

MCHB/DHSPS February, 2007 Webcast

Eliminating Disparities in Perinatal Health Technical Assistance

November 13, 2007

JOHANNIE ESCARNE: Good afternoon. My name is Johannie Escarne from HRSA's Division of public health in the Maternal and Child Health Health Bureau. On behalf of the division I would like to welcome you to the webcast called "Eliminating Disparities in Perinatal Health Technical Assistance". Before I introduce our presenters today I would like to make some technical comments.

Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentation. You do not need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window.

We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so that we know where you are participating from. If we don't have the opportunity to respond to your questions during the broadcast, we'll email you afterwards. Again, we encourage you to submit questions at any time during the broadcast.

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captioning underneath the video window. At the end of the broadcast, the interface will close automatically and you'll have an opportunity to submit an online evaluation. Take a couple of minutes to do so. Your responses will help us plan future broadcasts in this series and improve our technical support. We have several presenters with us today. Our first presenter is Maribeth Badura. The director of the Healthy Start. We also have Beverly write, Benita Baker, David de la Cruz and Deborah Frazier. Please identify which presenter your question is for so we can direct questions appropriately. We'd like to welcome our presenters and the audience to beginning the presentation.

MARIBETH BADURA: Good morning -- good afternoon depending on where you are across the country. I'm Maribeth Badura and I'm director of the Division of Healthy Start and Perinatal Services and I want to give you an overview of this webcast this afternoon and what we want to accomplish. We'll talk about what is the Healthy Start program. What are the current funding opportunities, who is eligible. What are the deadlines? How does my organization apply? What are the critical requirements you need for the application? What can you use the federal funds for? Are there any restrictions on that? Are there other federal policies you need to be aware of? Then we'll offer you some contacts for other information and some other resources. Send you to some websites that might give you a hand and finally we've asked one of our strongest grant reviewers, Deborah Frazier, to give you a perspective from someone who has reviewed applications for us over the years.

I would like to start first about setting the scene and talk about the infant mortality rate in the United States. The infant mortality rate in 2002. Could we -- we do have that slide up, thank you. It shows the United States in comparison to other industrialized countries and you can see places like Iceland, Japan, Spain, Netherlands are all below where the United

States hoped to be in 2010 which is 4.5. You look at where the United States is right now and it's at 7.0 and actually we're just a little bit below that right now but this is the last international comparison. So we rank between 25th and 28th in comparison to other developed countries.

We can also look at the infant mortality rate for the period 1995 to 2004 and see where we are by ratio and ethnic groups. Our top bar, of course, is our non-Hispanic black, which is in this particular -- is around 13.5 at the 2004 period in comparison to the white population, which is just slightly above 6. All of these, of course, are above the 2010 target just 4.5. You can see in the slide where the American Indian, Alaskan native, the disparity there. The Asian Pacific Islander and differences for the native Hawaiian population that are not broken out here. Of course, the Hispanic. Again, within the Hispanic population there are different sub populations which indeed have a very high rate.

The next slide shows you where the United States is by state. Again for the 2002-2004. The brown slides are those slides that have an infant mortality rate of 9.0. The lighter colored slides, the almost white slides show an infant mortality rate of less than 6.0 and there are 12 states there. But the other colors ranging from the yellow through the mustard and into the orange show you where the pockets of high infant mortality are across the nation. What's Healthy Start's role in this? First of all it's to reduce the rate of infant mortality. To eliminate disparities in perinatal health and by disparities, why we include racial and ethnic disparities, there could be disparities based on income, education, geographical area. We use the definition of disparities that's included in Healthy People 2010 and all those are spelled out in the application guidance that you have downloaded from grants.gov. Healthy Start tries to implement innovative community-based interventions to support and improve the perinatal system in our project communities. It

assures that every participating women and infant gains access to the health delivery system and is followed through the continuum of care from first trimester to two years following delivery. Of course, Healthy Start provides strong linkages with the local and state perinatal system.

Our next slide shows you the infant mortality rate. It shows where our Healthy Start project areas where. Where we have Healthy Start projects on the map that follows, very much parallels where the high-need areas and high state with infant mortality are. What's the history of Healthy Start? We were established as a presidential initiative in 1921 to improve healthcare access and outcomes for women and infants, promote healthy behaviors and with a little touch of the military, combat the causes of infant mortality. It was a White House initiative. 15 sites were funded. It was to be originally for five years but they had a planning period so they had five years of implementation and they ended in 1997. We added seven sites for a much smaller amount in 1994 and those sites also finished in 1997.

The FY1998 Congressional language mandated the program it represent the models from the demonstration phase with existing sites serving as resource centers. For three years we had 20 mentoring sites out of the original 21 communities and we added over that three-year period 50 to 76 new communities across the United States. We also began an evaluation and we took some lessons learned from our national evaluation, an internal assessment by national consultants, and the secretaries advisory committee on infant mortality which has oversight of the federal Healthy Start program. Members of that group are experts from the field across the country and helped shape us. What we learned from all those assessments were that there are some elements that are necessary for our success. And you'll want to make sure that you're incorporating these in your program

when you apply. You want a strong neighborhood-based outreach and case management model. You need to focus on service integration and close link to the clinical care system. You need to look at implementing evidence-based practices and there needs to be a consistency in program implementation over time and across project sites. We also determined what the focus should be and used a life span approach, a life span perspective in our program. So we believe that services should begin in the pre-natal period and extend from beyond the postpartum period to the entire inner conceptional period from the end of one pregnancy to either the next pregnancy or two years post delivery.

Healthy Start is currently undergoing reauthorization. We're authorized under the Public Health Service Act 338, Title III and in that legislation we're defined as initiative to reduce the rate of infant mortality and improve perinatal outcomes. The legislation talks about making grants for project areas with high error rates of infant mortality and it talks about considerations. Factors that contribute to infant mortality such as low birth weights and the applicants should facilitate a community-based approach to the delivery of services and comprehensive approach to women's healthcare to improve perinatal outcomes. It's also a requirement that the applicants either have or plan to have a community-based consortium of individuals and organizations, including but not limited to those programs that are administered under Title V of the Social Security act. The MCH program. Public health department, hospitals, health centers and other significant sources of healthcare services need to be there. There is also, in the legislation, consideration in making grants and this allows for us to have projects that serve the border, native Hawaiian or Alaskan populations.

One of the key requirements of the consortium and we'll talk more about that. What we learned when we implemented this initiative and it has proven true, infant mortality isn't just a medical problem, it's a problem for an entire community and that's why it's important to have a community consortium and to have women and their families that are served by the project participating in this consortium. You also need the other stakeholders.

What Healthy Start is, it fills the gaps in the community. It's why it's also important there be partnership with statewide systems and other community services that are funded under the Maternal and Child Health Block Grant and other federal programs. What about Healthy Start today? Healthy Start is in 37 states, the district of Columbia, Puerto Rico. We serve several different tribal organizations. One of our projects covers four states in the Aberdeen area, another covers six to eight tribes both in Wisconsin and Michigan. We have others that serve native Hawaii population in Hawaii. We have some along the border area in California, Arizona, New Mexico and Texas. A brief reminder of where we have current Healthy Start sites. Please remember when you're applying that you cannot apply for the same service area that is already covered by a Healthy Start program. What's the schedule? How many grants do we see being awarded? There are two competitions covered under this guidance. The first is our border, Alaskan and native Hawaiian communities and we have seven projects there.

For the 2008-2012 period we anticipate at least two grants will be awarded. In the general eliminating disparity in perinatal health where we have 92 communities, we have five to six grants that we anticipate being awarded for 2008-2012. The other important thing to pull from these two slides is the fact that we'll be having competitions in both these areas for the next several years as these grants turn over every four years. What we announced here as the number of grants we sought to fund reflects the president's FY 2008 budget.

In the recent Congressional appropriations which was just vetoed by the president this morning, we actually received an increase of slightly over \$9 million, which would allow us to fund, perhaps, 13 to 15 additional projects. If that funding remains available in the final appropriation for our department, which is part of the labor HHS health bill education, then we will be making more awards than these slides indicate. The current funding opportunities, this four-year project period, actually we believe that we'll be able to support projects from the border area at the maximum funding level of \$612,500. For the general disparity area, for a maximum of \$685,000. Current Healthy Start grantees, what we call existing, competing, continuations, may only apply for an amount up to their current funding level. And we anticipate that these projects will start June 1, 2008. Now I'll turn over the presentation to captain Beverly Wright.

BEVERLY WRIGHT: Good afternoon. Our current funding opportunities along with that, you have to remember number one, apply online and you apply at grants.gov. The same place where you downloaded your application. There are resources for faith-based organizations but you still have to apply and you have the same criteria as the other organizations. The guidance in policy of religious, non-discrimination and grant eligibility for faith based and other community organizations. Current funding opportunities also have standard forms. You have to have a number, an essential contract to registry. Grants.cover there are key facts. You can search current HHS opportunities at grants.gov by date, by category, CFDA code or eligibility. It's a catalog of federal domestic. The number for this opportunity is 93.926. Each current in archives HRSA opportunity by program area, CFD or announcement code name or deadline. All of these are located in grants.gov. The address for grants.gov is WWW.grants.gov. The title for the guidance for this opportunity, there are two. It's HRSA-08-031 and that's to eliminate disparities in perinatal health in Alaska and Hawaii and the other one is the general opportunity. Both

numbers are in the same guidance, both eligibility criteria are in the same guidance.

Eligible applicants. Applicants not currently funded through Healthy Start or current Healthy Start projects applying for a new service area are considered a new applicant and should check the new box on question 8 of the SF424 face page.

Competing continuation applicants currently funded, Healthy Start projects whose project period ends on may 31, 2000 are considered competing applicants and should check the other box on question 8, then type in competing continuation. Examples of eligible applicants, consortium or network 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. For both the general, the HRSA 0803 and the 08031 you have to demonstrate linkage to Title V and have existing plans to create a consortia or have an existing one. For the border, HRSA 08031. The proposed project area for these communities that meet the border community definition, within 62 miles from the Mexican border or located in Alaska or Hawaii, you must meet at least three perinatal indicators from the list below. They can use three-year average data for 2002-2004. The proposed project area must have one or more racial or ethnic or disparity groups with a three-year infant mortality rate of at least 10.35 deaths for 1,000 live births. It should be 10.35. It's 1 1/2 times the national average for the period of 2002-2004. Or if vital statistics for the IMR are not available from state and 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. Number one. Verifiable dating meeting three of the following indicators. The percentage of pregnant women with anemia or iron deficiency is 20% or more. The percentage of pregnant women entering pre-natal care in the first trimester is less than 80%. The percentage of births to women who had no prenatal care is greater than 2%. And the

percentage of births to women who had fewer than three prenatal clinic visits during their pregnancy is greater than 30%. Simply stated, if you cannot get the infant mortality data, you may use these indicators. Other ones include the percentage of childbearing women who are uninsured is greater than 35%. The percentage of women -- the percentage of children 0 to 2 years of age with a completed schedule of immunization is less than 60%, the percentage of children under 18 years of age with family incomes below the federal poverty level exceeds 19% for 2000.

If more recent verifiable poverty data are available please provide the data and identify the years and the source. If verifiable clinic data are used for each indicator divide the number of perinatal clients by the total number of pregnant or perinatal clients served annually. The data source must be provided in the application. The time period must be the same, 2002-2004. I turn it over to Benita Baker.

BENITA BAKER: Good afternoon. How do you apply? Well, first of all complete instructions for applying for this grant opportunity can be found in appendix A and B of the application guide. As Beverly stated previously, you must apply through grants.gov. On grants.gov, their resource section provides access to useful grants and other grants.gov and other grant-related information. You can take advantage of grants.gov outreach and training materials to help you become familiar with the grants.gov process. The download software page will help you easily navigate the site and complete your application. In order to apply through grants.gov your organization must be registered. Grants.gov has streamlined the process of finding and applying for federal grant opportunities. The grants.gov registration process takes approximately three to five business days to complete. To register on grants.gov you don't have to register with grants.gov if you only want the grant opportunities. If you plan to apply for a grant be aware you and your

organization must complete the registration process. Registration for an individual will be required to complete an individual registration process.

If you're registering on behalf of an organization, first register your organization using the steps that follow. The grants.gov registration process for an organization involves three basic steps. You register your organization, register yourself as an authorized organization representative, AOR, you get authorized as an AOR by your organization. Your organization will also need to obtain a DUNS number. If your organization doesn't have one you'll have to go to the Dunn and Bradstreet website. You should be able to do this in the same day. You need to insure that your organization is registered with the Central Contractor Registry, CCR at 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 three until this step is completed. This usually takes about two days. On that site you create a username and password with ORC, the grants.gov credential. You'll need your DUNS number at apply.grant.gov/grants/register. Use the username and password you received from ORC to open an account. This takes about one day. The E business point of contact at your organization must respond to the registration email from grants.gov and log in at grants.gov to authorize you as an AOR.

Please note there can be more than one AOR for an organization. It takes approximately one to two days. Time depends on responsiveness of your E-business person. At any time you can track your AOR status at the applicant's home page by logging in with your username and password to grants.gov. HRSA is requiring applicants for this funding opportunity to apply electronically from grants.gov. No paper applications will be accepted without prior written approval from the HRSA Division of Grants Policy. Applicants must request and exception in writing from BGP clearance at HRSA.gov and provide details as

to why they're unable to submit electronically through the grants.gov portal. You can find the forms at www.HRSA or by contacting the information center listed on the slide. Telephone is 877-477-2123. Or E mailing at HRSA.gov. The application is due on December 6, 2007. It must be E-marked on or before the deadline date. At this time I'll turn it over to Benita Baker.

BENITA BAKER: I'll talk about some of the critical requirements that need to be addressed in your application, sort of the long list of the different things that you need to address. Let's start with the logic model. The logic model, if you start on the left you'll see your program or your -- the Healthy Start program and your community's context. Then you move to the next column which describes how the Healthy Start program through the use of its core services, it's programmed infrastructure.

Through the implementation of the Healthy Start program we expect to see a number of intermediate outcomes on services such as utilization, referrals, behavior change. These intermediate outcomes with the continued implementation of the Healthy Start system components lead to the outcomes of health year births and moms and help the disparities in health status. Let's quickly go over the link between the Healthy Start services and the results. As you see on that slide on the left we have the outreach, we want you to outreach to high risk pregnant women. High risk infants, with that you do a risk assessment which will take you into the Healthy Start case management.

Once you identify what the needs are of this population, the case management will lead you into our coordination of care and that, along with enabling services and health education you'll have to answer the questions, are these services available, are the services culturally competent and are there tracking and follow-up of these referrals. That

will lead you into the different types of services for the pregnant and postpartum clients that you'll have. You know, you may need everything from HIV counseling, testing and treatment, STD. Perinatal depression, screening, the list goes on. We also want you to provide some services for the infants and toddlers. Home visits, well child visits, immunizations and early interventions. That would take you on to the reduction in disparities in pregnancy outcomes. We hope to affect pre-term labor, low entering growth, low birth weight.

Congenital malformations. We want to reduce disparities in infant outcomes, SIDS, injuries, infections and reduce disparities in women's health, infections, perinatal depression, smoking and that should lead to reduction in disparities in maternal and infant mortality.

The next slide is the hypothesized link between healthy start systems activities and results. You would begin the process by doing a needs assessment and priority setting. The next step is the action plan. The consortium and the work with Title V. Different healthy start mechanisms. It would lead you to system activities. You need to create or expand existing systems and services, develop service provider networks, coordinate existing services and resources, ongoing needs assessment and develop a sustainability plan and then that should lead to some of these systems outcomes. Changes with direct impact on participants. Then larger system changes. You'll see on the bottom all this is done through the use -- using community participation. We anticipate and expect the community to be involved at all steps of this process. Let's -- I'll end my section here by talking about what is a participant? Throughout the guidance you may notice the use of the term program participant and also a community participant. A 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. A community participant is any individual who attends a Healthy Start sponsored event or program, consortium activity, etc. and doesn't necessarily receive the healthy start core services on an ongoing, systematic basis. Program participant gets a lot more in-depth care and services where the community participant is someone just touched by Healthy Start. I'll turn it back to Bev who will go over some of the requirements.

BEVERLY WRIGHT: I'm going to pick up just a little bit right here and we'll turn it back to Bev. We set up the application following a standard format used by all HRSA applicants. And there are a series of review criteria to address each one of these requirements. A certain percentage of points are then awarded based on that. And you'll see later in our presentation what those actual percentages are but I'll quickly cover them here. We're going to go through each of these sections in our next part of the presentation. We're actually going to share with you the review criteria and then the types of questions and responses you're going to be giving to each of those review criteria. So there are some tips that way. It's very important as you're writing your application, to look at the review criteria and make sure you're responsive to it. That's what our objective review committee will be scoring your application on. It's also -- we've got a series of questions throughout the guidance and we need you to make sure you answer those questions as precisely and clearly as possible. So it's very important that you write your application to the guidance and that's a take-home message that you're going to hear all the way through our presentation. Let me just quickly go over the sections and how you're going to outline your program narrative. This actually will be somewhere on page 25 of the guidance. The first area that you're going to address is the needs or the community assessment. This particular section will be worth 25% of your points that you will receive.

The next section we're going to talk about are the core service interventions. Those will comprise 15% of your points. The next section is the evaluation including your project monitoring, your national and local components. That is worth 10%. The core system interventions are focused under what we would call the impact part of the project narrative and they are worth 10%. Your resources and capabilities, that's what you have and what you're bringing to the proposed project are worth 20%. Your budget and your budget justification is worth 15%. And the collaboration that you must have with stakeholders is another 10%. We're going to go through each one of these areas now, review the review criteria and point out some helpful elements for you. Now I'll turn it over to Beverly.

BEVERLY WRIGHT: Good afternoon again. What I'm going to do is go through the what is required in the needs assessment and how we evaluate it. The extent to which the application describes the problem and associated contributing factors to the problem. It's further broken down it's 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, interconceptual care and depression services and the extent to which the demonstrated need of the target population to be served adequately described and supported in the needs assessment and summarizing the problems.

The next piece is the extent to which the application describes the problem and associated contributing factors to the problem. Then we measure that by the extent to which applicants describe the demographic characteristics, prevalent norms, health behaviors and problems of the targeted population. The extent to which the proposed plan addresses the document in means of the target population including attention to the cultural and linguistic needs of consumers. And 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. The community assessments must describe current assets, resources of the community, the current needs of the community, the service area of the project. The target population, the comprehensiveness and quality of the service delivery system for the target area. Needs assessment must include comprehensive quality services, all partners necessary to assure access to a full range of services as identified by the community, those examples prevention primary and specialty care, mental health, HIV/AIDS, maternal and child services and dental care and establish an referral arrangement that are necessary for quality care.

>> I think it's important here that we also clarify in the needs assessment that you must include both data from 2001 to 2003, as well as data from 2002 to 2004. The guidance isn't as clear in this section as we would like it to be and so we want to remind you at this point to please include in your needs assessment the eligibility data which is the period from 2002 to 2004 in your needs assessment. Now I'll turn it over to Benita.

>> I'm going to talk about the response which is worth 15%. It's 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 identify projects. The extent to which the activity, scientific or other, describes the application are capable of addressing the problem and attaining the program objective. The extent to which the project objectives incorporate the specific healthy start program competitions purposes. For example, eliminating disparities 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, interconception care and depression services appear feasible and are likely to contribute

to the achievement of the project objectives within each project period. As David talked about earlier, he went over the logic model and you're going to be required to develop objectives and report on indicators which would correspond with the intermediate outcomes of this logic model. You identify project objectives which are responsive to the goals of the program. The objectives must include at a minimum the ONB approved performance and outcome measures. These can be found in appendix C of the application guide. Objective statements must clearly describe what is to be achieved, when it is to be achieved and the extent of achievement and your target population. Each objective must include a numerator, denominator, a time frame, a data source, including year and baseline data. There are several Healthy Start outcome and performance measures. I'm going to go over the outcome measures first. This is to be for program participants only.

>> The infant mortality rate per thousand by birth. The neonatal mortality rate per 1,000 live births. The post neonatal mortality rate for 1,000 live births. The perinatal mortality rate for 1,000 live births and the percent of live single births weighing less than 2500 grams among all live births to program participants: healthy start has two key annual measures. They are the percent of pregnant program participants of MCH-supported programs who have prenatal care visit in the first trimester of pregnancy and the percent of very low birth weight infants among all live births. All funded projects must have a plan to meet or exceed the Healthy Start target measures for first trimester entry into pre-natal care and low birth weight by the end of the project period. The Healthy Start target measures are 75% and 8.9% respectively. The additional performance measures are the percent of NCHB-supported programs that are satisfied with the leadership of and services received from MCHB. The percent of MCHB customers, participants of MCH programs that are satisfied with the services received from MCHB-supported programs and the percent of MCHB-supported projects sustained in the community after the federal

grant project period is completed. These three performance measures you are not required to report on these, these are done internally through a contractor. The information is here just to let you know what these measures are.

>> It's important to note as Benita goes over these measures and some other ones that these are areas that you will be required to report on every year. So what you're going to want to plan as you're planning your application, to make sure you can gather this data on an annual basis so you can report on it. The remaining ones they do.

>> The remaining performance measures that I'm going to go over now they will report on those. But the three that I just mentioned above is handled internally.

>> We have a contractor who does a sampling of that across the United States, correct.

>> These measures you'll be reporting on annually. The degree to which the programs ensure family participation in program and policy activities. The degree to which MCHB-supported programs have incorporated cultural competence elements into their policies, guidelines, contract and training. The degree to which communities use morbidity and mortality review processes in MCH needs assessment, quality improvement and/or data capacity building. The percent of low birth weight infants among all live births. The percent of all children from birth to age 2 participating in MCHB-supported programs that have a medical home. The percent of women participating in MCHB-supported programs which have an ongoing source of primary and preventive services for women. The percent of women participating in MCHB-supported programs requiring a referral who will receive a completed referral. The degree to which MCHB-supported programs facilitate health provider screening of women participants for risk factors. The percent of communities

having comprehensive systems for women's health services. The percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy. Project intervention, strategies, interventions to complete the proposed objective including targets for starting and completing activities and persons and organizations involved and request the funding requested in the budget justification. Now I'm going to talk about the four interventions or services that are required by Healthy Start.

On page 15 of the application guidance, the activities that are required for each core service are listed. You have outreach case management, health education, screening and referral for depression, interconceptional continuity of care. Each core service intervention the definition essential elements, specific requirements, linkage to performance measures, correlation with national evaluation. In the guidance under the core service section, there is a series of questions that must be answered. There is a typographical error here under outreach one to outreach nine. That is no longer valid so I'll go over what it is. It's a series of questions that must be answered. For example, what 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? You should code your responses to each question. For example, who are the target population? The code might be CS1 in the guidance. So when you respond, you will put CS1 and then the response. Here is an example of the question. List the populations your Healthy Start program will target for its outreach and client recruitment activity. All pregnant women -- all pregnant and interconceptional women at risk for poor perinatal outcome. At risk for developmental delay. Other women of reproductive age, fathers, male partners. You would include the primary language of your proposed target population including the percentage of the clients who speak each of these languages. The definition for outreach is the provision of case finding services that actively reach out into the

community to recruit and retain perinatal and interconceptional clients in a system of care. The purpose is to identify, enroll and retain clients most in need of Healthy Start services. Case management is the provision of services in the coordinated culturally sensitive approach through monitoring facilitation. Follow-up on utilization of needed services. The purpose of case management is to coordinate services from multiple providers to ensure that each family's individual needs are met to the extent resources are available and the client agrees with the scope of the planned services.

>> There are some essential elements for case management. It should include a multidisciplinary team that includes outreach worker, paraprofessionals, nurses—

>> Personnel that consider the risk status of the client. Service delivery at sites in the community including homes. A broad scope of services including education, prevention and intervention. A proactive partnership between case managers, families, service providers and the community. Individualized needs assessments and service plans developed with the families and the service intensity should match the level of risk. Health education and training. Health education includes not only instructional activities and other strategies to change individual health behavior but also organizational efforts, policy directives, economic supports, environmental activities and community-level programs. The purposes of health education campaign is disseminate information with the goal of improving an audience, an audience's knowledge, behavior and practices regarding a particular area of health promotion. Essential elements include public information and education campaigns, provider training of healthcare workers, consumer and client education packages. Collaboration with experienced community organization. A feedback process for evaluations of training and education programs and opportunities for education and training to enhance the development of the community. In addition,

postpartum screening for depression and referrals is another requirement. Postpartum depression. It's defined as an illness that involves the body, mood and soul. It effects the way a person eats and sleeps, the way one thinks about themselves and thinks about things. Effective screening and referral for further assessment and treatment. Successfully engage pregnant and postpartum women experiencing depression and other disorders in appropriate mental health services. Community services on the impact of clinical depression and resources available to women and their families. Early identification to effectively screen, performed skilled assessment and successfully engage pregnant and postpartum women experiencing depression and other disorders in appropriate mental health services.

The other services is interconceptional care. The expectations are that outreach and case management would be provided, which includes an assessment, facilitation, monitoring for women to ensure they're enrolled in an ongoing source of medical care and obtaining necessary referrals. Availability of and access to a system of integrated and comprehensive services and also the health education that is tied to their identified needs which could include mental health. Substance abuse, domestic violence, STD. All of these risk factors that are known to have an impact on the women and their child. Outreach and case management for infants and toddlers to assure they are enrolled in a medical home in obtaining necessary referrals including early intervention. Availability and access to a system of primary care and appropriate screenings such as newborn hearing as well as any necessary specialty care. Also health education such as child development and parenting.

>> I'll take over here.

>> David?

>> The next section we'll talk about is evaluation. It's worth 10% of your score. The effectiveness of the methods proposed to monitor and evaluate the project results. They must be able to assess one, to what extent the program objectives have been met and two, to what extent they can be attributed to the project. Specifically you'll be scored on the two following items. The extent to which the proposed evaluation plan measures performance, is well organized, adequately describes, utilizes sound evaluation methods and complies with MCHB's evaluation protocol for its discretionary grants and national performance measures. Secondly the extent to which each proposed methodology within the local evaluation is either congruent or linked with the scopes of the core services, outreach, health education and training and components required of all healthy start community projects.

So talks a little more about evaluation and by accepting this Healthy Start funding, in essence what you're doing is agreeing to participate in and cooperate MCHB including the performance management system that Benita will talk about in a bit. Let's talk a little bit about your local evaluation. Your local evaluation should be implemented in such a way that it is capable of documenting measurable progress toward achieving your goal. It should be used for ongoing quality improvement and monitoring of all aspects of your program. You should not plan on developing an evaluation that will look at the program once it has ended. You should also not have an evaluation that is nothing more than submitting performance measure data to us. We know each Healthy Start community is unique and has special characteristics. We would like to see your local evaluation is highlighting the special ways you have used to be successful. All right. Now let's move to impact. It's worth 10% of your score and it addresses local health system action plan,

consortium and sustainability. So it's defined as the extent and effectiveness of plans for dissemination of project results 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 replicated and the sustainability of the program beyond federal funding. So what that means is you will be specifically evaluated on the extent to which the efforts described in the local health system action plan develops and integrated service delivery system that better serves Healthy Start program participants as well as the community as a whole. You'll also be scored and judged on the consent to consortium includes or will include the appropriate representation of project area consumers, providers and other key stakeholders. Let's talk a little bit about consortium here.

The next slide is the consortium. You'll be scored on the structure, role and plan of action of the consortium in the implementation of the proposed project plan that should be adequately described. The actual or proposed communication pathways between the grantee and consortium regarding the progress of the programs that are clearly delineated. Also in this section is sustainability. Sustainability you'll be scored on that specifically. 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 for example, Medicaid, private insurance, training reimbursements for non-Healthy Start program recipients. Here again is the link between the Healthy Start system's activities and results. You'll see where the local health system action plan consortium and your work with Title V fit in the second column to the left. And again, stressing the involvement of the community. So the core system and efforts. The core systems building would be the consumer and consortium involvement and policy formation and implementation. Local health system action plan, consortium, the

collaboration with Title V and sustainability. Now we expect your consortium to comprise at a minimum the following groups. Agencies responsible for administering Block Grant programs under the Title V of the Social Security act. Consumers of project services. Public health departments. Hospitals, health centers and other significant sources of healthcare service.

Now, is sort of outlines the four purposes of the consortium. It is -- a consortium is to galvanize the political will of the stakeholders and community to affect change. To provide broad-based policy advice to grantee. To establish a consumer voice and that's those women served by the project, and the delivery and development of the services in the community. Mobilize stakeholders and others to leverage and expand funding resources. Some of the activities of the consortium are you want to make sure you have structures in place to ensure ongoing community consumer involvement. For example, development of leadership skills, scheduling of activities to increase participation, staff support, a consortium can help develop operational guidelines and bylaws and also to develop provisions of conflict of interest. So now the local health system action plan. It is defined as a realistic, yet comprehensive plan of achievable steps within the four-year funding period that will provide -- that will improve the functioning and capacity of the local health system for pregnant and parenting women and their families. Local health system action plan should include the following three things, a system includes all partners necessary to assure access to a full range of services as identified by the community. Prevention, primary, specialty care, mental health, HIV/AIDS, substance abuse. Insure there is a system in place for all referral arrangements necessary for quality air and that the system is family friendly and culturally and linguistically responsive to the community being served. Targeted interventions based on assets and gaps in the current service delivery

system should be identified in the needs assessment. Interventions should ensure the system is accessible and culturally competent and the plan should be updated annually.

Finally, sustainability. Your sustainability plan and activity should integrate into a current funding sources. Should maximize third party reimbursement, should leverage other funding sources and the funding sources may include state, local, private funding and also in-kind contributions. So finally let's talk about resources and capabilities and Beverly will do that.

>> Okay. Resources and capabilities. That is, the extent to which the project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of applicant organization and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. To competing continuation, past performance will also be considered. It will be measured by the extent to which the proposed approach delineates the intervention included in the plan and identifies the actual or anticipated agencies and resources which will be used to implement those strategies. The extent to which the project personnel are qualified by -- I'll skip that, okay. The extent to which the project personnel are qualified by training and experience to implement and carry out the project. The capability of an applicant organization and quality and availability of facilities and requirements. Proposed project for competing continuations, as I said before. Past performance will also be considered. The capacity and expertise and past experience of applicant agency to carry out and oversee a complex integrated community-driven approach to the proposed eliminating disparities and activities within the proposed project area. The extent to which the applicant has demonstrated an ability to maximize and coordinate existing resources, monitor contracts and acquire additional resources and the extent to which the applicant's fiscal and

programmatic monitoring system displays their ability to implement and monitor their program. Applicant organizations are expected to have qualified and appropriate staff to carry out plan interventions.

Sound systems policies and procedures in place for managing funds, equipment and personnel to receive grant support and a capacity to monitor the progress of the policy especially monitoring contract deliverables. Support requested. That's the reasonableness of the proposed budget with regard to the complexity of the activities and anticipated results. We look to the extent the proposed budget is realistic. Adequately justified and consistent with the proposed project plan. We look at the extent to which the cost of the administration and evaluations are reasonable and proportionate to the cost of service provision and the degree to which the costs of the proposed project are economical in relation to the proposed service utilization. Requirement for the use of funds. Grant funds may support calls for project staff salaries, consultant support, MIS hardware and software, project-related travel, other direct expenses for administration or financial functions and program evaluation activities. Activities can be supported with Healthy Start funding include offering a more efficient and effective comprehensive delivery system for the uninsured and underinsured through a network of safety net providers integrating preventive mental health, substance abuse, HIV, Maternal and Child Health services within the system and developing a shared information system among the community providers. Grant funds may not be used for substituting or duplicating funds supporting similar activities, construction, reserve requirements for state insurance licensure and entertainment. Another measure that we look at is collaboration and linkage with Title V. Local MCH activity and other community stakeholders. That's 10% of the grant. I'm sorry, 10% of the score. And we look at the extent of actual plan involvement of the state Title V, local MCH and other agencies serving the proposed project area is clearly evident and to

the extent to which the project has overall state efforts to -- it focuses on service needs identified in the state's MCH services five year plan and comprehensive needs assessment in the Block Grant. Coordination with Title V is a requirement. We look at the partnership with statewide systems and with other community services funded with the Maternal and Child Health Block Grant. We look at the community needs assessment and plans consistent with the Title V five-year plan and dissemination with other community services. Thank you.

>> I'm going to go over the performance system. Before I do that, I'm going to talk about the electronic handbook. It's in the 120 days of receiving funding all projects must enter into the HRSA electronic handbook and complete some program-specific forms. That includes the performance measures and some financial and demographic data. Basically you would be entering in your objectives that you put in the narrative section of the application. After that there is an annual progress report due that is both narrative in nature and also data-related. You would annually submit what is called a nine competing continuation application that basically details your progress in the previous budget period.

In addition, you would also enter in preliminary data for your performance measures. The data does not have to be finalized until 120 days after you come in from submitting your non-competing applications. All that is detailed in the application guidance for you. Every five years federal programs go through a program assessment rating review conducted by the Office of management and budget. During the review the program is asked to develop annual and long-term measures in order to help gauge the overall performance of the program. The measures for the national Healthy Start program, the annual measures are the percentage of live single births weighing less than 2500 grams among all live births to the Healthy Start program participants. The percentage of Healthy Start pregnant program

participants who have a prenatal care visit in the first trimester. The number of community members, providers and consumer residents participating in infant mortality awareness, public health information and education activities. And the long term measures for Healthy Start are to reduce the infant mortality rate among Healthy Start program participants. Reduce the neonatal mortality rate among program participants and reduce the post neonatal mortality rate among program participants.

This is the MCH service pyramid. The services that Healthy Start mostly fall under are the enabling services and the infrastructure building services although some projects do provide direct healthcare services. And population-based services. Some resources for your performance measures are located in the guidance which is the GOLLARAY sheet in the guidance and HRSA electronic handbook.

>> I'm going to finish up with the application review process and a few other details. The application review process the responsibility is -- it is the responsibility of the Division of independent review, the DIR. Applications are reviewed by an objective review committee of experts qualified by training and experience in a particular field or discipline related to the program being reviewed. The ORC forwards all applications recommended for approval to the bureau. The applications are scored on the review criteria which are need 20%, response 15%, evaluative measures, 10%. Impact 10%, resources and capabilities is 20%, support requested the 15% and collaboration with Title V is another 10%. The Maternal and Child Health Bureau has several resources to help with your application. The data on the Title V information system www.weather

>> There is also the performance review thing. That's right, okay, www.performance.HRSA.gov/ and then there is information the MCH Discretionary Grant Information System coming online soon and that's where you find programs like Healthy Start and where our data will go. We have the MCH virtual library, www.mchlibrary.info. Underneath you'll see an example of what is on these library info and that -- you can search by alphabet and Texas has a wealth of information including some of the reports, I believe, of past Healthy Start projects. There is the Bright Futures material, the Maternal and Child Health other resources. I'll mention the national Healthy Start association and the Kellogg foundation and the march of dimes. You can get a lot of needs assessment data through the March of Dimes.

The last slide shows a picture of our division and our division members. And we discuss our goal which is to have healthy women, healthy infants, healthy families, healthy communities, and a healthy nation. And I thank you for the division's piece. We're now going to turn it back over to Johannie.

JOHANNIE ESCARNE: Now we'll switch gears and so to the reviewer's perspective of the grant review. To this we'll go to Deborah Frazier. She is the director of the Arkansas permit agency presenting on the reviewer's perspective of HRSA grant review.

DEBORAH FRAZIER: Thank you. Good afternoon to everyone. I'm going to start with what Maribeth has already said and others have already said and Maribeth indicated that she may be hearing the same thing throughout this. We'll start with that read the guidance is the first rule. Read the guidance and know the review criteria. The staff has just gone through a really good description of what is in each of the review criteria and what their expectations are. So before you sit down the write anything, read, read and read again

what is in the criteria and what is in the grant guidance and know what is being asked for. We're also going to be looking to make sure that the grant is organized and flows the way that the grant guidance asks for.

>> Tips on the guidance in working with your application. The first bullet, be organized.

Pull your team together, your grant writing team and go through the guidance and make a list of what is required and then where the sources are for the information that's required.

Divide the labor. Give everybody on the team a task and time line and use the checklist to review that with the grant requirements and your own time line for getting information

timely so that your application is completed timely. In the grant guidance, it asks for

specific data in the narrative section as well as it will require charts and forms. Make sure you know what is asked for throughout the entire guidance. And then when that

information comes back to you make sure you read it and make sure the information is

consistent throughout your application. One of the things reviewers will be looking for is to

make sure that if you've included information chart or form, that it's -- it matches with what you put in the narrative. When I say read and file the grant guidance, we talk about type

face, font size, spacing and it seems to be a no-brainer but, sometimes folks try to fudge

and they want to squeeze in an extra page or two and they want to reduce the font size

just a little bit or change the spacing a little bit and you think it's not noticed, it is and it

makes it harder to read an application. You don't want to frustrate the reviewer. They're

your friend and they want to make your case. Make sure that you read it and know what

the font size and spacing is, page numbering, etc.

There is a lot of information that's requested in the application and the reviewer wants to

be able to locate the information with a minimum of confusion. We are reporting to a larger

panel on what you put in your application. So you want to help us be able to find that and

not have to say it wasn't there or I found it buried somewhere else or it said one thing in one place and something else in another place. Moving on to the next slide, one of the other things we look for in successful grant application is response to every requirement in every one of the core system efforts required in the guidance. Not some of them, or most of them, but every one of them. And then be clear and concise. No rambling. We don't want the price of tea in China. This is what a grant guidance asks for, be concise and document that. Make sure that it flows logically. Again, I want to mention that when I say every requirement, every core service intervention and core systems effort, if you have not been the entity responsible for those interventions or services or if you are not going to provide those in this application, then you need to indicate that in your application. Who is going to provide it and how it is going to be provided and how those services are going to be integrated with the activities that you are, in fact, doing in your application. And how those services not being provided by you but required by Healthy Start will meet the Healthy Start start requirements for services. And again be concise and be to the point and make sure you answer all questions.

The other thing we look for and I'm going to spend a minute or two talking about the -- looking for current data, in your application, data is requested again on the charts and the graphs -- I'm sorry, on the charts and the forms but make sure if you include additional information or if you include that in your narrative section, that it's consistent in all places. And then if you have additional data that supports your needs assessment that shows trends in your community, include that. One of the -- I hate applications that have data -- that include data that is outdated. Make sure you have the most recent data available. If for some reason your data is old, make sure that you indicate in the application why you don't have the most current data. Make sure the data you include supports the approach that you're taking in your application. The reviewer should be able to link what the data

that you have in your needs and problems statement to your interventions without any guesswork. It should flow logically and smoothly. You should know there are specific -- there are specific eligibility requirements and I'm sure you'll have that data in your application on your front page. Make sure that the data reflects your community's -- whatever is the prevalent norms and data trends that might impact what is going on in your community or what has changed in your community. For example, if something has changed or, in fact, just the opposite, if there has been minimal change over time, then a reviewer wants to know why, what happened? And this is the place where you want to document if something has not changed or there has been minimal change, what happened in your community. Did a provider go away, did a hospital close, what happened? Whenever you have data that is not maybe the best outcome, then you want to tell the reviewer why, in fact, that situation exists.

In the next slide introduction to needs assessment, again this section I've already read as your reviewer. I've read your budget and now I'm going to start reading your introduction and needs assessment. This is my first introduction to you. As first impressions go, you want to make a good first impression. Tell me in your introduction what is your purpose, what's the plan for your project and describe your core services telling me who and how the services are currently delivered and then how you plan to have them delivered in this application. Describe your current core system interventions and how they'll be designed and delivered. And later you'll elaborate on those but just give me a brief overview in the introduction of what that is going to look like. So that after I read it, I have a clearer picture of what your community looks like and feels like. In this section, if you have a service area, particularly one that is not -- the service areas are not contiguous to each other a map can be helpful and particularly if you have a map that shows where you are and where the other providers are in relationship to the entire community, but this is where you set the

stage for what is going to happen in your grant in the needs assessment. I'll say this over and over again. I know nothing about you and your community and your project. I only know what you document in your application. So it's up to you to sell that to the reviewer and to the review panel.

That leads to the next slide. Your needs assessment paints a picture of your community. It tells me the receive -- severity of your community's problem and how they're being impacted. Then I would like to hear about other ways that you found out that your community is having problems. Are you involved in a fetal infant mortality review project. Are you doing a PPOR. What is that telling you about your local community? I want to hear all the relevant demographic data and I want you to be able to tell me that and cite the sources for it. Again, you have the task of presenting your community to the reviewer, reviewers and the entire panel and as the reviewer for your grant, I have the responsibility of explaining your application and your community to an entire panel and I should be able to do that very easily if you've documented your community well and painted a good picture of your community. By the time I finish the introduction needs assessment. I should know your resources, something about your community, demographic or special populations, any culture needs of your community and how they are currently being addressed and how you intend to address them.

Finally on community needs assessment I should know the identify of the target population. Special needs of the population. How they're being met and how you intend to meet them later in the methodology and then a description of the existing system of care. Who and what is being impacted and what would happen if the community's problems were not addressed. Your task is to hook the reviewer by making a compelling case for your community. On slide 10 a good needs assessment gives the reviewer a well-defined

set of documented statistics that are relevant to this application and to the problems to be addressed in the application. So it's not just good enough to have it and have those sources there. But this is going to have to link to the remainder of your application. Give me the pieces of data, the needs assessment that is going to flow into your approach. And also data that is relevant to what is in the Healthy Start guidance. Moving on to objectives and indicators. Using the performance indicators as the base, your objectives should describe what is going to be achieved, when it is going to happen and how much it is going to be achieved and it should identify the target population. Your objectives should be clearly stated. They should be outcome oriented and I should know a little bit about the resources needed to achieve those objectives. When we viewers read the objectives they're looking for the link to the issues that you raised in your needs assessment and also looking at the resources that you identified in your application. So the objectives should be responsive to the goals of the Healthy Start program but they should also be responsive to the needs that you identified in your community and the resources that exist this. So when you're writing your objectives, again make them realistic. Don't promise the moon and you don't have the resources or the capacity to deliver that. Make sure that they are measurable and time framed and above all, realistic. The reviewer has to believe that you can do what you said you are going to do. If you've painted a picture of your community that gives the impression those objectives can't be achieved that will be picked up by the reviewer. Lastly on slide 12 the objectives and summary identify the task, they give the reviewer a specific measurable and realistic time frame in which the results will be received. Again, don't promise what you can't deliver and don't be unrealistic in terms of time frames or outcomes but tell me who is being impacted and how they're going to be impacted. If you read the guidance you know says project period objectives. Those should have a corresponding calendar year objective for each year of the Healthy Start funding. The initial calendar year objective needs to have a baseline. And the baseline data and

the current status data must have a documented source. And I think this is in your guidance. Any source that precedes 2003 requires explanation on why more recent data is not available. Again your objectives should be linked to the statements you made in the previous section on your needs assessment. You told me what your problems, your resources, your culture, your demographics are. Your objectives are based on those things that you said in the previous section. And again, data must be current and when it's not, tell the reviewer why it isn't because the reviewer will end up thinking either you were too lazy to look for it or there is something -- some reason why you did not want to include current data. I want to make just one statement here about the national performance measures. Those are in your grant guidance and one of the things reviewers do is to look at those and we are looking to make sure that what you said you were going to do in your grant will meet or exceed the Healthy Start target measures particularly for low birth weight and entry to prenatal care.

Moving to the methodology on slide 15, we've talked about the needs assessment, your introduction. The methodology and the work plan give the reviewer those activities or strategies that will lead to the achievement of the objectives that you listed in the previous section. And it explains to me, the reviewer, what your rationale is for choosing that approach. You've given me a bit of a time line in your objective and that can be restated here. But I also want to know who is responsible. Are you the applicant and your staff responsible for these activities? If not, if there is a partner or partner organization, who that is and what resources or partnerships you have in place to support and to complement your interventions. And again you want to make sure you've addressed all of the core services and interventions.

Methodology and work plan, the next slide. We want to support your approach and methodology with data that we've talked about already, with your experience and with model programs or research that tell the reviewer that there is evidence that you approach your work. When you describe your approach, for example, if you are basing your case management program on some model program that works, then cite what that is. If there is a research that shows that your approach is the one that's going to work, then cite that in here as well. Identify again your partner, your collaborators, your stakeholders that will help you achieve what it is you're putting in your plan. And I say this again later but your plan should also be congruent with your funding request. If you tell me that because of some special population that has recently moved into your service area you want to hire two new caseworkers or outreach workers and I don't see that reflected in the budget, or I see it in the budget but I don't see it in your plan, then I'm going to know as a reviewer something is missing. So you want to make sure that your plan follows what you said in your needs assessment, that it follows the guidance but there is also a clear link to your budget. Your approach should also reflect the culture and diversity of your community. That can't be overstated. This is a disparity grant. So I want to hear exactly what you think in the needs assessment section is contributing to that disparity. Here I want to see how you plan to address it. What is going to happen. And again if you're not the provider of those services but you intend to contract them or partner with someone else, then this is the place to indicate that. On the evaluation, the evaluation should be well-organized, we should be able to see some sound evaluation methods and you should clearly articulate how your evaluation process will track and measure your project's performance and also report results. It must follow the proposed scope of services that you have outlined in your application. As a reviewer, I like to see in an evaluation section how your evaluation is going to be used to improve your performance or to justify interventions or make changes in the program. And I say that because an evaluation can also be used as a KOI. You

can't just can't the widgets at the end of an evaluation. It has to be used in a meaningful way to feed your project information that is going to allow you to make the incremental changes that will help you to be more successful. As a reviewer, I like to see that you've thought that through and you've been able to document it. As a reviewer, I also like to see in the evaluation your plan to communicate the results of your evaluation. Not just to the grantee, but also to the consortia and the community at large. This is a community-based project. We'll talk later about the consortia and the need for collaboration but what is really important is that the community understands these issues and they own these issues and they own the solution to these issues. That can happen -- has a better chance of happening if you communicate the results of what you're doing back to the larger community.

Lastly, and evaluation, you should tell the reviewer also the identity and the qualifications of your evaluator. It should give the reviewer your data collection methods, your instruments for evaluation and then the impact on the need that you described. And then feedback on achievement on each of the stated objectives. I want to talk about the impact section, the core systems and efforts. And I didn't spend a lot of time on the core services, but except to say that when you address those issues, that you address them clearly and in something that's realistic and measurable in terms of your objectives and indicate what you are doing and what other partners or contractors are doing. On the core systems and efforts, the local Health Systems Action Plan, the consortia, the sustainability and also your collaboration with other stakeholders. The Healthy Start projects are again community-based projects and they require consumer and community input both in your application process but also on an ongoing relationship in which the consortia has a meaningful advisory role for the consortia for the life of your project. That consortia should be composed of organizational representative as well as community and consumer

representation. When you talk about your consortia in your application, as a reviewer I like to see not just a list of who is on the -- on your consortia and who they represent, but a plan for meetings. How often do you meet, when do you meet? And to see that you have documented what the role of the consortia is, how they have input for the project and that they do have a meaningful role in your project. When I look at your local Health Systems Action Plan I'm looking for a four-year plan that is linked to your state's Title V plan. I'm looking for examples of shared work on MCH issues in your community. Shared between you, the applicant, and Title V and other MCH providers. It's important because again, Healthy Start is a community-based -- but infant mortality is a very complicated issue. There is a realization this is not a medical issue. Infant mortality is rooted in a lot of the socio-demographic issues in the community. The only way it will be successfully addressed is if we leverage federal and state dollars for all of us to have a stake in the outcomes of infant mortality. As a reviewer that's what I'll be looking for when I start reviewing this section.

Moving to the next slide that's specific to your local Health Systems Action Plan, the goal is to have an integrated service delivery system to improve service delivery to all healthy start participants. We're looking for a four-year plan linked to your Title V plan and indicate to me how it's linked to that plan. And it should be based on the resources and the manpower that you described in your application. We should be able to track the progress of what you put in this plan and you should be able to update this plan annually based on that progress. I'll look for that kind of documentation in this section. Maribeth has said earlier that Healthy Start fills gaps, it is not a stand-alone project. So you should be working closely with Title V and we should be able to see that in the application. On the consortia slide. In that section I'm also looking to make sure that the consortia represents and reflects the community. Public and private partners, consumers, other community

organizations and stakeholders. You described your community in your needs assessment and I'm looking here to see if some of those or organizations are included in the consortia. Again, I want it to be a significant role for the consortia in your projects policy and goals for the project. And how the community is participating to help you to maximize resources. This again is your opportunity working with the consortia and the community to educate the community about perinatal issues and again to help them develop ownership of not just the issue but of addressing the problem. On collaboration and coordination, I've talked about Title V but in this section give a detailed history of your relationship with Title V. Not a statement that says I called the Title V director and called them and they're on board with our plan. As a reviewer I want to see some collaborative history there. I want to see a detailed history of how you are coordinating with community providers and organizations. A demonstrated history of community sensitivity and engagement. And again a meaningful role for consortia. I know it seems repetitive but you have a small piece of a big puzzle. And if you are going to be successful and if you are going to be able to address the sustainability portion of this guidance in your application, then you absolutely must have these partners involved for collaboration and coordination. Again, all of the contributing factors to infant mortality and adverse birth outcomes are closely linked to social determinants so any success that we have in improving birth outcomes has to include all the relevant partners and they don't have to be just MCH partners. They can be schools and other community groups, jobs programs. All of those organizations and partners that in any way are linked to any of the social determinants that contribute to poor birth outcomes. And a couple more points on collaboration and coordination. It just helps to see that everybody in your community is singing out of the same hymnal. That you're all together on the same issue and you're working together to address them. And the reviewer wants to see how what you're doing links to the current system of perinatal care and what your piece in this puzzle is. And lastly collaboration and

coordination is a requirement for eligibility but more importantly, it leverages existing community resources. It demonstrates community ownership of the problem and community investment in the solution. This is where you'll get your opportunity for long-term sustainability, because sustainability can't -- won't happen for you as a stand-alone Healthy Start project. I want to move for a minute to resources and capabilities, administration and management. Don't assume that the reviewer knows your organization's management or history. Even if you are a current Healthy Start site. You have to make your case to someone who does not know you at all. I only know what you tell me in your application. So this is where -- in this section you have to sing your own song and blow your own horn. I don't -- I do not expect that any reviewer knows your history. And, in fact, a reviewer can only report what you have written. Not what they think they know from someplace else. The next slide on resources and capabilities, you described in this section who you are, what your organization's history is with management and performance. Be honest, take stock of your own management performance history and your capacity. Tell me here what your successes have been particularly with consumers and community-based programs and organizations. If you have any shortcomings, then cite them with a believable plan for how you intend to improve them in this application. Moving on to resources and capabilities. Reviewers want to see a description of your policy and procedures for your organization. How do you manage money? How do you manage your staff, your equipment? How do you currently track your program outcomes and your contracts? Who is responsible for those things? One of the qualifications of your key staff, some of these things have already been mentioned by the Healthy Start start but they are worth mentioning again because they're important to a reviewer. We want to see a clear communication pathway between you, the applicant with your staff, with your contracts and with your consortia and we want to know who has oversight responsibilities. On the budget, the reviewer wants to be able to read

the budget because I said at the beginning I've looked over your budget before I started the narrative. As I'm reading through your narrative I'm already thinking as I see your approach why your budget is written the way it is. It's important that those things are linked. I should be able to read your budget and link every budget item that you have to a person, to an objective, to an activity. That's why the word is justification. Justify what you have in your budget not just in the budget justification portion, but I want to see a line, a link between everything in your grant. One thing should build on the other and they should all be linked congruently without any -- without having one thing written one way and something else in another section of your application or a budget item for which there is no explanation. Under budget and justification, again, if you have contracts included, then I want to have some explanation about how you intend to manage those contracts. Some explicit deliverables with information on who and how contracts are going to be monitored for deliverables, it's not unusual to have grant reviewer say they said they were going to contract but I couldn't find it in the budget written that way or, I saw something in the budget but I couldn't find it anyplace in the narrative. So again, make sure that it's clear and make sure that if you say you're contracting with an entity that you also say how you're going to monitor that contract and how you, the applicant, will be responsible for making sure that what you said will happen will actually happen. And that the buck stops with you. Again on budget and justification, give details on cost sharing, on in-kinds, financial contributions or contributed staff time or space. Those are the kinds of details that tell the reviewer that there is a community commitment to this project. It says that other folks are on board with the project. And that they, too, are contributing to reducing disparities and improving birth outcomes in your community.

I said it before, make sure what's in the budget gels with the narrative portion of your application. A couple of final tips. Your application will be reviewed by at least three

reviewers. You don't want to confuse all three of them. You don't want to confuse one of them. Make sure that each reviewer knows exactly how to deliver a picture of your community and what it is you say you want to do. The reviewer knows only what you have included in this application. Your application should be easy to read, it should flow logically. From your needs assessment to the methodology, budget and evaluation. One thing should build on the other. The reviewer should be able to easily respond to questions from the panel regarding your application. The reviewer in this process presents your application to a larger review panel. And other reviewers assigned to your grant will do the same thing. The panel has an opportunity to ask questions. You want to have a grant so well written that every question is easily answered or, in fact, has been answered by the initial reviewer. Because it was that easy to find and it was documented in your application. Another tip in your application goes back to the first slide. Follow the guidance and know the review criteria. Respond to each section and each question with clear, concise, logical statements. And make sure that all of the information and data in your application is current and that it is consistent throughout the application. Again, those things may sound like no brainers but it is not unusual to have data or information in one section that is reported differently in another section. Another section on final tips.

The last one, I think. Complete the grant early. I know a lot of times you are rushing to make deadlines but set your deadline a week or so early. Complete your grant and then have it reviewed by other people. It is difficult for me if I'm writing a grant, to review what I've written. Because sometimes I read what I thought I put in it or I can't be objective about it. Complete your grant early and then have it reviewed by individuals who have not been involved in the writing of the grant. And ask them does this grant make sense to you? Have people who have been involved read the grant. Does the grant say and take the approach that we intend to take when we set out on this path with this application?

And then get someone else in your department who has nothing to do with perinatal care to read your grant. Does this grant inspire a passion for your problem, and does it inspire anybody to give you money? That's an important question. Hopefully all of those groups or individuals will be able to say you've done a great job of describing your problem. I like your approach. It is logical, it makes sense. This is something that if I were doling out money I would give you money. That's what you want to have happen. You need to have your grant written early so you can go through the processes and have other folks to look at it.

Then finally, when you've done all of that and you've finished a week early and had folks to review it for you and you've made your edits, relax, take a deep breath. Read the guidance again and write a successful grant. Good luck.

>> Thank you, Deborah.

>> You're welcome.

>> Now we have moved into the question/answer portion of our presentation. We do have several questions and I will go ahead and direct them accordingly. The first question is the slide presentation showed the application was due on December 27th, not the 6th. Please confirm. It is due on December 6th. The slide was incorrect and I want to restate that the application is due December 6th, not December 27th. The next question is regarding the averages. Do you want averages for 2001-2003 and also averages for 2002 and 2004?

>> 2002-through 2004.

>> That is correct. Both for your averages are required for the application.

>> But not for the eligibility. The eligibility is 2002-2004.

>> Eligibility is for 2002-2004.

>> Only.

>> Only.

>> Next question. Are forms 1-7 and form 9 required for proposal submission or are they information only? Same question for sections A through E, are they required in the proposal?

>> No.

>> No?

>> They have 120 days after they get funded to come in and enter that information.

>> That's right. If they're approved and funded they'll have 120 days to submit that information.

>> Next question. On page 6 of the program guidance you indicate the eligible communities must have at least 10.35 deaths per 100 live births -- for 1,000, I'm sorry. Will communities with overall infant mortality rate less than 10.35 but a sub group infant

mortality exceeding that be considered? Example, infant mortality rate is 9.9 and the BIMR is 20.3.

>> They can use the black infant mortality rate and they would be eligible rate.

>> The black infant mortality rate or the mortality rate of a subgroup will make you eligible.

>> That data needs to be verifiable.

>> It has to be verifiable but you can use the subgroup of the population.

>> You should plan -- should you plan your program to serve primarily that subgroup.

>> Yes.

>> Next question. The guidance shows that questions identified as CS1-32 and CSYS1-31, there are no ORs, CMs.

>> That was in my presentation. I stated that that was a misprint and I went over the correct, which is CS1-32 and CSYS. You can just say that the OR is used in our continuation guide and so that's where that came from. It stands for out reach.

>> How should they label the redundancy?

>> We like to think there aren't any. Because of page limits we tell you to refer back to earlier parts of the application. As long as it's clear where you're referring back to, you do

not have to recut and paste that information. That's mainly because of page limitations.

The tradeoff is you also want to make sure that it's an application that easy to read by the reviewers. You don't want them flipping back and forth any more than you need to.

Because of page limitations you can refer them back and forth to different parts of the application.

>> The target area -- it says on page 38 that all vairables are to be reported for all the racial and ethnic categories, American Indian,--

>> Everybody else falls into the other category other than white or black they fall into other is what we decided.

>> I think it would also depend on what -- if you're serving a mostly Native American community you'll have to state what the Native American statistics are. If it's white, black and other would be the -- if you have a small amount of Native Americans or small amount of Asians in the population you could put them there.

>> The same would be the case particularly for the projects along the U.S./Mexican border if you have a large proportion of your target population is going to be Latino, Latinos you want to make sure you captured them there also. They would still fall under other but you need to specify Hispanic.

>> Thank you. The next Question. The guidance states communities are defined that racial, ethnic or other groups would be eligible. Does this mean we can define the project area as the AA population living in counties X, Y and Z?

>> Yes.

>> Yes, as long as the project area makes logical sense is what we've always -- multiple counties as long as the counties make geographic sense of why you're connecting the three of them or however many together.

>> And as long as there is verifiable data.

>> Very important to have verifiable data. The guidance mentions a cover letter. Is that necessary? If so, where should we put it and does it count in the page limit? Also, a map of the project area is mentioned? Where does this map go? Should a signed cover page be included as attachment one, is it counted in page limit?

>> Let's break it down. The 424 is a mandatory and you have to have it. That's the first thing that you have and it has to be signed. That's the face page and -- the 424 is the base page and it is mandatory, okay? A cover letter I would suggest you put a cover letter right behind the 424 because we have to determine your eligibility. In that cover letter you should always have what your infant mortality rate is. I would suggest you put that in the beginning before you put the narrative and everything else. Yes, it counts in the page limit. Everything except for the data counts in the page limit.

>> The reason why we want a cover letter is make it easy for HRSA staff to judge your eligibility. Instead of us having to go to screen your eligibility and having to go through your tables and narrative put your eligibility criteria answers right in a cover letter at the very front that helps us.

>> What about the project map?

>> You can put the project map in the appendix. It goes in the appendix. I'm not quite sure which one. There is a list of where it should go.

>> It is in the guidance under appendix it tells you exactly where all maps, charts and that kind of thing go.

>> Attachment to all tables and charts. It will go in approximately page 40 of the guidance.

>> Now a question on page length. If the application is more than 80 pages but less than 10 megabytes will it be accepted?

>> I would keep your application to 80 pages, please. We try to give people a little bit of leeway but we are not in control of that and if it exceeds 80 pages by a great deal then the people in the grant application center may send it back because it's a HRSA requirement that it is 80 pages. Keep the application to 80 pages.

>> We understand that you may be submitting PDF files of maps or stuff like that and those are pretty large and that's why we also have the ten megabyte size limit but it is the 80 pages is what you should shoot for.

>> Is there any -- any other questions? A question just came in. How do you sign with an electronic submission.

>> Sign it and then scan it. The guidance states if you're technologically unable to scan it you have to notify the division that grants policy clearance. It's a website if you look in the guidance under if you need to submit a paper application you have to write to this DGP clearance at HRSA.gov I think it is. It's in the guidance if you can't scan the 424.

>> Can you send by mail additional information about conferences, trainings, etc. that cannot be uploaded online with the grant submission?

>> No, you may not. Any additional information after the due date or that does not come in with the application will not be accepted.

>> Final tips?

>> Start early. Always start early.

>> Remember the holidays, start early.

>> Don't wait until the last minute to try to upload your information into grants.gov because problems always occur.

>> Benita was clear of how long it takes to get clearance on all the different steps so even if you are ready to go and you wait until the last even week or week and a half you may be cutting it close to get all the different, Dunn and Bradstreet numbers, the other stuff.

>> People submitting at the same time on the last day always clog the system so there are usually a lot of issues, you know, so don't wait until the last day to submit.

>> Is there a time zone?

>> 8:00 p.m. Eastern it needs to be electronically marked.

>> One more question came in. How much of other program components not funded by HRSA grants should be included in the narrative program description?

>> I don't understand.

>> You need to give a description of your project area of the resources in the community. You need to try -- I hope I'm answering it correctly.

>> I think she's asking if she doesn't -- she or he doesn't provide all of the core services does she have to detail how all those core services are being offered in the community?

>> You need to detail -- that has been—

>> All of them. I think it's the core services and the core systems. If you're not going to be providing outreach, you need to give a description of the community -- of the agency that will be providing the outreach. And it needs to be consistent with how Healthy Start says that outreach should be provided.

>> You also need to provide how you are linking or partnering.

>> Right.

>> You should have a letter of commitment included in your grant from your agency so the reader knows that agency is aware they'll be providing this service. Is that what you meant?

>> I think that's what they meant. I just read exactly what the question said so—

>> Okay. Next question. Can we expand our services in existing project area with this grant opportunity?

>> No, you cannot. If you want to expand services, you have to go to another zip code or another target area. You cannot use these funds for your current project area.

>> Except for those that are current grantees.

>> Good point. You're right. The competing continuations are using it in the same area. You're competing to continue your grant again so you will be in the same project area. What I mean is people who are not in this—

>> The may 31, 2008 project period and you want to expand services in the same area for 2009, you cannot do that. Only the 2008 people can do that.

>> Thanks for the clarification. The program provides services above HRSA requirements. Should we describe those as well?

>> Yes.

>> You want to give as clear and complete a picture of your grantee, of your community and what you're going to be able to offer your community. You need to tell your complete story so it would only be to your benefit to include that information.

>> Just giving a second to see if anyone else quickly typed in something but I think it's complete. Well, if you do have a question and we don't get to it, we can always email you later and try to answer that question. But on behalf of the Division of Healthy Start and Perinatal Services I would like to thank our presenters and the audience for participating in the webcast. And the Center for the advancement of distance education at the University Of Illinois Chicago School Of Public Health for making this technology work. It will be archived in a few days on the website mchcom.com. We encourage you to let your colleagues know about the website. We look to your participation in future webcasts.