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## FY2007 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

December 2006

# HEALTHY START OVERVIEW

Health Resources and Services Administration  
Maternal and Child Health Bureau

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

# HEALTHY START OVERVIEW

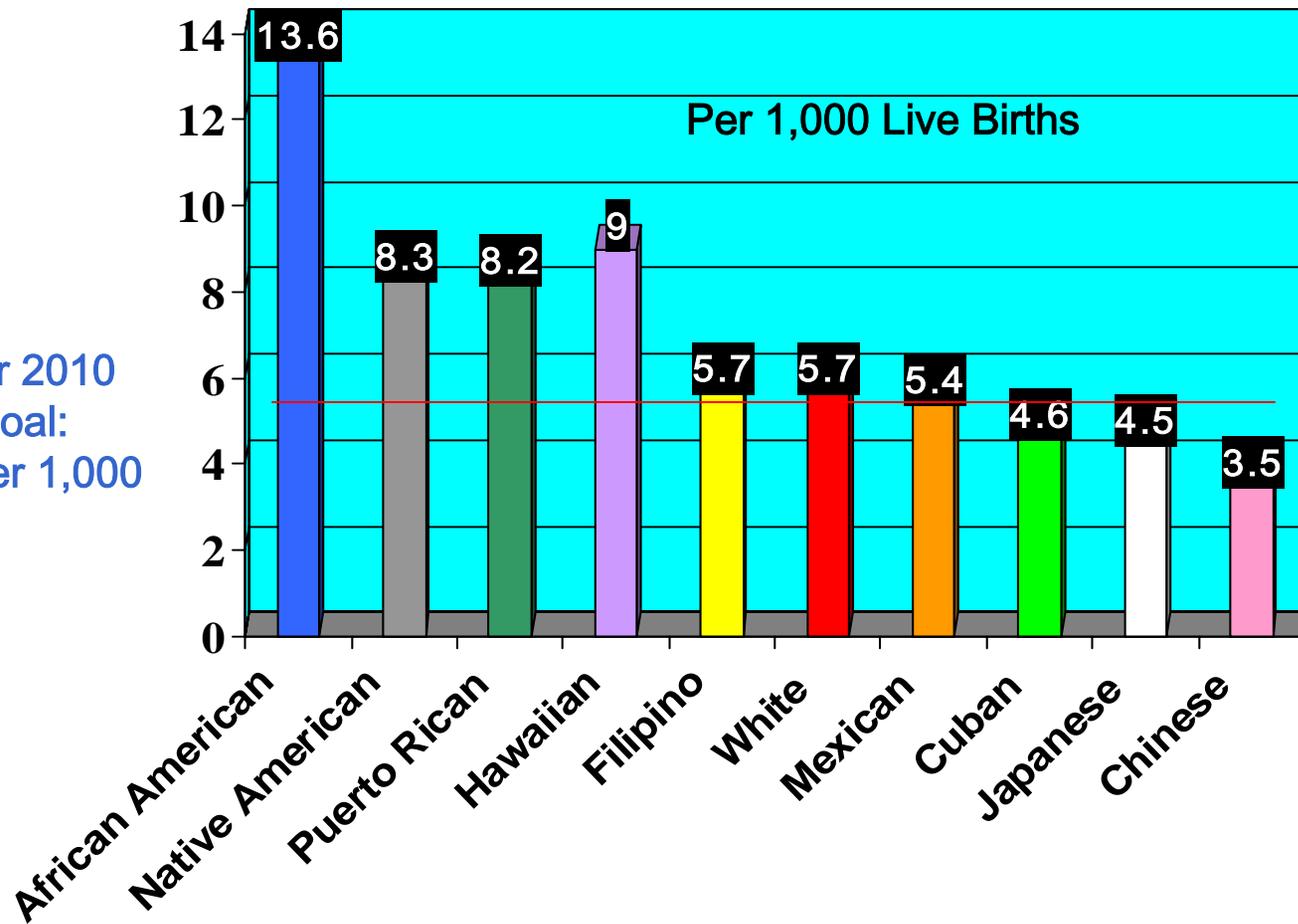
Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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

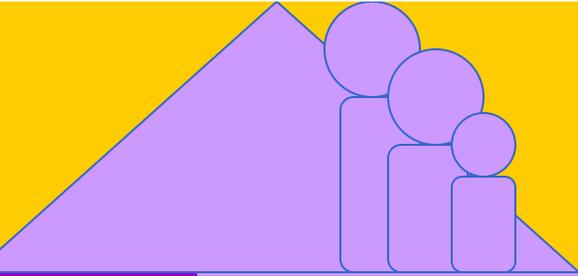
# RACIAL & ETHNIC DISPARITIES INFANT MORTALITY

Health Resources and Services Administration  
Maternal and Child Health Bureau

Year 2010  
Goal:  
4.5 per 1,000



NCHS 2002



# HEALTHY START'S ROLE IN ADDRESSING DISPARITIES

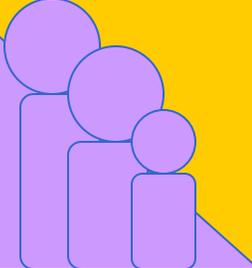
Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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.

# HEALTHY START

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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

Health Resources and Services Administration  
Maternal and Child Health Bureau

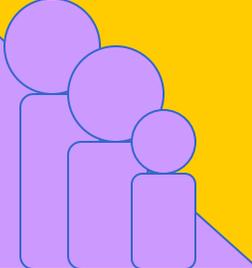
**FY1998 Congressional Language:** replicate best models/lessons learned from demonstration phase with existing sites serving as resources centers

- 20 Mentoring (1998-2001)
- 50-76 New Communities (1998-2001)

# HEALTHY START'S LESSONS LEARNED

Health Resources and Services Administration  
Maternal and Child Health Bureau

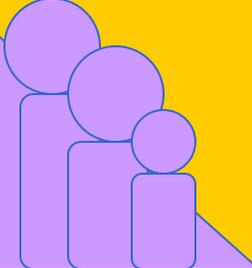
- National Evaluation
- Internal Assessment by National Consultants
- Secretary's Advisory Committee on Infant Mortality (SACIM)



# OVERARCHING CONCLUSIONS AND LESSONS LEARNED

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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?

Health Resources and Services Administration  
Maternal and Child Health Bureau

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

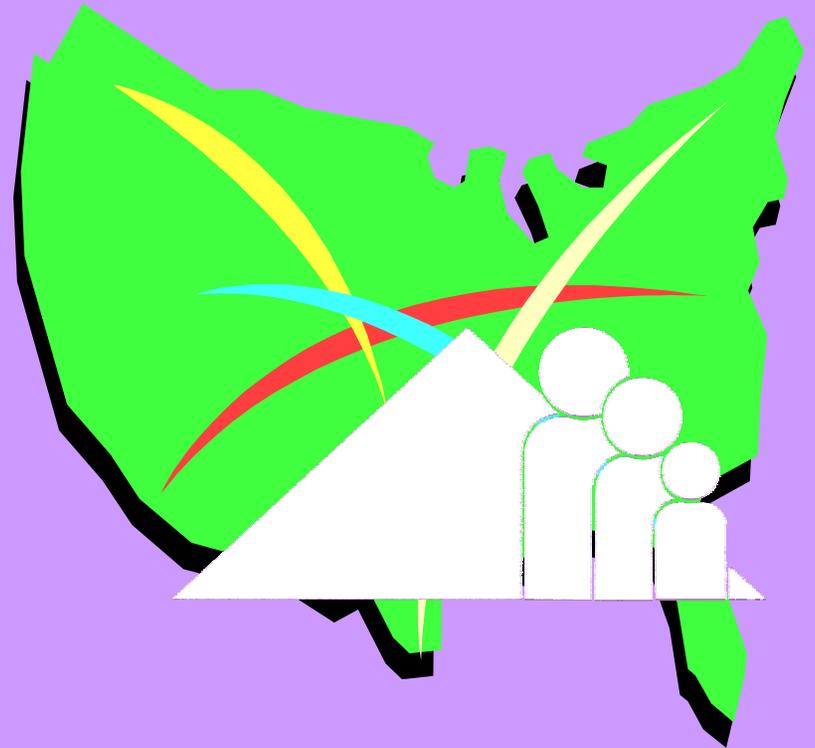
Health Resources and Services Administration  
Maternal and Child Health Bureau

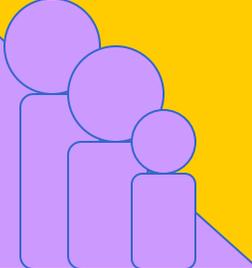
- Authorizing Legislation - Title III, Section 330H of the Public Health Service Act (42 U.S.C. 254c-8)
  - An initiative to reduce the rate of infant mortality and improve perinatal outcomes
  - Make grants for project areas with high annual rates of infant mortality

# HIGHLIGHTS OF SEC. 330H HEALTHY START

Health Resources and Services Administration  
Maternal and Child Health Bureau

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





# HIGHLIGHTS OF SEC. 330H HEALTHY START

Health Resources and Services Administration  
Maternal and Child Health Bureau

## 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 (C/MHC, Homeless Rural) & other significant sources of health care services.

# HEALTHY START

Health Resources and Services Administration  
Maternal and Child Health Bureau

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



## 92 Communities

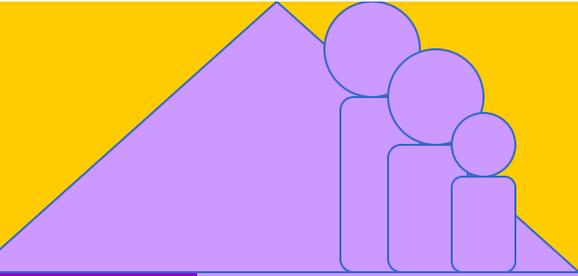
- *ELIMINATING DISPARITIES IN PERINATAL HEALTH*

- 2004-2008 Six Grantees
- 2005-2009 Seventy-two Grantees
- 2006-20010 Twelve Grantees

## 5 Communities

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

- 2004-2008 Two Grantees
- 2005-2009 Three Grantees
- 2007-2011 Two Grantees



# CURRENT FUNDING OPPORTUNITIES

Health Resources and Services Administration  
Maternal and Child Health Bureau

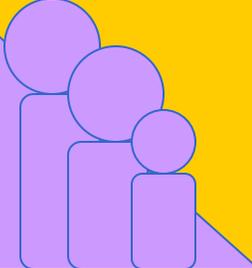
## Summary of Funding

- Four (4) years project period
- Maximum of \$600,000 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, 2007

**HRSA-07-068** Eliminating Disparities in Perinatal Health  
(Border Health, Alaska and Hawaii)\*

- ◆ Up to 2 projects

\*



# CURRENT FUNDING OPPORTUNITIES

Health Resources and Services Administration  
Maternal and Child Health Bureau

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

# CURRENT FUNDING OPPORTUNITIES

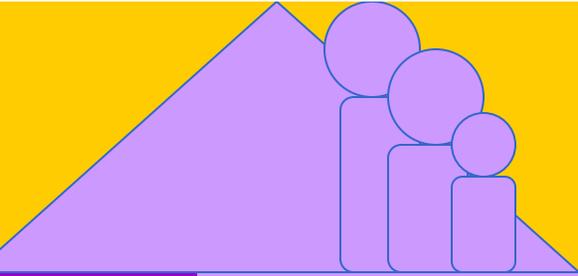
Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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

# CURRENT FUNDING OPPORTUNITIES

Health Resources and Services Administration  
Maternal and Child Health Bureau

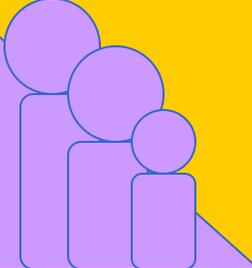
- [www.grants.gov](http://www.grants.gov)
  - **HRSA-07-010 Eliminating Disparities in Perinatal - Health-Border, Alaska and Hawaii (MCHB) [summary/application guidance](#)**



## ELIGIBLE APPLICANTS

### New Applicant:

- All applicants, including previously funded Healthy Start projects, are considered a new applicant and should check the “new” box on question #8 on the SF 424 Face page.

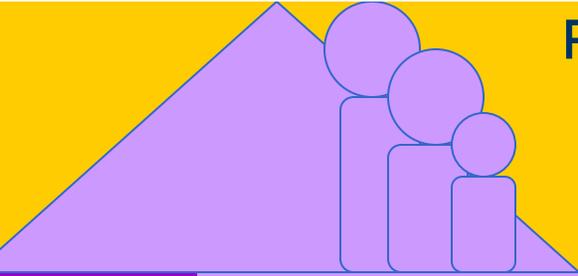


# ELIGIBLE APPLICANTS

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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

*Applications for the same project areas will NOT be considered for funding*

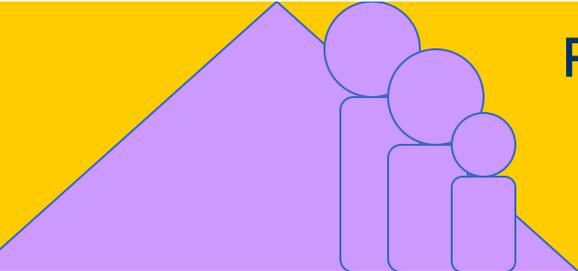


PERINATAL DISPARITIES: BORDER, ALASKAN AND  
NATIVE HAWAIIAN COMMUNITIES HRSA-07-06

ELIGIBILITY

Health Resources and Services Administration  
Maternal and Child Health Bureau

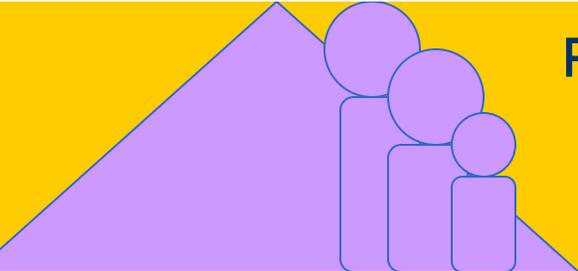
- Demonstrated linkage to State Title V
- Existing Consortium or plans to create
- Project area which meets the definition of a border community (i.e., within 62 miles from the Mexican border) or is located in Alaska or Hawaii.



## PERINATAL DISPARITIES: BORDER, ALASKAN AND COMMUNITIES HRSA-07-010 ELIGIBILITY

Health Resources and Services Administration  
Maternal and Child Health Bureau

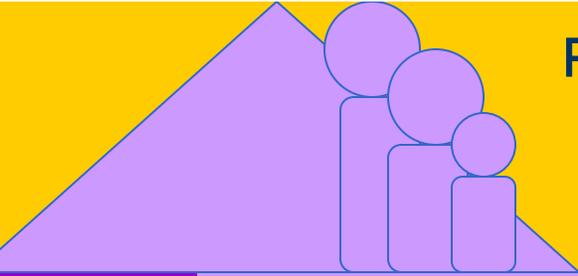
- Applicants may use verifiable three-year average data for 2001 through 2003, the proposed project area must have one or more racial/ethnic or other disparate groups with a three-year average Infant Mortality Rate of at least 10.31 deaths/1000 live births which is one-and-a-half times the national infant mortality rate for the period 2001 through 2003.
- OR*
- If vital statistics for the IMR are not available from State/local government agencies, for the populations to be served then border community applicants can use other verifiable clinical data outlined in the next three slides. *The proposed project area for communities which meet the border community definition (i.e., within 62 miles from the Mexican border) or are located in Alaska must meet at least 3 perinatal indicators from the list below.*



## PERINATAL DISPARITIES: BORDER, ALASKAN AND NATIVE HAWAIIAN COMMUNITIES HRSA-07-06 ELIGIBILITY

Health Resources and Services Administration  
Maternal and Child Health Bureau

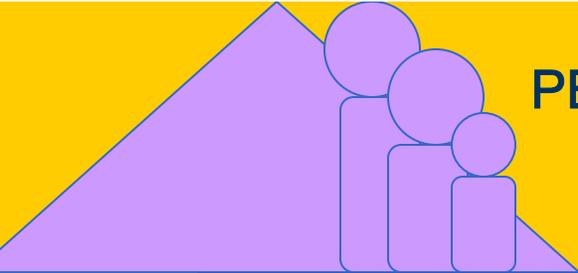
- **Verifiable three-year average data for 2001 through 2003 meeting at least three of the following perinatal indicators:**
  - Percentage of pregnant women with anemia/iron deficiency is 20% or more;
  - Percentage of pregnant women entering prenatal care in the first trimester is less than 80%;
  - 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%;



## PERINATAL DISPARITIES: BORDER, ALASKAN AND NATIVE HAWAIIAN COMMUNITIES HRSA-07-06 ELIGIBILITY

Health Resources and Services Administration  
Maternal and Child Health Bureau

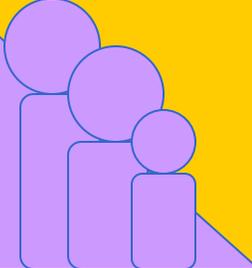
- Verifiable three-year average data for 2001 through 2003 meeting at least three of the following perinatal indicators:
  - Percentage of Women of Child Bearing Age (WCBA) who are uninsured is greater than 35%;
  - Percentage of children 0-2 years old with a completed schedule of immunization is less 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 is available, please provide this data and identify year and source.



PERINATAL DISPARITIES: BORDER, ALASKAN AND  
NATIVE HAWAIIAN COMMUNITIES HRSA-07-06  
ELIGIBILITY

Health Resources and Services Administration  
Maternal and Child Health Bureau

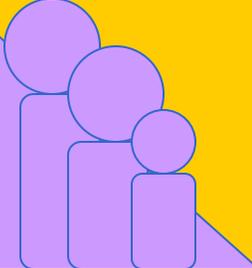
If verifiable clinical data is used, for each indicator divide the number of pregnant women or perinatal clients having the identical risk factor by the total number of pregnant or perinatal clients served annually. The data source for each indicator used must be provided in the application. The time period must be the same (i.e., 2001-2003)

A stylized icon of a family consisting of three figures of varying heights and three circles above them, all in a light purple color, set against a yellow background.

HOW DO I APPLY?

Health Resources and Services Administration  
Maternal and Child Health Bureau

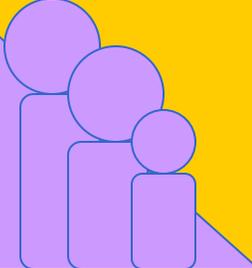
[www.grants.gov](http://www.grants.gov)



## HOW DO I APPLY?

Health Resources and Services Administration  
Maternal and Child Health Bureau

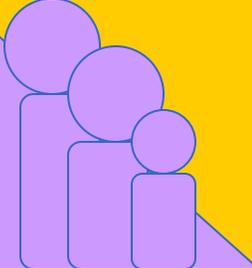
- On Grants.gov their resources section provides access to useful Grants.gov and other grants related information and links.
- You can take advantage of Grants.gov [Outreach Materials](#) and [Training Materials](#) to help you become familiar with the Grants.gov process.
- The [Download Software](#)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



HOW DO I APPLY?

## REGISTERING ON GRANTS.GOV

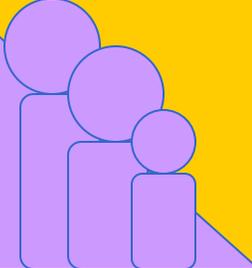
- Grants.gov has streamlined the process of finding and applying for Federal grant opportunities.
- The Grants.gov registration process takes 3-5 business days to complete.



## HOW DO I APPLY?

### REGISTERING ON GRANTS.GOV

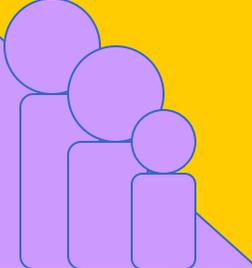
- You do not have to register with Grants.gov if you only want to find grant opportunities.
- If you do plan to apply for a grant, be aware that you and your organization must complete the Grants.gov registration process.



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.

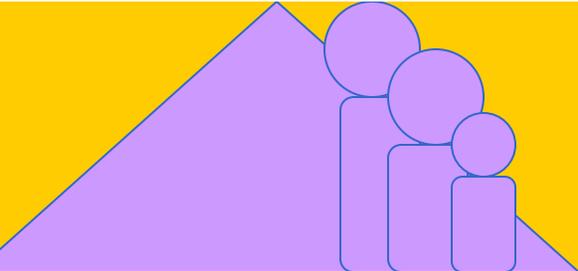


## HOW DO I APPLY?

Health Resources and Services Administration  
Maternal and Child Health Bureau

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

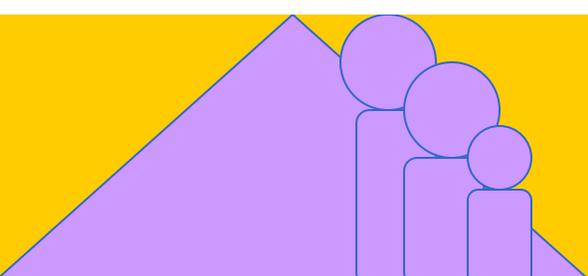
- Register your organization
- Register yourself as an Authorized Organization Representative (AOR)
- Get authorized as an AOR by your organization



## 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*

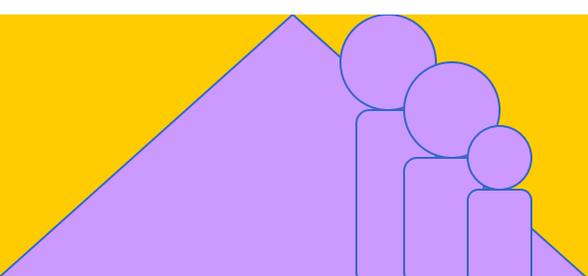


## REGISTRATION:

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.

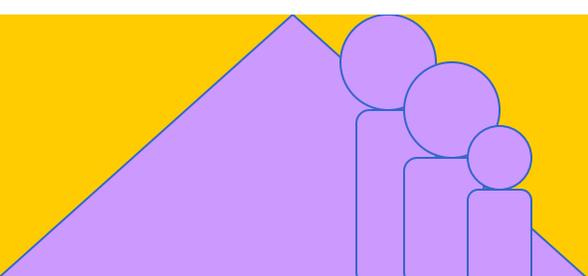
*CCR Registration: 2 Days*



## 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>

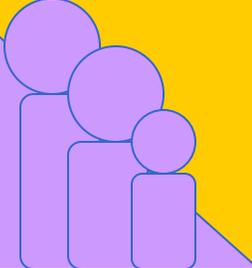
*ORC Registration: Same Day*



## REGISTRATION:

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

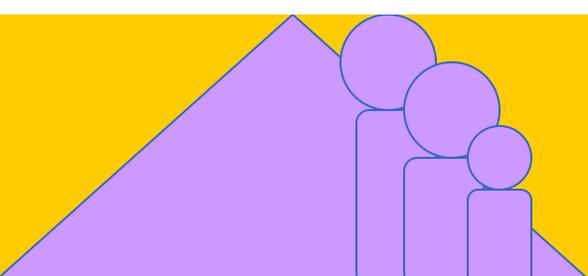
*Grants.gov Registration: 1 Day  
(Can be done the same day as the ORC Registration)*



## REGISTRATION:

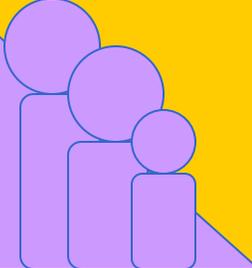
5. The E-Business Point of Contact (POC) at your organization must respond to the registration email from Grants.gov and login at Grants.gov to authorize you as an AOR. Please note that there can be more than one AOR for an organization.

*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.

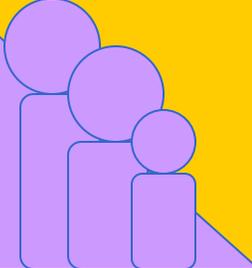


HOW DO I APPLY?

Health Resources and Services Administration  
Maternal and Child Health Bureau

## Electronic Submission

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

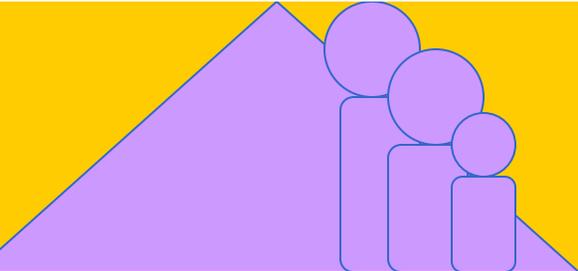


## HOW DO I APPLY?

Health Resources and Services Administration  
Maternal and Child Health Bureau

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](mailto: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.



**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:

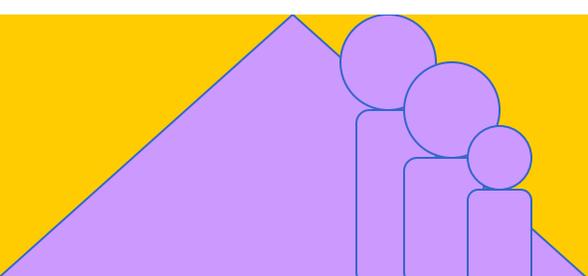
The Legin Group, Inc.

910 Clopper Road, Suite 155 South

Gaithersburg, MD 20878

Telephone: 877-477-2123

[HRSAAGAC@hrsa.gov](mailto:HRSAAGAC@hrsa.gov)

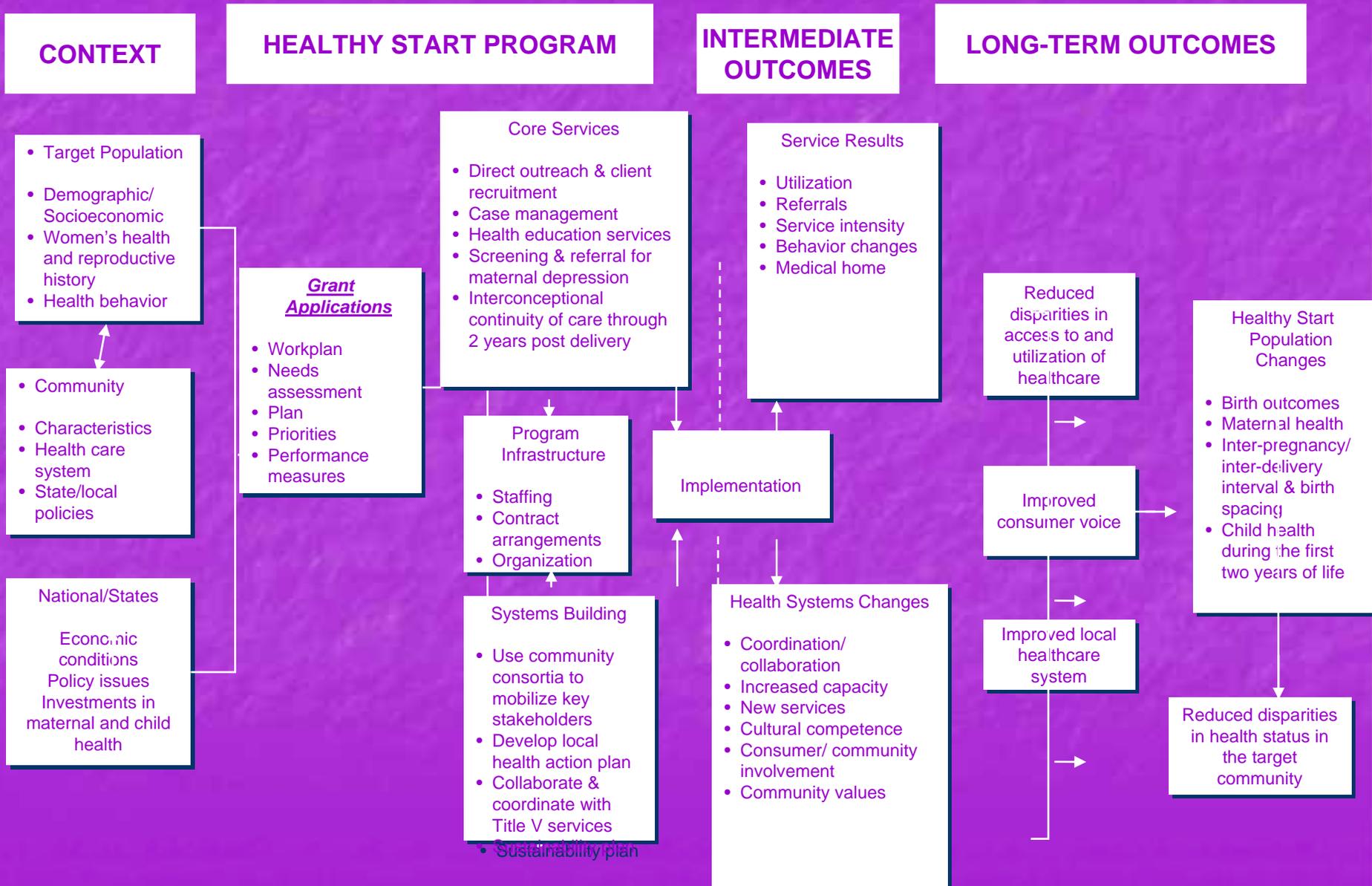


## WHEN IS THE APPLICATION DUE?

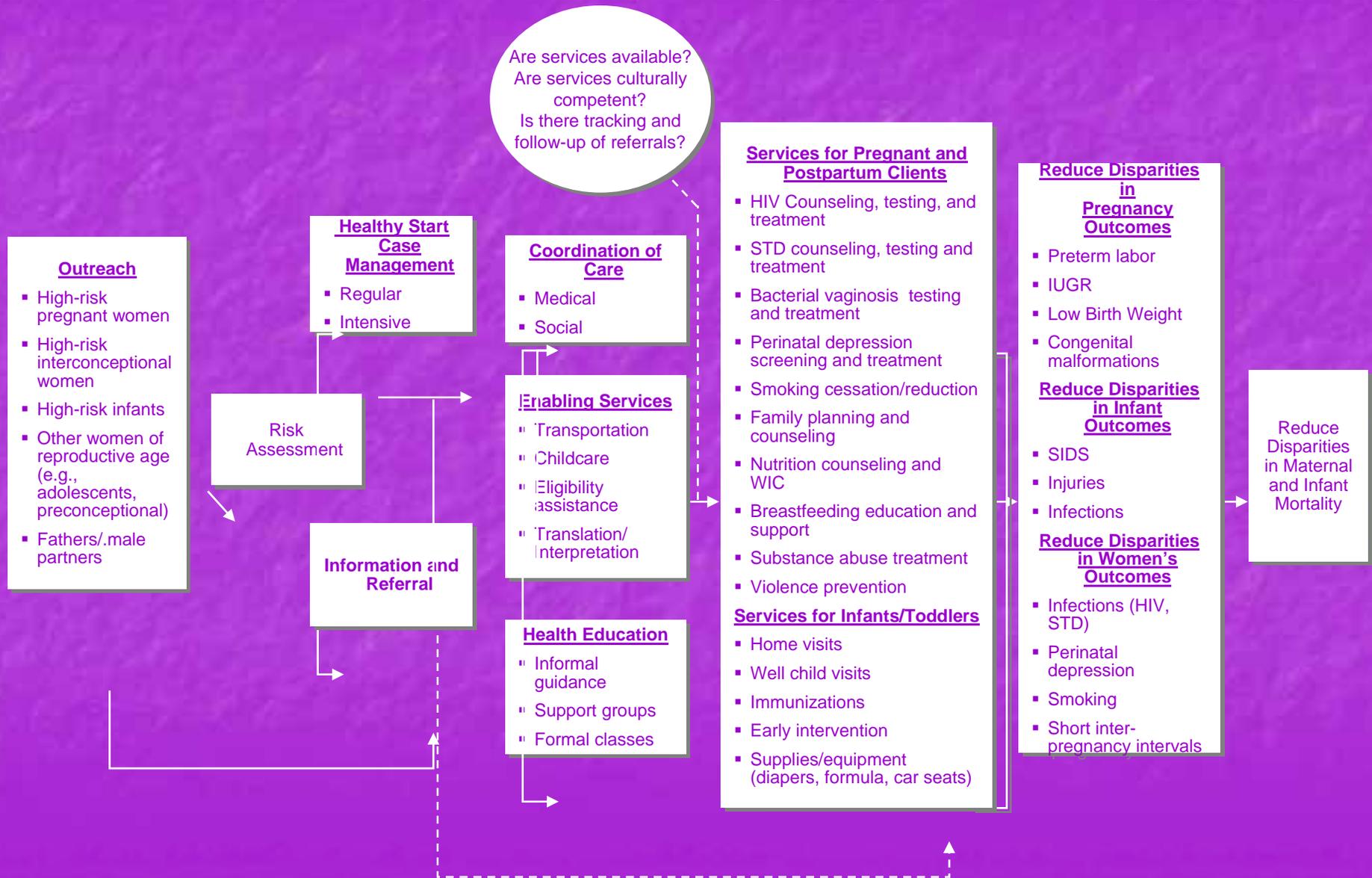
Health Resources and Services Administration  
Maternal and Child Health Bureau

- Due date for applications is Friday, January 27, 2007
- E-marked on or before the deadline date

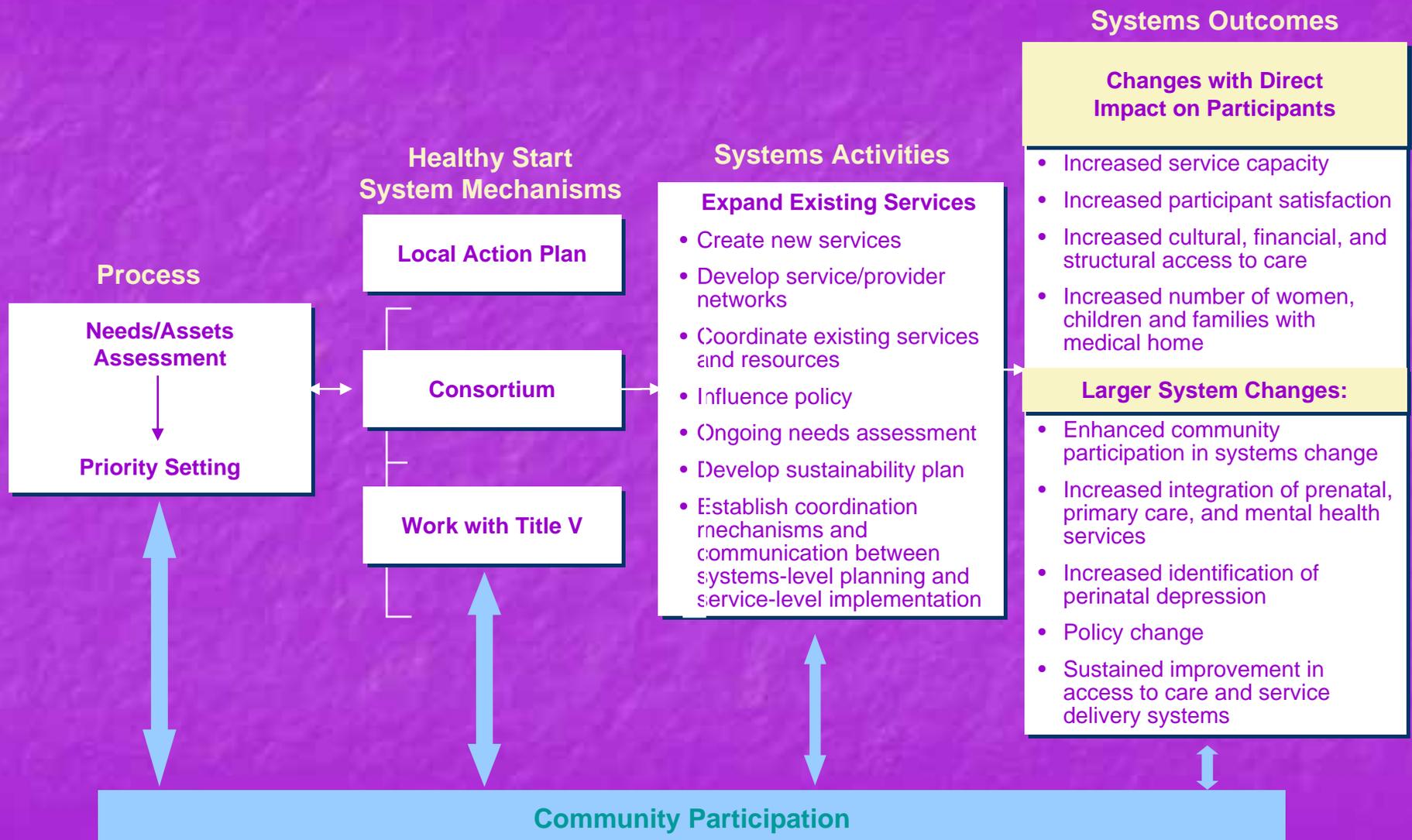
# HEALTHY START LOGIC MODEL



# HYPOTHESIZED LINK BETWEEN HEALTHY START SERVICES AND RESULTS



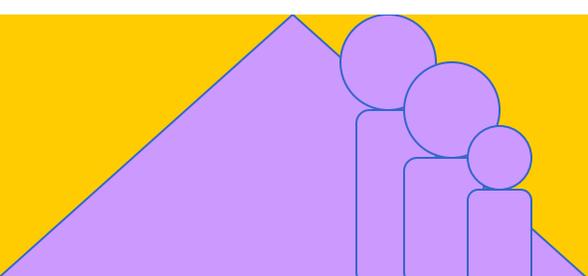
# HYPOTHESIZED LINK BETWEEN HEALTHY START SYSTEMS ACTIVITIES AND RESULTS



# HEALTHY START

Health Resources and Services Administration  
Maternal and Child Health Bureau

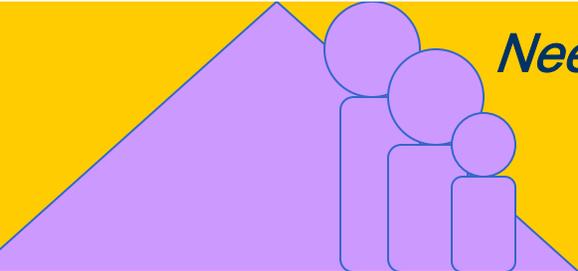
- Participant is defined in one of two ways:
  - Program participant is an individual having direct contact with Healthy Start staff or subcontractors and receiving Healthy Start core services on an ongoing systematic basis;
  - Community participant is any individual who attends a Healthy Start-sponsored event or program, consortium activities, etc.



# REQUIREMENTS

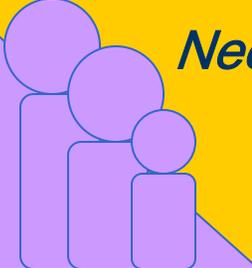
Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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



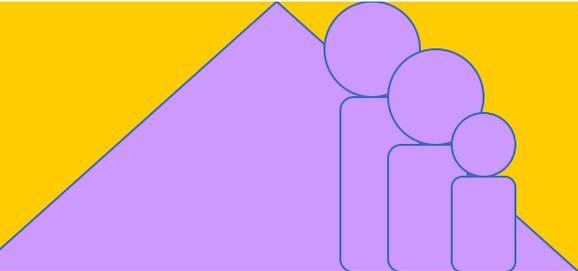
*Need (20%): The extent to which the application describes the problem and associated contributing factors to the problem.*

- 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.



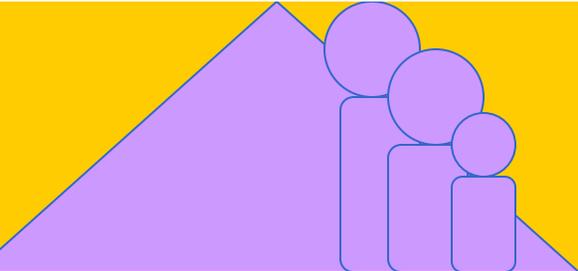
## REQUIREMENTS: NEED

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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

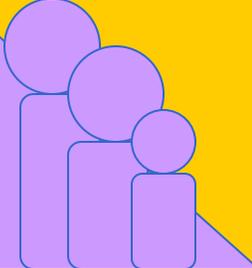


## REQUIREMENTS: RESPONSE 15%

Health Resources and Services Administration  
Maternal and Child Health Bureau

*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.
- The extent to which the activities proposed for each service (Outreach, case management, health education, interconceptional care and depression services) appear feasible and likely to contribute to the achievement of the project’s objectives within each budget period.

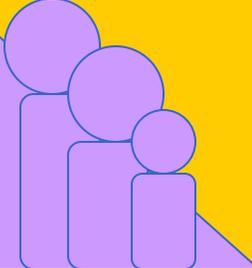


# REQUIREMENTS: RESPONSE

Health Resources and Services Administration  
Maternal and Child Health Bureau

## 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

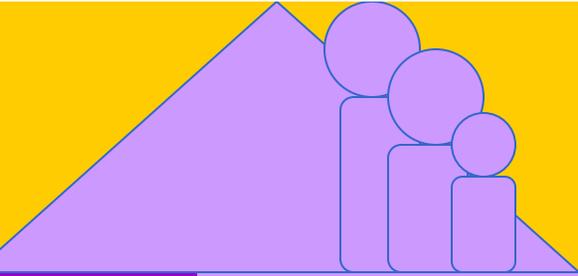


## HEALTHY START OUTCOME MEASURES

Health Resources and Services Administration  
Maternal and Child Health Bureau

### For Program Participants:

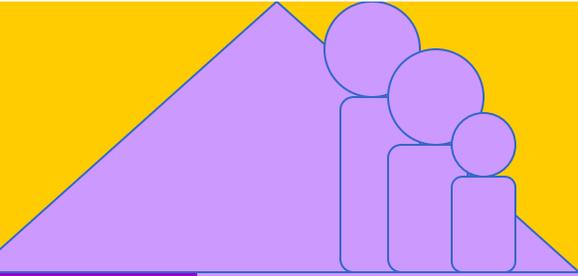
- 01 The infant mortality rate per 1,000 live births.
- 03 The neonatal mortality rate per 1,000 live births.
- 04 The post-neonatal mortality rate per 1,000 live births.
- 05 The perinatal mortality rate per 1,000 live births.
- 06 The percent of live singleton births weighing less than 2,500 grams among all live births to program participants.



## HEALTHY START ANNUAL KEY MEASURES

### For Program Participants:

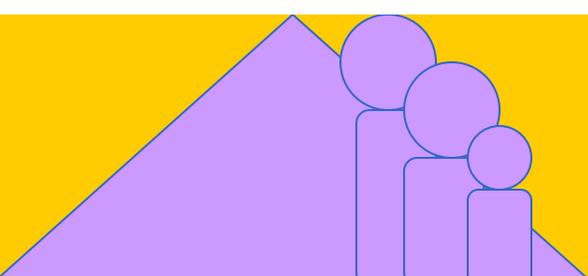
- The percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy
- The percent of very low birth weight infants among all live births



## HEALTHY START PERFORMANCE MEASURES

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 01 The percent of MCHB-supported programs that are satisfied with the leadership of and services received from MCHB.
- 02 The percent of MCHB customers (participants) of MCHB programs that are satisfied with services received from MCHB-supported programs.
- 05 The percent of MCHB-supported projects that are sustained in the community after the federal grant project period is completed.
- 07 The degree to which MCHB-supported programs ensure family participation in program and policy activities.

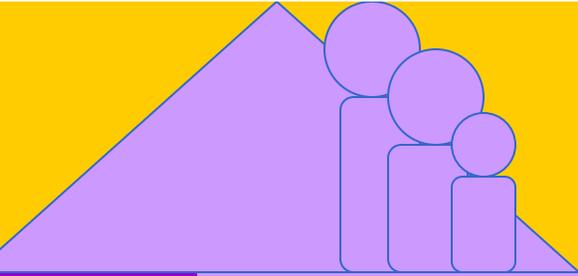


# HEALTHY START PERFORMANCE MEASURES

Health Resources and Services Administration

Maternal and Child Health Bureau

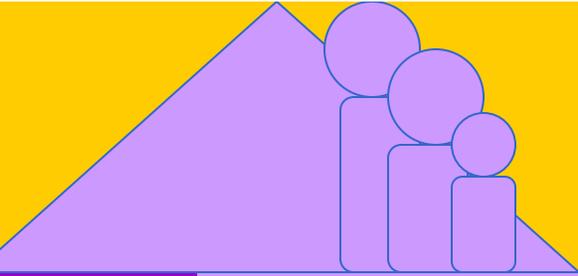
- 10 The degree to which MCHB-supported programs have incorporated cultural competence elements into their policies, guidelines, contracts, and training.
- 14 The degree to which communities use “morbidity/mortality” review processes in MCH needs assessment, quality improvement, and/or data capacity building.
- 15 The percent of very low birth weight infants among all live births.
- 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.



## HEALTHY START PERFORMANCE MEASURES

Health Resources and Services Administration  
Maternal and Child Health Bureau

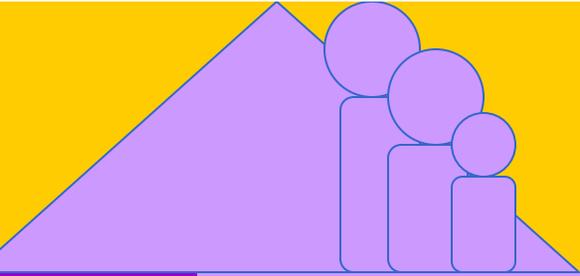
- 21 The percent of women participating in MCHB-supported programs requiring a referral, who receive a completed referral.
- 22 The degree to which MCHB-supported programs facilitate health providers' screening of women participants for risk factors
- 35 The percent of Communities having comprehensive 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.



## Requirements: Response

### Project Interventions

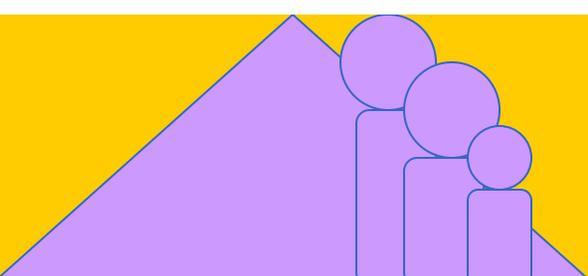
- Strategies/interventions to accomplish meeting the proposed objective
- Include target dates for starting and completing activities and persons/organizations involved
- Reflect the funding requested in the budget justification



# HEALTHY START CORE INTERVENTIONS

Health Resources and Services Administration  
Maternal and Child Health Bureau

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

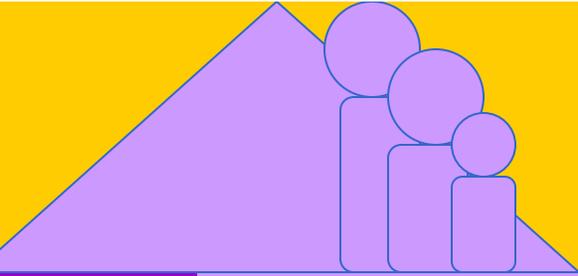


# HEALTHY START CORE INTERVENTIONS

Health Resources and Services Administration  
Maternal and Child Health Bureau

## *For Each Core Intervention:*

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



# HEALTHY START CORE INTERVENTIONS

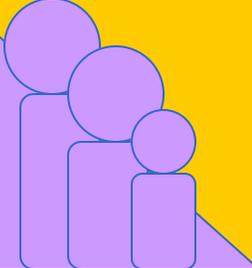
Health Resources and Services Administration  
Maternal and Child Health Bureau

*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?

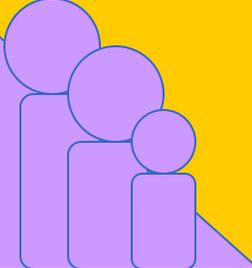
*Applicants should code their response to each question (Outreach is OR1 to OR9)*



## Core Interventions: Outreach

Health Resources and Services Administration  
Maternal and Child Health Bureau

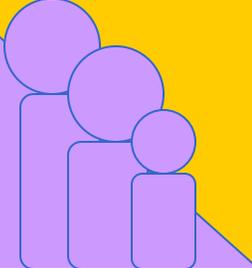
- List the population (s) your Healthy Start program will target for its Outreach and Client Recruitment activities (e.g., all pregnant and interconceptional women at risk for a poor perinatal outcome; at risk for developmental delay or special health care needs infants and toddlers; other women of reproductive age; fathers/male partners; etc.). Include information about the primary languages of your proposed target population, including the percentage of the clients who speak each of these languages. [OR1]



## Core Interventions: Outreach

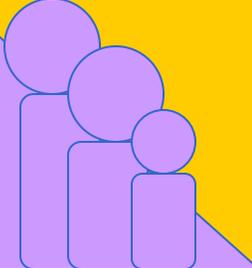
Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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.

A stylized icon of a family consisting of three figures of varying heights (representing a parent and two children) and a triangle above them, all in a light purple color.

## Core Interventions: Case Management

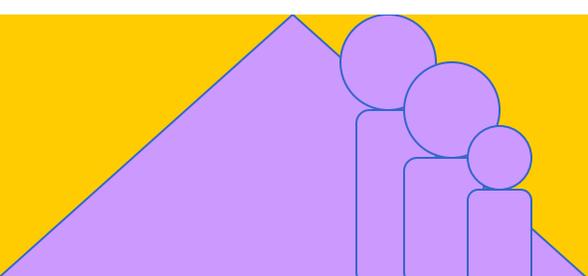
- Definition: Provision of services in a coordinated culturally sensitive approach through client assessment, referral, monitoring, facilitation, & follow-up on utilization of needed services.
- Purpose: To coordinate services from multiple providers to assure that each family's individual needs are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



# Case Management: Essential Elements

Health Resources and Services Administration  
Maternal and Child Health Bureau

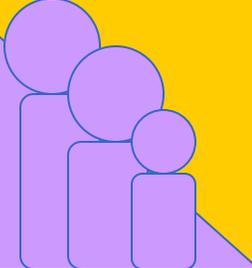
- A multidisciplinary team that includes outreach workers, nurses, social workers, paraprofessionals, nutritionist & health care providers.
- Adequate personnel that considers the risk status of the client
- Service delivery at sites in the community, including homes
- A broad scope of services including 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

Health Resources and Services Administration  
Maternal and Child Health Bureau

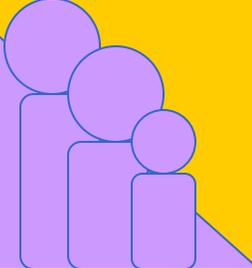
- Definition: Health education includes not only instructional activities & other strategies to change individual health behavior but also organizational efforts, policy directives, economic supports, environmental activities & community-level programs.
- Purpose: The purpose of a health education campaign 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

Health Resources and Services Administration  
Maternal and Child Health Bureau

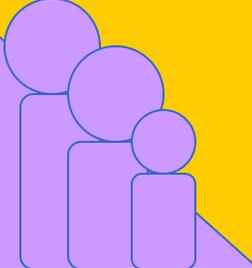
- Public information & education campaigns
- Provider training of health care workers
- Consumer/client education packages
- Collaboration with experienced community organizations
- Feedback process for evaluations of training & education programs
- Opportunities for education & training to enhance the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

A stylized icon in the top left corner of the yellow header, consisting of a triangle on the left and three rounded rectangular shapes of decreasing size on the right, representing a family.

## PERINATAL/POSTPARTUM DEPRESSION

Health Resources and Services Administration  
Maternal and Child Health Bureau

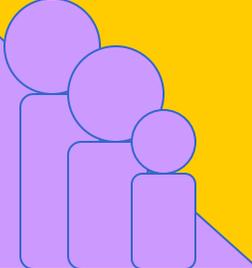
- A depressive disorder is defined as an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things.

A stylized icon in the top left corner of the yellow header, consisting of three rounded rectangular shapes of increasing size from left to right, representing a family (parent and child).

# PERINATAL /POSTPARTUM DEPRESSION

## Effective screening and referral for further assessment and treatment

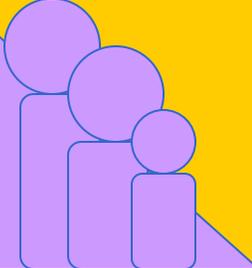
- Perform skilled screening
- Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services
- Community education on the impact of perinatal depression and resources available to women and their families.

A stylized icon of a family consisting of a large circle for a parent and two smaller circles for children, all within a light purple triangular shape.

## INTERCONCEPTION CARE FOR WOMEN: EXPECTATIONS

Health Resources and Services Administration  
Maternal and Child Health Bureau

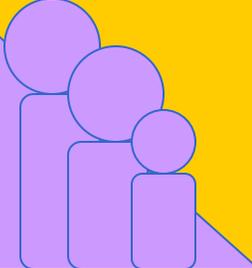
- Outreach and case management (e.g., risk assessment, facilitation, monitoring) for women to assure they are enrolled in ongoing care (women's health/medical home) and are obtaining necessary referrals.
- Availability of and access to a system of integrated and comprehensive services
- Health education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

A stylized icon of a family consisting of a large circle for a parent, a medium circle for another parent, and a small circle for a child, all positioned above three vertical bars of decreasing height representing a family structure.

## INTERCONCEPTION CARE FOR INFANTS: EXPECTATIONS

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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).

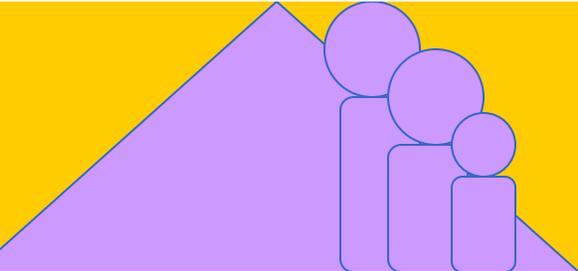
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## PERINATAL DEPRESSION GOALS

Health Resources and Services Administration  
Maternal and Child Health Bureau

Early identification and increased capacity to effectively:

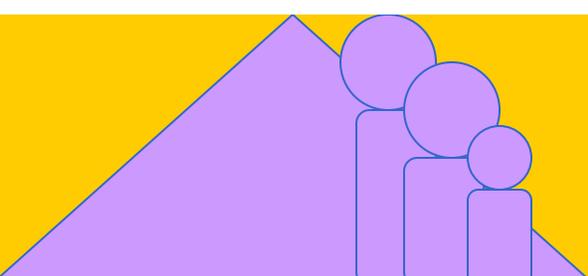
- Screen,
- Perform skilled assessment, and
- Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services.



## *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.*

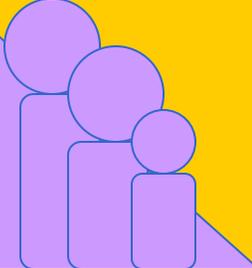
- The extent to which the proposed evaluation plan measures program performance, is well organized, adequately described, utilizes sound evaluation methodologies, and complies with MCHB's evaluation protocol for its discretionary grants and national performance measures
- The extent to which the proposed 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

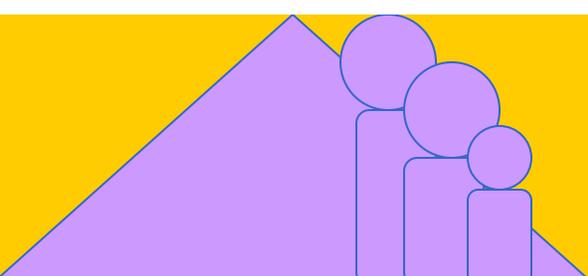
Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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.

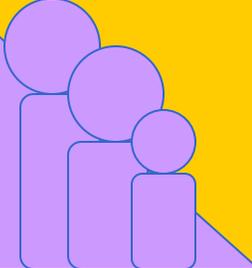


## IMPACT (10%) CORE SYSTEMS AND EFFORTS:

Health Resources and Services Administration  
Maternal and Child Health Bureau

*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.
- The structure, role, and plan of action of the consortium in the implementation of the proposed project plan are adequately described.



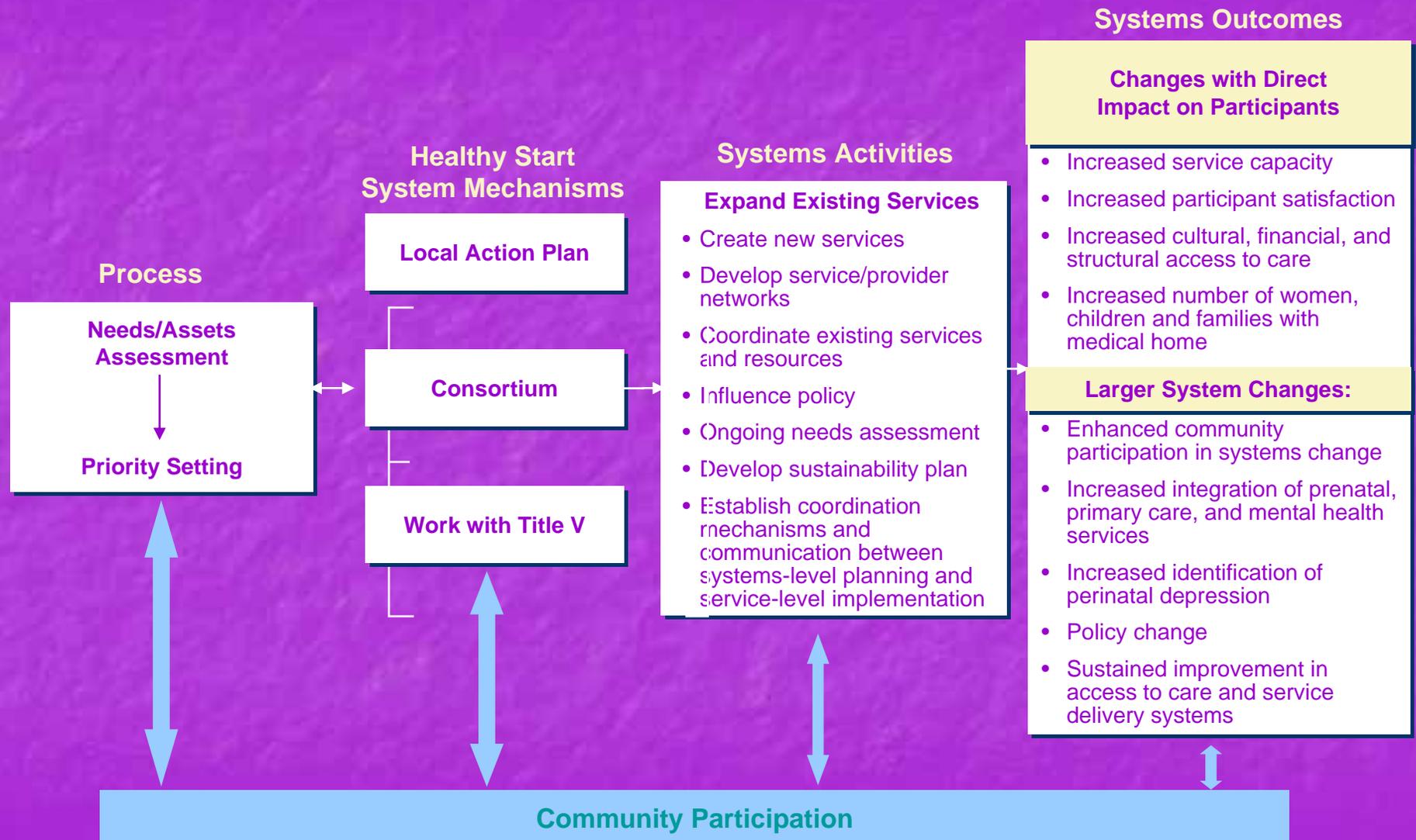
## IMPACT (10%) CORE SYSTEMS AND EFFORTS continued:

Health Resources and Services Administration  
Maternal and Child Health Bureau

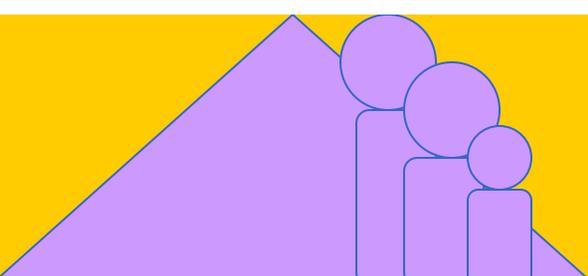
*The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or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

- The actual or proposed communication pathways between the grantee and the consortium regarding the progress of the project are clearly delineated.
- 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).

# HYPOTHESIZED LINK BETWEEN HEALTHY START SYSTEMS ACTIVITIES AND RESULTS



- *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**

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

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.

- 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

- 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

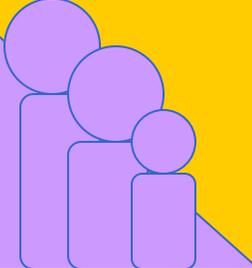
A realistic, yet comprehensive plan of achievable steps within the four year funding period that will improve the functioning & capacity of the local health system for pregnant and parenting women and their families.

- 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.

## 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

- 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

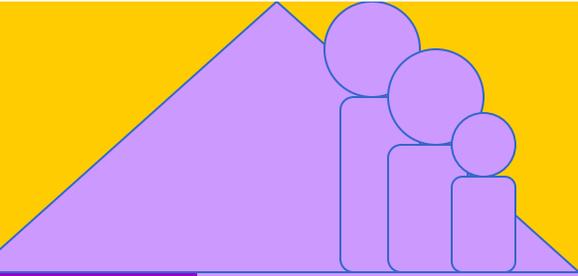


## *RESOURCES and CAPABILITIES* *(20%):*

Health Resources and Services Administration  
Maternal and Child Health Bureau

*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.
- 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.

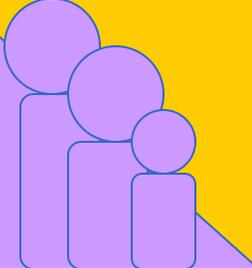


***RESOURCES and CAPABILITIES (20%)***  
***Continued:***

Health Resources and Services Administration  
Maternal and Child Health Bureau

***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.***

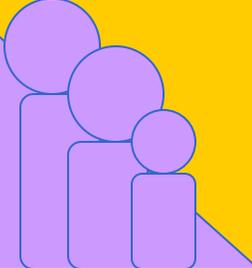
- The extent to which the applicant has demonstrated an ability to maximize and coordinate existing resources, monitor contracts, and acquire additional resources.
- The extent to which the applicant's fiscal and programmatic contract monitoring system demonstrates their ability to implement and monitor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

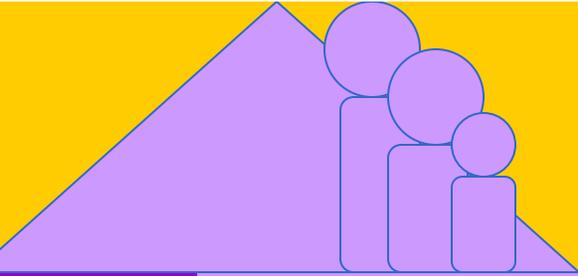


## *SUPPORT REQUESTED (15%):*

Health Resources and Services Administration  
Maternal and Child Health Bureau

*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.

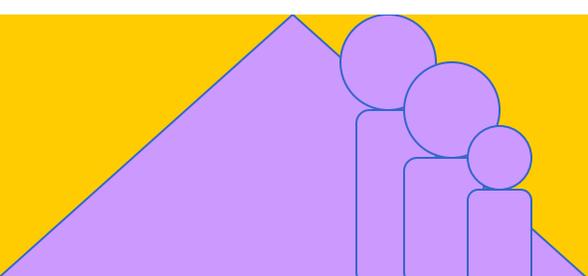


## REQUIREMENTS: USE OF FUNDS

Health Resources and Services Administration  
Maternal and Child Health Bureau

### Activities that could be supported with Healthy Start funding:

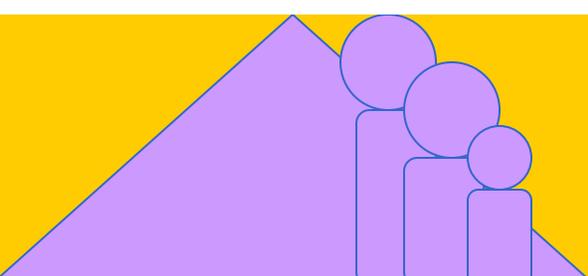
- Offering a more efficient & effective comprehensive delivery system for the uninsured & underinsured through a network of safety-net providers. [Single registration, eligibility systems]
- Integrating preventive, mental health, substance abuse, HIV/AIDS, & maternal & child health services within a 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

Health Resources and Services Administration  
Maternal and Child Health Bureau

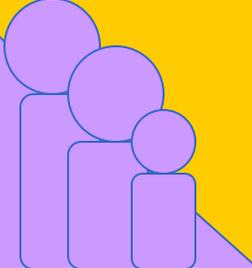
- Grant funds may support costs for:
  - Project staff salaries
  - Consultant support
  - MIS (hardware & software)
  - Project-related travel
  - Other direct expenses for the integration of admin., clinical, MIS, or financial functions
  - Program evaluation activities



## REQUIREMENTS: USE OF FUNDS

Health Resources and Services Administration  
Maternal and Child Health Bureau

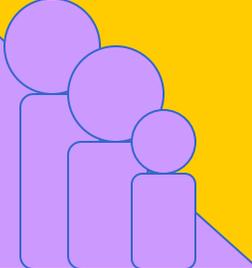
- Grant funds may NOT be used for:
  - Substituting or duplicating funds currently supporting similar activities
  - Construction
  - Reserve requirements for state insurance licensure



*Collaboration/Linkage with Title V, Local MCH Agencies, and Other Community Stake Holders (10%):*

Health Resources and Services Administration  
Maternal and Child Health Bureau

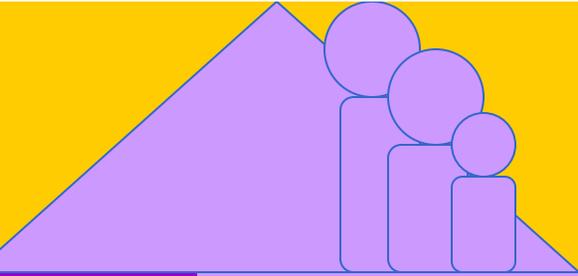
- The extent of actual or planned involvement of the State Title V, local MCH, and other agencies serving the proposed project area is clearly evident.
- The extent to which the project is consonant with overall State efforts to develop comprehensive community-based systems of services, and focuses on 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

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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.



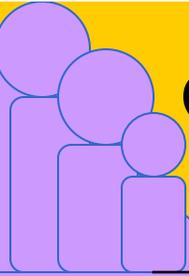
# HEALTHY START PERFORMANCE SYSTEM

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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 DELIVERED BY

HEALTH SERVICES MCH AGENCIES



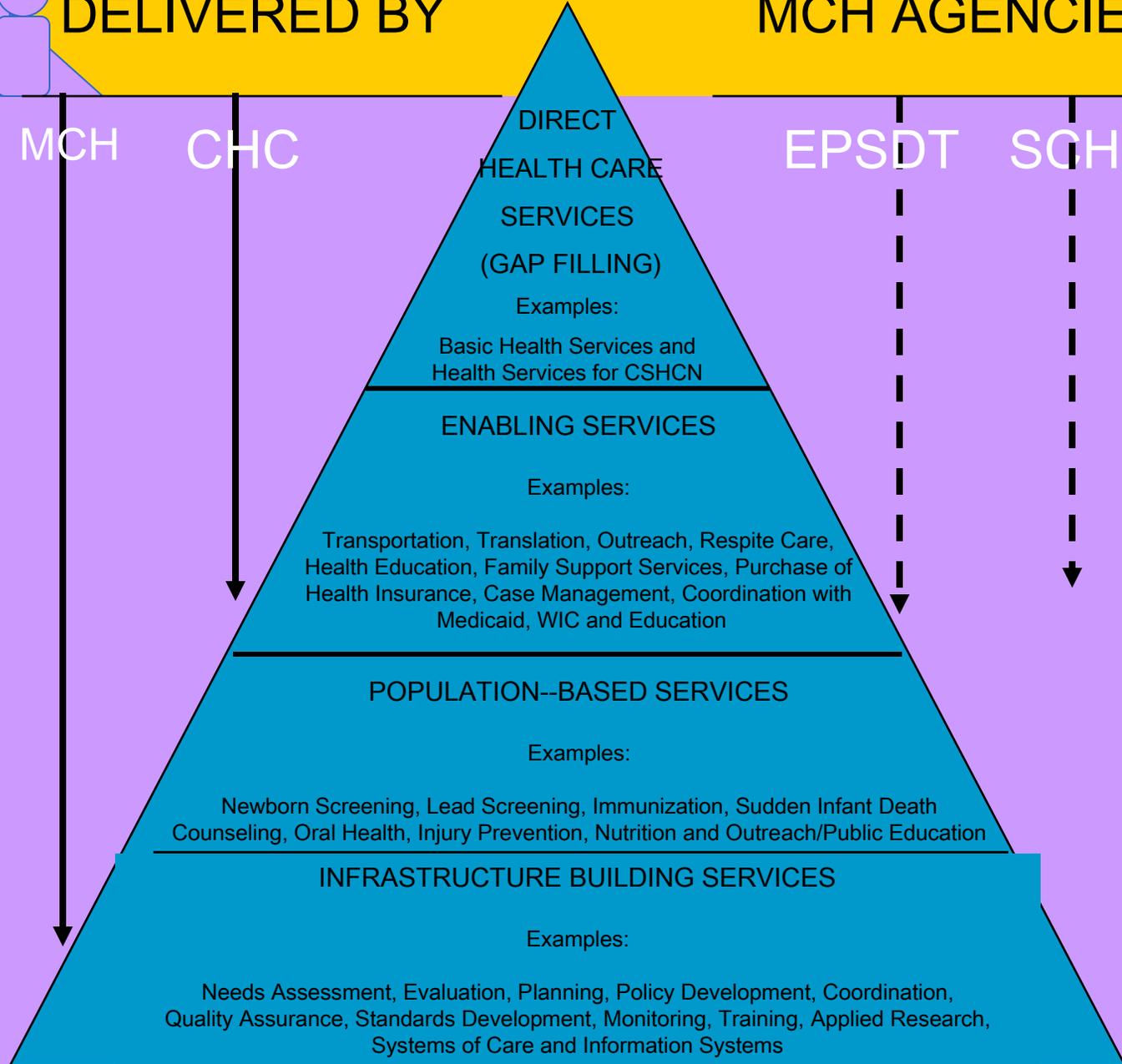
MCH

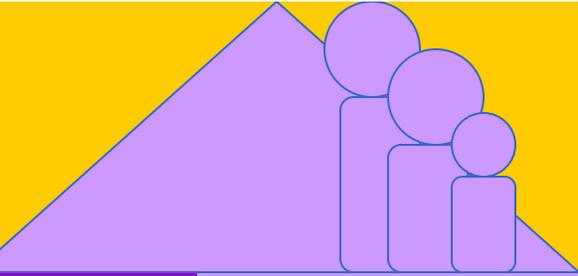
CHC

EPSDT

SCHIP

Health Resources and Services Administration  
Maternal and Child Health Bureau

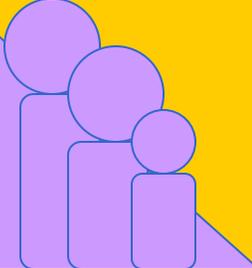




# HEALTHY START RESOURCES FOR PERFORMANCE MEASURES

Health Resources and Services Administration  
Maternal and Child Health Bureau

- Glossary of terms
- For each Performance Measure a detail sheet  
(and, if necessary the self-assessment form)
- Instructions for every form

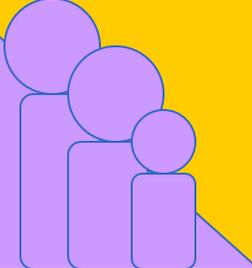


# APPLICATION REVIEW PROCESS

Health Resources and Services Administration  
Maternal and Child Health Bureau

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

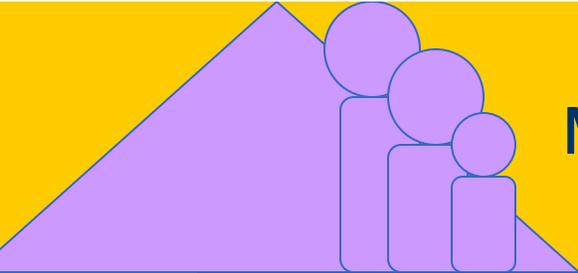
- Applications reviewed by Objective Review Committee (ORC) of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed.
- ORC forwards all applications recommended for approval to the Bureau



# APPLICATION REVIEW CRITERIA

Health Resources and Services Administration  
Maternal and Child Health Bureau

- 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

Health Resources and Services Administration  
Maternal and Child Health Bureau

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

- **MCH Distance Learning**  
[www.mchcom.com](http://www.mchcom.com)
- **MCH Neighborhood:**  
[www.mchneighborhood.ichp.edu](http://www.mchneighborhood.ichp.edu)
- **Peristats**  
[www.marchofdimes.com/peristats](http://www.marchofdimes.com/peristats)
- **Kellogg Foundation**  
[www.wk kf.org/toolkits](http://www.wk kf.org/toolkits) W.K.

# Our Goal

Healthy Women



Healthy Infants



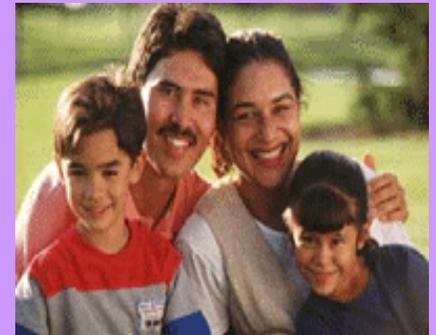
Healthy Families



Healthy Communities

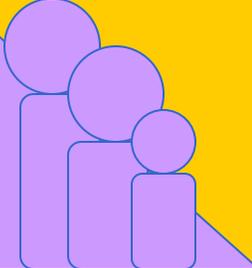


Healthy Nation



Health Resources and Services Administration

Maternal and Child Health Bureau



# CONTACTS

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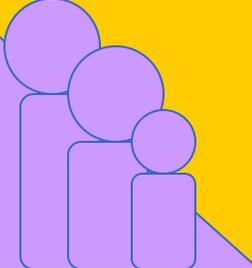
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Health Resources and Services Administration  
Maternal and Child Health Bureau



# Questions and Answers

Please visit <http://www.mchcom.com> for  
an archive of this event and others