities or Border Health) and are measurable, logical, and appropriate in relation to both the specific problems and interventions identified.***

–

REQUIREMENTS:

Objectives and Indicators

- Identify project objectives which are responsive to the goals of the program
- Project objectives must include, at a minimum, the OMB approved performance and outcome measures
- Objective statements must clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, target population
- Each objective must include:
numerator, denominator, time frame, data source including year, baseline data

HEALTHY START ANNUAL KEY MEASURES

For Program Participants:

- The percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy
- The percent of very low birth weight infants among all live births

HEALTHY START CORE INTERVENTIONS

For Each Core Intervention:

- Definition;
- Essential Elements;
- Specific Requirements
- Linkage to Performance Measure
- Correlation with National Evaluation

HEALTHY START CORE INTERVENTIONS

- ***Core Services:***
 - Outreach,
 - Case management,
 - Health education,
 - Screening and referral for depression,
 - Interconceptional continuity of care.

HEALTHY START CORE INTERVENTIONS

For Each Core Intervention:

Series of questions that must be answered, for example

- **Who are the target populations?**
- **Who will provide the service?**
- **Where will the service be provided?**
- **When will the service be provided?**
- **How many program participants and/or community participants will be served?**

Applicants should code their response to each question

Core Interventions: Outreach

- How will your program conduct and provide outreach and recruitment to the two levels of Healthy Start participants (e.g., program participant and community participant)? Specifically, tell if these activities will be conducted by staff employed by your Healthy Start program; if they will be conducted by a local provider under subcontract; and/or if they will be conducted by **other types of providers. Also describe your project's** proposed intake and enrollment process, including who performs these activities (e.g., conducted directly by staff employed by your Healthy Start program; conducted by a local provider under subcontract, etc.) This should include the strategies you will use to increase awareness and name recognition of your Healthy Start program in the target community. [CS1]

Core Interventions: Outreach

- **Definition:** Provision of case finding services that actively reach out into the community to recruit & retain Perinatal/interconceptional clients in a system of care.
- **Purpose:** To identify, enroll & retain clients most in need of Healthy Start services.

Core Interventions:

Case Management

- **Definition:** Provision of services in a coordinated culturally sensitive approach through client assessment, referral, monitoring, facilitation, & follow-up on utilization of needed services.
- **Purpose:** To coordinate services from multiple providers to assure that each family's individual needs are met to the extent resources are available, & the client agrees with the scope of planned services.

Case Management:

Essential Elements

- A multidisciplinary team that includes outreach workers, nurses, social workers, paraprofessionals, nutritionist & health care providers.
- Adequate personnel that considers the risk status of the client
- Service delivery at sites in the community, including homes
- A broad scope of services including education, prevention, & intervention.
- Pro-active partnerships between case managers, families, service providers, & the community.
- Individualized needs assessments & service plans developed with families
- Service intensity that matches level of risk.

Core Interventions:

Health Education & Training

- **Definition:** Health education includes not only instructional activities & other strategies to change individual health behavior but also organizational efforts, policy directives, economic supports, environmental activities & community-level programs.
- **Purpose:** The purpose of a health education campaign is to disseminate information with the goal of improving **an audience's knowledge, attitudes, behaviors & practices** regarding a particular area of health promotion.

Health Education & Training: Essential Elements

- Public information & education campaigns
- Provider training of health care workers
- Consumer/client education packages
- Collaboration with experienced community organizations
- Feedback process for evaluations of training & education programs
- Opportunities for education & training to enhance the development of the community

PERINATAL / POSTPARTUM DEPRESSION

- A depressive disorder is defined as an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things.

PERINATAL / POSTPARTUM DEPRESSION

Effective screening and referral for further assessment and treatment

- **Perform skilled screening**
- **Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services**
- **Community education on the impact of perinatal depression and resources available to women and their families.**

PERINATAL DEPRESSION GOALS

Early identification and increased capacity to effectively:

- **Screen,**
- **Perform skilled assessment, and**
- **Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services.**

INTERCONCEPTION CARE FOR WOMEN: EXPECTATIONS

- Outreach and case management (e.g., risk assessment, facilitation, monitoring) for women to assure they are enrolled in ongoing care (**women's health/medical home**) and are obtaining necessary referrals.
- Availability of and access to a system of integrated and comprehensive services
- Health education (tied to identified needs includes attention to mental health, substance abuse, smoking, domestic violence, HIV and STDs).

INTERCONCEPTION CARE FOR INFANTS: EXPECTATIONS

- Outreach and case management for infants/toddlers to assure they are enrolled in a medical home and obtaining necessary referrals including early intervention.
- Availability of and access to a system of primary care services and appropriate screening (e.g., newborn hearing screening) as well as necessary specialty care.
- Health education (e.g., child development, parenting).

IMPACT(10%)

CORE SYSTEMS INTERVENTIONS:

The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.

- The extent to which the efforts described in the Local Health System Action Plan develops an integrated service delivery system that better serves Healthy Start program participants, as well as the community as a whole.
- The extent to which the consortium includes/or will include the appropriate representation of project area consumers, providers, and other key stake holders.

IMPACT (10%) CORE SYSTEMS

INTERVENTIONS continued:

The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.

- The structure, role, and plan of action of the consortium in the implementation of the proposed project plan are adequately described.
- The actual or proposed communication pathways between the grantee and the consortium regarding the progress of the project are clearly delineated.

**IMPACT (10%)
CORE SYSTEMS
INTERVENTIONS continued:**

The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.

- The extent to which the applicant proposes to sustain the project through new or existing sources and/or acquire additional resources. The extent to which the applicant plans to seek third party reimbursements (e.g. Medicaid, private insurance, mentoring/training reimbursements from non-HS program funded recipients).

CORE SYSTEMS INTERVENTIONS :

- ***Core Systems Building:***
 - Consumer and consortium involvement in policy formation/implementation,
 - Local health system action plan,
 - Collaboration with Title V, and
 - Sustainability.

REQUIREMENT: COMMUNITY CONSORTIUM

Individuals & organizations including, but not limited too, agencies responsible for administering block grant programs under Title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under Section 330 (C/MHC, Homeless Rural) & other significant sources of health care services.

REQUIREMENT: COMMUNITY CONSORTIUM

- Galvanize the political will of the community and stakeholders to effect change
- Provide broad based policy advice to grantee
- Institutionalize a consumer voice (women served by the project) in the development and delivery of services in the community
- Mobilize stakeholders and others to leverage/expand funding resources

REQUIREMENT: COMMUNITY CONSORTIUM

- Structures in place to ensure ongoing community/consumer involvement, e.g.; development of leadership skills, scheduling of activities to increase participation, staff support
- Operational guidelines such as bylaws
- Conflict of interest provisions

REQUIREMENT: LOCAL HEALTH ACTION PLAN

A realistic, yet comprehensive plan of achievable steps within the four year funding period that will improve the functioning & capacity of the local health system for pregnant and parenting women and their families.

REQUIREMENT: LOCAL HEALTH ACTION PLAN

- System includes all partners necessary to assure access to a full range of services, as identified by the community (e.g., prevention, primary, & specialty care; mental health & substance abuse services, HIV/AIDS, dental care)
- System has in place all referral arrangements that are necessary for quality care
- System is family friendly and culturally/linguistically responsive to the needs of the community served.

REQUIREMENT: LOCAL HEALTH ACTION PLAN

ESSENTIAL ELEMENTS

- Targeted Interventions based on assets and gaps in the current service delivery system identified in needs assessment
- Interventions should ensure that system is accessible, responsive, and culturally competent
- Plan should be updated annually

REQUIREMENT: SUSTAINABILITY

- Integrates activity into current funding sources
- Maximize third-party reimbursement
- Leverages other funding sources
- Funding sources may include State, local, private funding; in-kind contributions

RESOURCES and CAPABILITIES **(20%) Continued:**

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

- The capacity, expertise and past experience of the applicant agency to carry out and oversee a complex, integrated, community-driven approach to the proposed Eliminating Disparities activities within the proposed project area.

RESOURCES and CAPABILITIES

(20%):

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

- The extent to which the proposed approach delineates the interventions included in the plan, and identifies the actual or anticipated agencies and resources which will be used to implement those strategies.

RESOURCES and CAPABILITIES (20%) Continued:

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

- The extent to which the applicant has demonstrated an ability to maximize and coordinate existing resources, monitor contracts, and acquire additional resources.
- The extent to which the applicant's fiscal and programmatic contract monitoring system demonstrates their ability to implement and monitor their program.

Requirements: Administration and Management

Applicant organizations are expected to have:

- Qualified and appropriate staffing to carry out planned interventions
- Sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support.
- Capacity to monitor the progress of the project toward its objectives, especially monitoring contract deliverables.

EVALUATIVE MEASURES (10%):

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess (1) to what extent the program objectives have been met and (2) to what extent these can be attributed to the project.

- The extent to which the proposed evaluation plan measures program performance, is well organized, adequately described, utilizes sound evaluation **methodologies, and complies with MCHB's** evaluation protocol for its discretionary grants and national performance measures.
- The extent to which each proposed methodology within the local evaluation is either congruent to or linked with the scopes of the core services (outreach, case management, health education and training) and components required of all HS community projects.

REQUIREMENTS: EVALUATION

- Commitment to participate in, and cooperate with, the ongoing Evaluation of the Implementation and Outcomes of the Maternal and Child Health Bureau's National Healthy Start Program and MCHB's Performance Management System.

REQUIREMENTS: EVALUATION

- Local Evaluation protocol
 - Capable of demonstrating and documenting measurable progress toward achieving the stated goals
 - Able to be used for ongoing quality improvement and monitoring of the project on different **aspects of the project's administration, fiscal and contract management, consortium, service delivery, collaboration /partnerships, and impact upon both perinatal indicators and on the community, and sustainability.**

HEALTHY START PERFORMANCE MEASURES

- 07** The degree to which MCHB-supported programs ensure family participation in program and policy activities.

- 10** The degree to which MCHB-supported programs have incorporated cultural competence elements into their policies, guidelines, contracts, and training.

- 14** The degree to which communities use “morbidity/mortality” review processes in MCH needs assessment, quality improvement, and/or data capacity building.

HEALTHY START PERFORMANCE MEASURES

- 17 The percent of all children from birth to age 2 participating in MCHB supported programs that have a medical home.**

- 20 The percent of women participating in MCHB-supported program who have an ongoing source of primary and preventive services for women.**

- 21 The percent of women participating in MCHB-supported programs requiring a referral, who receive a completed referral.**

HEALTHY START PERFORMANCE MEASURES

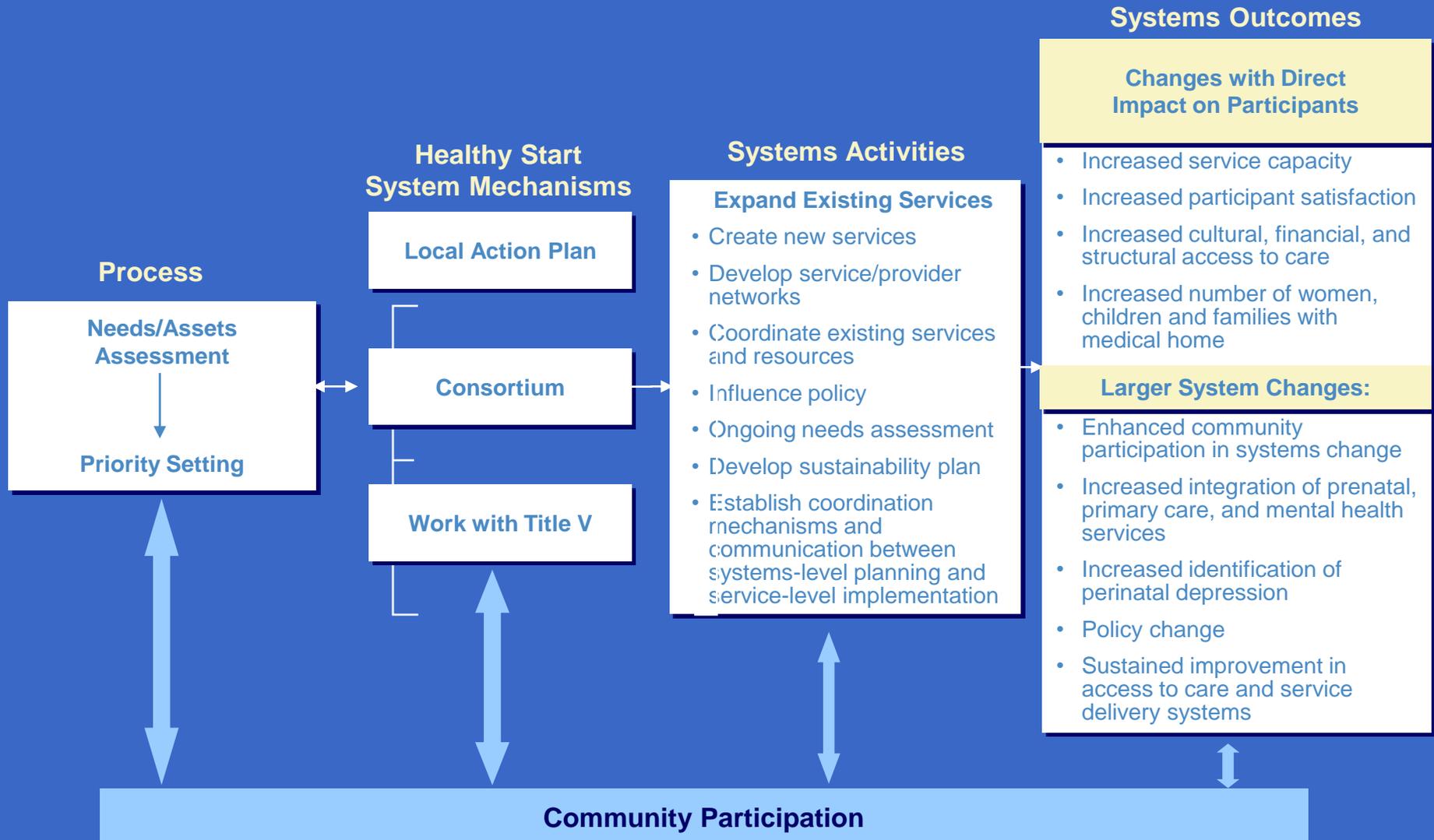
- 22 The degree to which MCHB-supported programs facilitate health providers' screening of women participants for risk factors
- 35 The percent of Communities having comprehensive systems for women's health services.
- 36 The percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy.

HEALTHY START OUTCOME MEASURES

For Program Participants:

- 50** Percent of very low birth weight infants among all live births to program participants.
- 51** The percent of live singleton births weighing less than 2,500 grams among all live births to program participants.
- 52** The infant mortality rate per 1,000 live births.
- 53** The neonatal mortality rate per 1,000 live births.
- 54** The post-neonatal mortality rate per 1,000 live births.
- 55** The perinatal mortality rate per 1,000 live births.

HYPOTHESIZED LINK BETWEEN HEALTHY START SYSTEMS ACTIVITIES AND RESULTS



SUPPORT REQUESTED (15%):

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which the proposed budget is realistic, adequately justified, and consistent with the proposed project plan.**
- The extent to which the costs of administration and evaluation are reasonable and proportionate to the costs of service provision.**
- The degree to which the costs of the proposed project are economical in relation to the proposed service utilization.**

REQUIREMENTS: USE OF FUNDS

- Grant funds may support costs for:
 - Project staff salaries
 - Consultant support
 - MIS (hardware & software)
 - Project-related travel
 - Other direct expenses for the integration of admin., clinical, MIS, or financial functions
 - Program evaluation activities

REQUIREMENTS: USE OF FUNDS

Activities that could be supported with Healthy Start funding:

- Offering a more efficient & effective comprehensive delivery system for the uninsured & underinsured through a network of safety-net providers.
- Integrating preventive, mental health, substance abuse, HIV/AIDS, & maternal & child health services within a system. [Block grant funded services, other DHHS programs, state & local programs]
- Developing a shared information system among **the community's safety net providers**. [Tracking, case management, medical records, financial records]

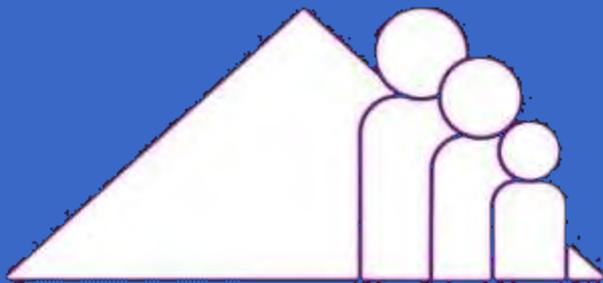
REQUIREMENTS: USE OF FUNDS

- Grant funds may NOT be used for:
 - Substituting or duplicating funds currently supporting similar activities
 - Construction
 - Reserve requirements for state insurance licensure
 - Entertainment

Collaboration/Linkage with Title V, Local MCH Agencies, and Other

Community Stake Holders (10%):

- The extent of actual or planned involvement of the State Title V, local MCH, and other agencies serving the proposed project area is clearly evident.
- The extent to which the project is consonant with overall State efforts to develop comprehensive community-based systems of services, and focuses **on service needs identified in the State's MCH Services Title V- Five Year Comprehensive Needs Assessment and Block Grant Plan.**



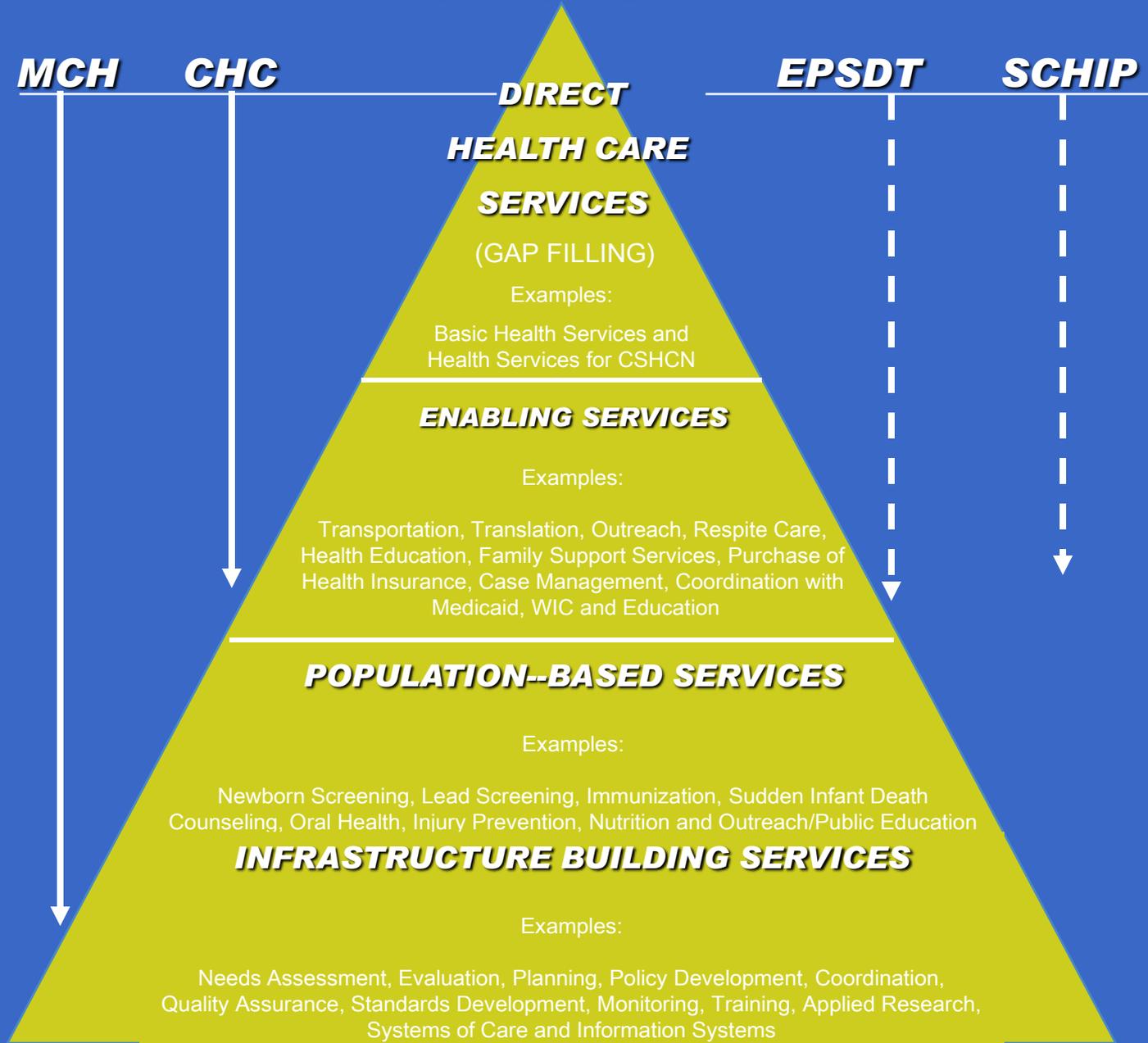
REQUIREMENT: COORDINATION WITH STATE TITLE V

- Partnership with statewide systems and with other community services funded under the Maternal and Child Health Block Grant
- Community needs assessment and plan consistent with State Title V 5-year plan
- Cooperation, integration, and dissemination of information with State Title V and with other community services.

HEALTHY START PERFORMANCE SYSTEM

- Annual Progress Report
- HS Performance Measures
- MCHB Financial And Demographic Data
- HS Additional Data Elements:
 - Characteristics Of Participants
 - Risk Reduction/Prevention Services
 - Major Services: Core Services And System Building

CORE PUBLIC HEALTH SERVICES DELIVERED BY MCH AGENCIES



APPLICATION REVIEW PROCESS

Responsibility of HRSA's Division of Independent Review (DIR)

- Applications reviewed by Objective Review Committee (ORC) of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed.
- ORC forwards all applications recommended for approval to the Bureau

APPLICATION REVIEW CRITERIA

- Need (20%)
- Response (15%)
- Evaluative Measures (10%)
- Impact (10%)
- Resources/Capabilities (20%)
- Support Requested (15%)
- Collaboration/Linkage with Title V, Local MCH agencies, and other community state holders (10%)

MATERNAL AND CHILD HEALTH BUREAU RESOURCES

- **State Data: Title V Information System**
 - www.mchb.hrsa.gov/programs
 - www.performance.hrsa.gov/mchb/mchreports/Search/search.asp
- **MCHB Discretionary Grant Information System**
- **MCH Virtual Library www.mchlibrary.info**

www.mchlibrary.info

http://www.mchlibrary.info



Maternal and Child Health Library

A virtual guide to MCH information



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- Resource Guides
 - Knowledge Paths
- Resources for Families

Additional Resources

- Bright Futures
- Healthy Start
- Oral Health

The MCH Library at Georgetown University provides accurate and timely information including the weekly newsletter MCH Alert, resource guides, full text publications, databases, and links to quality MCH sites.

A - Z Topic Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

MCH Alert Weekly Newsletter

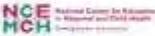
January 12, 2007

- Report Presents Recommendations for Enhancing Developmental Care Linkages in Communities, States, and Nationwide
- Spanish Versions of Bright Futures Developmental Tools Available
- Supplement Covers Salient Issues That Must Be Addressed in Efforts to Prevent Depression in Children and Adolescents
- Analysis Examines Relationship Between Case Management Protocol and Child Blood Lead Concentrations
- Article Assesses Effect of Reading Articles on Dating or Weight Loss on Weight-Control Behaviors Among Adolescents

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- Spanish-Language Health Resources
- Effective Community Programs

Update or Add Your Organization's Listing

2005 APEX Award / Awards

Feedback and Questions

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Maternal and Child Health Bureau Resources

- **MCH Distance Learning www.mchcom.com**
- **MCH Neighborhood:
www.mchneighborhood.ichp.edu**
- **National Healthy Start Association**
- **Peristats www.marchofdimes.com/peristats**
- **Kellogg Foundation
www.wkkf.org/toolkits W.K.**

Our Goal

Healthy Women



Healthy Infants



Healthy Families



Healthy Communities



Healthy Nation





Question & Answer Period

**Please submit evaluation following the
conclusion of this webcast**