

## **MCHB/DHSPS October, 2008 Webcast**

### **Technical Assistance for FY 2009 Healthy Start Competition**

October 31, 2008

JOHANNIE ESCARNE: Good afternoon. I'm Johannie Escarne in the Maternal and Child Health Bureau. I would like to welcome you to this webcast titled "Technical Assistance for FY 2009 Healthy Start Competition". 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 don't 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 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 name of your organization in your message so that we know where you're participating from. If we don't have the opportunity to respond to your question during the broadcast, we will email you afterwards. Again, we encourage you to submit questions at any time during the broadcast.

On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider, which you can access by clicking the loudspeaker icon. Those of you who selected accessibility features when you registered will see text captioning underneath the video window.

At the end of the broadcast, the interface will close automatically and you'll have the opportunity to complete an online evaluation. Please take a couple 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 Healthy Start and Perinatal Services. Also Beverly Wright, Benita Barker and David de la Cruz as far as Deb Frazier. We'll defer the question and answer session to follow the presentation. We encourage you to submit questions any time during the presentation. Please identify which presenter the question is for so we can direct the questions appropriately. We'd like to welcome our presenters and the audience and begin the presentation.

MARIBETH BADURA: Good afternoon or good morning, depending on where you are here and for our Hawaii projects definitely good morning. I'm Maribeth Badura and I'll start off our technical assistance for our open competition for 2009. During this presentation, we're going to go over several areas and I'll highlight those for you now. Next slide, please. What is the Healthy Start program, what are the current funding opportunities, who is eligible to apply, what are the deadlines, how do I apply, what are the critical requirements, how is my application reviewed? What can I use the federal funds for? What things shouldn't I use the federal funds for? Are there other federal policy requirements that you need to be aware of? And then we're going to give you some contacts for other information and some resources that may help you in putting together your application.

Next slide, please. The United States infant mortality in comparison to other countries we rank 27th as you can see by that slide. With Japan and some of the other Sweden and

some of the other countries ranking much better than the United States does. Over the years, our infant mortality in comparison to other countries has gradually increased.

The next just again paints the picture of infant mortality in the United States. Here we are looking at the ethnic and racial disparities which is the target of the Healthy Start program and you can see from this slide with the Healthy People 2010 target is and the population of African American and Native American. The African-American rate is very high. It's now the expectation we will not make in the United States the Healthy People 2010 goal of 4.5.

Next slide, please. I'm just going to cover this slide rather briefly. It shows where the severe areas of high infant mortality are.

Next slide, please. What's our role at Healthy Start in reducing disparities? Obviously we want to reduce the rate, we want to reduce the disparities. But we also want to implement innovative community-based programs and interventions. And improve the system or care of the perinatal system of care in local communities. We want to make sure that every woman and infant that we serve gains access to the healthcare system and is followed through the continuum of care and we want to provide strong linkages with local perinatal systems.

Next slide, please. This is the slide once again of where the infant mortality is and where the high spots are with the darker colors representing the highest areas of infant mortality and the light color, the white color, actually, with an infant mortality rate of less than 6.0.

The next slide shows where the Healthy Start projects are and if you could super impose the map that you just saw and where the Healthy Start projects are, we're confident that we're in the communities in the United States that are in the highest need, the highest rates of infant mortality.

Next slide, please. Healthy Start was established as a presidential initiative in 1991 to improve healthcare access and outcomes for women and infants. And in designing the initiative, there was a little bit of involvement by the Department of Defense. So part of what our initial mission was to combat the causes of infant mortality. During that time period, we funded initially 15 sites -- 15 sites from 1991 to 1997 and Congress gave us in 1994 dollars to fund an additional seven sites. In 1998, which is the slide that's up now, we had Congressional language indicating the best models and the lessons learned from the demonstration phase were to be shared with new sites and so we had 20 of our original 22 sites that became mentoring communities and we brought on board from the period of 1998 to 2001 an additional 50 to 75 communities.

Next slide. I'll take over. Some of the lessons we've learned over the past 17 years have come as a result of a couple of different national evaluations we've done. One of them that just finished recently and that was an internal assessment by some outside consultants of the national program. We also have the secretary's advisory committee on infant mortality and the Healthy Start panel, two groups of individuals of experts in the field of Maternal and Child Health who help guide the program.

Next slide. So based on the finding from these evaluations and these groups of experts, we've come up with some of the following overarching conclusions and lessons learned. Some of the elements that we found have been necessary for success in reducing infant

mortality and reducing the health disparities include having a strong neighborhood-based outreach and case management model. Focus on service integration and a close link to clinical care system, implementation of evidence-based practices and also a consistency in program implementation over time and across program sites. The program needs to be implemented fully but also -- we also realize it does take time to see some of these results.

Next slide. So where should the focus be? We believe based on our lessons learned that the services should begin in the pre-natal period and extend from beyond the postpartum period through the interconceptional period. From the end of one pregnancies or the next pregnancy or two years post delivery.

>> The Healthy Start program was recently reauthorized in the name of the new legislation is Healthy Start reauthorization of 2007. The authorizing legislation the citation for it is Public Health Service called 42USC254C-8. It's an initiative to reduce the rate of infant mortality and improve perinatal outcomes and make grants for project areas with high annual rates of infant mortality. Congress specified in the legislation some consideration in making the grants. And included in this time some factors that were needed to be addressed. Factors such as low birth weight and the extent to which the applicant for such organization has a community-based approach to the delivery of service and has a comprehensive approach to women's healthcare to improve perinatal outcomes. These were new additions in the current legislation. Additionally the legislation talks about two other criteria for making grants. A requirement for a community-based consortium and agencies -- the Title V program in each of the states. Consumers of project services, public health departments and other HRSA-funded grantees such as the

community health centers, homeless and rural projects and significant sources of healthcare in the system.

They also included in the most recent legislation -- next slide, please. Consideration shall be given to allow the secretary to make awards under this section for special projects that are intended to address significant disparities to perinatal health along the United States/Mexico border, Alaska and Hawaii. This was a new addition in the legislation to reflect practice in the Healthy Start program to date.

I would like to go over -- next slide, please. Once again a community consortium is a definite requirement of the program. We must have individuals and organizations, consumers, key stakeholders and the local perinatal system involved in that consortium.

Next slide, please. Collaborations also require and there must be a partnership with state systems and with other community services funded under the Maternal and Child Health Block Grant. Next slide, please. Where is Healthy Start now? 37 states, district of Columbia, Puerto Rico, we have a significant indigenous population of Native Americans and native Hawaiians-- and we have our border communities.

Next slide, please. Currently we have 99 grantees. Seven of the grantees are along the border or in Hawaii. And these are the -- what their cycles are. We have three grantees whose project period will end in 2009. And they will be competing in this competition. We have two grantees that will end in 2011 and two grantees that will end in 2012.

Next slide, please. The remaining 92 communities, 72 of these grantees will compete, because their project period ends in 2009, 12 will compete for 2010 and six grantees will

compete for 2012. Recent appropriation language for fiscal year 2009 in the Senate indicates that there is a flat funding for the program same as last year, and that there is a preference in the language for current and former grantees to be funded before new projects. However, the house appropriation language does include an increase of about 5 1/4 million dollars and it's very -- it's stated very explicitly in that appropriation language that it's to support up to six new grantees. The federal government, as many of you are aware, is on a continuing resolution and these appropriations bills have not passed. It is anticipated that we will remain on continuing resolution until at least March 15th of 2009. It may be after this competition is closed before we know whether or not we will remain on continuing resolution the remainder of this year or whether, indeed, the appropriation language from the House and the Senate will be adopted. Even if the current language is in the appropriation bill we're unclear what congress will make in their final decisions and if there will be an increase. If we continue under the continuing resolution for the rest of 2009, which is one of the scenarios, then there is already a preference in place for current grantees who are competing.

BENITA BAKER: I'm Benita Baker. This is a maximum availability of \$750,000 annually for new projects. Current Healthy Start grantees, which we call competing continuation, may only apply for an amount up to their current funding level. The anticipated project start date for this announcement is June 1, 2009. You will be applying online through grants.GOV. It gives you guidance for non-discrimination and grant eligibility and service delivery faith based and other community organizations. You will also find standard forms. You must have a Central Contractor Registry and DUNS number. On grants.GOV what you'll find is key facts about grants.GOV and you can also search HHS's opportunities by date, category, CFDA code or eligibility. Each current and archived HRSA opportunities by program area, the FDA or announcement code name or deadline. [www.grants.gov](http://www.grants.gov) is

the website. HRSA 09131867 named disparities in perinatal health, border Alaska and Hawaii if you want to apply for that announcement you would search for that. When HRSA 09130, eliminating disparities in perinatal health, general population you would search using that announcement number.

Next slide. A new applicant or applicants not currently funded through Healthy Start or current Healthy Start projects applying for new service areas. They're considered new and should check the new box on question 8 on the SF424 face page. Competing applicants, currently funded Healthy Start projects whose project period ends on May 31st, 2009 are considered a competing continuation applicant. Some examples of eligible applicants are a consortium or network of providers, local government agencies, tribal government, agencies of state government, state health systems or special interest groups serving a community area, faith and community-based organizations.

>> I'm going to talk a little more specifically about the competition for the border projects, Alaska and Hawaii. Again, just to highlight one of the things that Benita mentioned, something new this year is that this is a five-year funding period. In the past it's been four years. So that's something a little bit interesting. We do plan on funding three projects and because of the -- some of the unique challenges and unique characteristics of working along the U.S./Mexico border or with the Alaska or Hawaii, we do have a special competition for these groups. Many of the eligibility criteria are the same but there are some different. These include demonstrated linkages to state Title V and they have to have an existing consortium or a plan to create a consortium.

Next slide. The proposed project area, this is the difference. Which must meet the definition of a border community, which is 62 miles from the Mexican border for 100

kilometers or located in Alaska or Hawaii and must meet one of the three indicators from the list in the next slide. I'm sorry, must meet three in the indicators of the list -- list I'm going over. Three year average data for 2002 to 2004. Oh.

>> Skip this slide, please, and go ahead to the next one. And then the next one.

>> Here is the list of the verifiable three years data. You need verifiable three year average data from 2002 to 2004 on at least three of the following indicators. Percentage of pregnant women with anemia, iron deficiency is 20% or greater. Women in less than 80%. Percentage of births to women who had no prenatal care is greater than 2%. The percentage of births to women who have had fewer than three prenatal care visits during the pregnancy is greater than 30%.

Next slide. The list continues. Percentage of women of childbearing age who are -- is greater than 35%. Percentage of children 0 to 2 years old with a completed scheduled immunization is less than 60%. Percentage of infants in the bottom 10% on the growth weight chart is greater than 25% and the percentage of women under 18 years of age with family incomes below the federal poverty level exceed 19.9% for 2000. However, if more recent verifiable poverty data are available, please provide the most recent and up to date including the source. So in order to be eligible to apply under this competition, the HRSA 09130-67 you need to meet three of that list.

Now, next . If verifiable clinical data are used for each indicator you must divide the number of pregnant women or perinatal clients having the identical risk factor by the total number of pregnant or perinatal clients served annually. That's the denominator, numerator. The data source for each indicator used must be provided in the application.

And again, the time period that should be submitted for is 2002 to 2004. So that three-year average.

BEVERLY WRIGHT: Next slide, please. This is Beverly Wright I'm going to cover how do I apply. Before I do I think we need to go over the--

>> We'll go back.

>> Okay. We will go on. How do I apply? All of you will apply through [www.grants.gov](http://www.grants.gov). This year it's using adobe acrobat. All of your documents will be converted to adobe acrobat once you download them. The resources section provides access to useful grants and other grant-related information and links. Take advantage of grants.gov out reach and training materials. The download software page will explain how easily it is to navigate on the site and complete your application. Registering on grants.gov and they have streamlined the process. The registration process takes three to five business days to complete.

Next slide, please. You do not have to register with grants.gov if you only want to find grant opportunities. If you do plan to apply for a grant, be aware that you and your organization must complete the grants.gov registration process. Registration for an individual you'll be required to complete an individual registration process.

Next slide, please. Registration on behalf of an organization, first register your organization using the steps that follow. There are three basic steps. You register your organization, you register yourself as the authorized organization representative, and then you get authorized as an AOR or authorized organizational representative by your

organization. Your organization will also need to contain a DUNS number. If your organization doesn't have one, you'll need to go to the Dunn and Bradstreet website here on you can obtain the number. DUNS numbers can be obtained the same day.

Next slide, please. Also you need to ensure that your organization is registered with the Central Contractor Registry and the website for that is [www.ccr.gov](http://www.ccr.gov). It is not an authorizing official of your organization must register. You will not be able to move to step three until this step is complete. This registration process takes two days. Third, you will create a username and password with ORC, the [grants.gov](http://grants.gov) credential service provider. You'll have to use the DUNS number to access the website. [Apply.grants/ORC/register](http://Apply.grants/ORC/register). Register with [grants.gov](http://grants.gov) using a username and password you receive from ORC. This registration can -- takes usually about one day so you need to once you drop down the application, if you plan to apply for this funding cycle, you will need to do all of these. I would recommend you do these right away. Counting it all it takes five to seven days in order to be able to access and complete your registration -- application, and you don't want to wait until the last minute. The E-business point of contact or POC at your organization must respond to the registration email from [grants.gov](http://grants.gov) and log in to authorize you as the AOR. Please note there can be more than one -- there can be more than one AOR for any organization. At any time you can track your AOR status by logging in with your user name and password.

Next slide, please.

>> You have to apply electronically through [grants.gov](http://grants.gov). No paper applications will be accepted without prior approval. Applicants must request an exception in writing from TGP clearance at [HRSA.gov](http://HRSA.gov) and provide details why they can't submit electronically to the [grants.gov](http://grants.gov) portal. Specify the announcement number you're seeking relief for.

Next slide, please. Additional forms to upload as part of your electronic application can be found by downloading them on [HRSA.gov/grants](http://HRSA.gov/grants) forms or contacting the HRSA grants application center at 910 clapper road, suite 155 south.

>> Due date for this application is December 5th, 2008. Earmarked on or before that deadline date. Please do not wait until December 5th, 8:00 to try and submit your application. It will not work. There will be too many people. I would recommend you submit your application a day or so ahead of time. Make sure you get your E-mark and make sure you get confirmation that you submitted it in case there is some technicalities and you won't find that out until the last minute and you'll be frustrated. So please, do not submit your application on December 5th, 2008.

Next slide. I'm going to go over some of the critical requirements that need to be addressed in your application.

Next slide. This is the logic model. I know many of you can't see this logic model clearly on the screen but it is possible to download these slides off the computer at the website you use to log on. I recommend you do so. Just quickly what this logic model does is move from the left to the right. You see the most important thing we started with is looking at the context. We understand that Healthy Start is a community-based program that is located within the community and it's very important that the program is implemented in a way that takes into account the uniqueness of the community and the uniqueness of the context. So the context addresses everything from the target population, to demographic to socio-economic issues. The women's health and reproductive history, health behavior and then it goes up to the next level to the community, the characteristics of the

community, the characteristics of the community's healthcare system and the state and local policies and then it goes up one level even higher. It addresses -- it needs to take into account the national or state contexts, economic conditions, policy issues, and what sort of investments have been made in Maternal and Child Health and child health. Once you have the context and aware of what the context is, then that's when you implement the Healthy Start program designed in a way or modified in a way that is most appropriate for the context.

We have the core services, which we'll talk about a little bit later. The program infrastructure and then the systems building. From there we would hope to see some intermediate outcomes both at the service level and also at the health systems level. All the while, you know, the program is being implemented. And from the intermediate outcomes with further program implementation we hope to see long-term outcomes. Reduced disparities and access to and utilization of healthcare. Improved consumer voice and health system action plan and see changes in the Healthy Start population in their birth outcomes. In the maternal health, in birth spacing and then all that leading to the reduced disparities in health status in the target population. One thing that you don't see on this just because it didn't fit on this particular slide is along the bottom is community participation. And we very strongly stress throughout the entire process that each step that the community must be involved.

Next slide. Because I guess this is a government program, we need to have several confusing slides so the next slide here is the link between the services that Healthy Start provides and then the results we hope to see. So along the left you'll see outreach. The outreach would be how we identify the target population we hope to serve. And once those women and children and families are identified, a risk assessment takes place.

They are -- when appropriate they are brought into Healthy Start. We start to be case managed by Healthy Start and that's when the coordination of care begins. All throughout the coordination of care period we also include enabling services or facilitating services. Those would include everything from transportation, childcare, eligibility assistance for other types of care, maybe WIC, Medicaid as well as translation and interpretation services. One of the things we also highly stress is health education and health education can be either formal or informal. Usually it takes place both ways. It takes place in -- as support groups and formal classes or one-on-one. The next step over would be some of the services that are provided for pregnant and postpartum clients. At this point it's important that you ask yourself are these services available in your community? Are the services that are available, are they culturally competent and is there tracking and follow-up of the referrals. Those are questions you need to ask of the existing services and the services you plan on providing to your community. Some of the services that we provide Healthy Start provides the pregnant and postpartum clients include HIV counseling. Testing and treatment. STD counseling. Bacterial -- perinatal depression screening and treatment or referral. Smoking cessation or reduction. Family planning and counseling. Nutrition counseling and WIC. Breastfeeding education. Substance abuse treatment and violence prevention. There are also some services that we provide directly to the infants. Focus to the infants and toddlers. Those take place through home visits, through well child visits. They take place -- they include immunizations, early intervention and providing certain equipment and supplies such as diapers, formulas, car seats as a last resort. Once -- and again, once these services are provided, we anticipate a reduction in pregnancy -- in health disparities and also an increase in the healthy pregnancy, successful pregnancy outcome. We anticipate addressing pre-term labor, intrauterine growth retardation. Low birth weight. Congenital malformation. We also hope to address reduced disparities in infant outcomes such as SIDS, injuries, infections and women's

outcomes. H.I.V., STD. Perinatal depression, smoking and it should lead hopefully to reduction in disparities in maternal and infant mortality.

On this slide on the bottom there should be community participation throughout the entire process. And those areas should be going both ways. We should be getting feedback from the community and communities should be getting feedback from us.

So next slide. So the previous slide addressed the service components. These are some of the systems components. This one you see does include the community participation along the bottom. The systems should begin with the process of a needs assessment, continuous needs assessment and priority setting. It should lead to the development of the system components which include local health system action plan, the consortium that Maribeth talked about already as well as Title V and other key partners. Some of the systems activities would be to expand existing services such as the develop a service provider network, create new services, coordinate existing services or resources, influence policy. As I said, develop a sustainability plan or establish coordination mechanisms and communication between system level planning and service level implementation. Now the next step would be the systems outcomes. We hope to have a change with a direct impact on the participants. Those would include increase service capacity, increased participant satisfaction, increased cultural, financial and structural access to care. Increased number of women, children and families with a medical home. And then some of the larger system changes we hope to address -- hope to influence would be enhanced community participation in systems change. Increased integration of prenatal primary care and mental health services. Increase identification of perinatal depression. A variety of different policy changes and access to care and service delivery systems improved. So that's the framework of Healthy Start.

The next slide I talked a lot about participants and in Healthy Start with identify a participant in two different ways. We have two categories. The program participant is an individual having direct contact with Healthy Start staff or subcontractors and these people receive Healthy Start core services in an ongoing systematic basis. They get the concentrated care that we hope that Healthy Start program participants should get. Now we also realize that many of the systems -- many of the services that you provide will touch the greater community. So community participant is any individual who attends a Healthy Start sponsored event or program, consortium activity. These are people who may not be case managed or who may not be brought in to receive the full Healthy Start services but do receive at least some of the services in a much less in depth manner. Beverly is going to move on to talk about some of the requirements.

>> Now that you have seen what the outcomes should be, look at the logic models to determine that you're eligible for based on our eligibility criteria, what you need to put in your application. Now we will talk about the requirements. There is a requirement -- a need which you assess the community, your response, the core service intervention, an evaluation both national and local including project monitoring. The impact your core system intervention. And support requested budget and budget justification. This is how your application will be structured. Need is 20% of your score and that is the extent to which the application describes the problem and the contributing factors to the problem. And you develop a plan and then they measure the extent to which the proposed plan will enhance or improve eliminating disparities activities in the community through the provision of core services of outreach and client recruitment. Case management, health education, interconceptional care and depression services. Also the extent to which the

demonstrated needs of the target population to be served are adequately described and supported in a needs assessment and summarized in the problem statement.

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

Community assessment must describe current assets and resources of the community. The current needs of the community, the service area for the project, the target population, the comprehensiveness for the target population. Also included in these assessments you need to describe comprehensive quality services including all partners necessary to insure access to a full range of services in the community. Prevention, primary and specialty care, mental health and substance abuse services, HIV/AIDS services and Maternal and Child Health services and dental care and you need to establish referral arrangements that are necessary for quality care. Response is 15%, the extent to which the proposed project responds to the purpose included in the program description. Clarity of the proposed goals and objectives and the relationship to the identified project. The extent to which the activities scientific or other described in the application are capable of addressing the problem and attaining the project objectives. The extent to which the project objectives incorporate the specific Healthy Start competition's purpose. For example, eliminating disparity in the general population or border health in a measurable, logical and specific problem and interventions identified.

The extent to which the activities proposed -- next slide. The extent to which the activities proposed for each service outreach, case management, health education, interconceptional care and depression of services appear feasible to contribute with in each budget period. Here is the logic model that David went over and the intermediate and long term outcomes are related to our national performance measures, which I'll go over shortly. And also to your program objectives that you'll develop. Objectives and indicators, identify project objectives which are responsive to the goals of the program. Project objectives must include, at a minimum. The O & B approved performance and outcome measure. Objective statements must clearly describe what is to be achieved, when it is to be achieved. The extent of the achievement and the target population. And each objectives must include an enumerator. Denominator, a baseline data including the year. We have six outcome measures. They are percent of very low birth rate infant, all live births to program participants. The percent of live single births weighing less than 2500 grams among all live births to program participants. The infant mortality rate for 1,000 live births. The neonatal mortality rate per 1,000 live births. The post neonatal and the perinatal morality rate for 1,000 live births. In Healthy Start we have two annual key measures. One is the percent of pregnant program participants of MCHB supported programs who have a prenatal care visit in the first trimester of care and the percent of low birth weight infants among all live births. The national performance measures are the degree to which MCHB-supported 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, contracts and training. The degree to which communities use morbidity and mortality review processes and MCH needs assessment. Quality improvement and data capacity building. The percent of all children from birth to age 2 participating in MCHB-supported programs to have a medical

home. The percent of women participating in MCHB-supported programs who have an ongoing source of primary and preventive services for women. The percent of women participating in MCHB-supported programs requiring a referral who complete 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 and the percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy.

>> Additionally in the area of response we have the project interventions. And here in this section you're going to identify the interventions to accomplish meeting the proposed objective. You're going to indicate target rates for -- dates for starting and completing the activity and who and what organization, whether in your organization or perhaps a contractor, are going to be involved in the particular intervention. And how you describe the intervention should reflect the funding requested in the budget justification.

Once again the next slide shows you the logic model David went over some of the interventions that we would see in the Healthy Start program.

Next slide, please. The Healthy Start core services as we've mentioned, and focusing in a little bit more on that logic model, the ones we're going to talk about are outreach, case management, health education, screening and referral for depression, and what we call interconception continuity of care. In our guidance for each of the interventions we provide a definition, we tell you what we consider to be a essential elements of that intervention, we give you specific requirements about that intervention, we link it to performance measure and that correlates with our national evaluation.

Next slide, please. For each of the core interventions which you will see in the guidance there are a series of questions and some of the questions that must be answered, for example, for each of the interventions are who are the target population for that intervention? Who is going to provide the service in your project? Will there -- where will the service be provided? When will the service be provided? How many program participants or community participants will be served? And the guidance is set up so that each of the questions has a code next to it. And we request that when you're completing your guidance and your application you answer it attached to that code. So next slide, please. Here is an example. This is under outreach, which is labeled core service one. Here is the question that you'll be answering. How will your program conduct and provide outreach requirement to the two levels of Healthy Start participants program and community? Tell us how the activities will be conducted by staff employed by your Healthy Start program or you're going to have another local provider? Describe the project's intake and enrollment process including who performed the activities. We go on in great detail really telling you the explicit questions you need to answer. We found that this has been very helpful for the review committees and for us looking at the national valuation and examining projects across the United States. So the entire guidance is structured in this same format. Let's look at one of the definitions.

Next slide, please. Here we have the core intervention for outreach. We give you the definition, which is a case finding services that actively reach out in the community to recruit and retain perinatal interconception clients in a system of care. Purpose, of course, is to identify and retain clients most in need of Healthy Start services. The corollary being we know you may be doing referral to clients who might not be eligible for Healthy Start but you're going to link them to other services in your community. Here is a definition next

of case management. That's provision of services in a coordinated culturally sensitive approach including client assessment, referral, monitoring, facilitation and follow-up on utilization of needed services. In other words, you want to make sure that the client gets the service that they need. The purpose to coordinate services for multiple providers to assure that each family's individual needs are met and that the client agrees with the scope of the planned services.

Next slide, please. Here are some of the things that we view the essential elements of case management. A multi-disciplinary approach that includes outreach workers, nurses, social workers, indigenous community workers, nutritionists and healthcare providers. Adequate personnel according to the risk status of the client. Service delivery sites in the community, including homes. A broad scope of services, including education, prevention and intervention. Proactive partnership between case managers, family providers, service providers in the communities. Individual needs assessments and service plans developed with the family. Again, continuous community participation and service intensity that masks the level of risk of the client.

Our next slide covers our definition of health education and training and its purpose.

Next slide, please. And here are some essential elements of health education and training. Public information and education campaigns, provider training of healthcare workers, consumer client education, collaboration with experienced community organization. Feedback and opportunities for education and training to enhance the development of the community.

Our next slide covers -- our next core service perinatal and postpartum depression. We define depression as a disorder as an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things. Next slide, please. What we require for Healthy Start is effective screening and referral for further assessment and training. So that in your project you're going to talk about how people are going to perform the skilled screening, how people will successfully engage pregnant and postpartum women experienced depression and other disorders and appropriate mental health services and how you conduct community education on the impact of perinatal depression and resources available to women and their families.

Our goals then of depression, next slide, please. Are early identification and increased capacity to screen before the skill assessment and successfully engage women.

Next slide. Our preconception care for women our expectations are here. That the women will receive outreach and case management, risk assessment, facilitation monitoring to assure that they are enrolled in ongoing care. In other words, they have a medical home and are obtaining necessary referrals. Want to make sure there is availability of and access to a system of integrated and comprehensive services and that the health education is tied to the identified needs, including attention to mental health, substance abuse, smoking, domestic violence, HIV and STD. All things that we know lead to adverse perinatal outcomes. For the infants, again we want the outreach and case management to ensure that they are in the medical home and they are obtaining necessary referrals including referrals to early intervention services. We want to make sure they've got access to a primary care services and appropriate screening such as

newborn screening, as well as other necessary specialty care. Again, we want health education, child development and parenting.

>> Next slide. The next slide we're going to go over is the evaluative measures, 10% of your score. That is the effectiveness of the method proposed to monitor and evaluate the project results. Those measures must be able to one-to-one, to what extent the program objectives have been met and two, to what extent they can be attributed to the project. The extent to how it measures program performance is well organized, adequately described, utilizes sound evaluation methodologies and complies with MCHB's evaluation protocol for discretionary grants and national performance measures at Benita talked about. The other thing to score is the extent to which each proposed methodology within the local evaluation is either congruent to or linked with the scopes of the core services which are outreach, health management, education and training and what is required of all community projects. In this round of Healthy Start we will have an added focus on local evaluation activities. The most recent -- most recently we had a large national evaluation. This time we're going to focus a little more on local evaluation try to get more of the stories at the local level. Another evaluation component will be the commitment to -- you must make the commitment to participate in and cooperate with the ongoing evaluation of the implementation outcomes of the Maternal and Child Health Bureau's national evaluation. We require you have an evaluation component in your project and that you agree to participate in any future evaluation activities that we do, whether it be at the local level or at the national level.

So the local evaluation protocol next slide, please. You should be capable of demonstrating and documenting measurement progress towards achieving your stated

goals and monitoring the project administration. Fiscal and contract management, consortium service delivery. Collaboration and partnerships and impact upon both the perinatal indicators and the community and it should also address your sustainability activities.

Next slide. Next we'll move to the impact. The core systems and efforts which is 10%. This is defined as the extent and effectiveness of plans for dissemination of project results and the extent to which project results may be national in scope or the degree to which a community impacted by the delivery of the health services or the project activities are reply cable and sustainability of the program beyond federal funding. You will use -- we'll use the extent to which the efforts described in your local health system action plan develops an integrated service delivery system that better serves Healthy Start program participants as well as the community as the whole. As well as the extent to which the consortium includes or will include the appropriate representation of project area consumers, providers and other key stakeholders in the community.

Next slide. Again the extent -- the impact of the core systems and efforts is described above. You also will be scored on structure, role and plan of action for the consortium and the implementation of the proposed project plan. And that must be adequately described. The actual proposed communication pathways between the grantee and the consortium regarding the progress of the project must also be clearly delineated. The reason we're talking about that, as Maribeth mentioned it is not a mandatory component that you have an existing consortium but it is mandatory that you develop one immediately upon funding.

Next slide. Finally the extent to which the applicant proposes to sustain the project through new or existing sources and/or acquire additional resources. Seeking third party

reimbursements whether Medicaid, non-Healthy Start program funded recipients are all examples of other ways to seek outside funding.

The next slide. Again here is the link between -- here is the logic model that describes the link between the systems' components and the results.

Next slide. So the core systems building -- core systems building would be the consumer and consortium involvement. We expect that the consumers and the -- are involved in the consortium and through the consortium they're involved in policy formation and implementation. You should have a local health system action plan. You should have a collaboration with Title V and other key stakeholders as well as sustainability.

Next slide. Here is the definition again of consortium. It should be made up of individuals and organizations including but not limited to agencies responsible for administering Block Grant programs under Title V of the Social Security act. Consumers of project services. Public health departments, hospitals, health departments and other significant sources of healthcare services. Really, we expect that your consortium is made up of people who you need to partner with in order to fully and successfully implement the Healthy Start program.

Next slide. A fully formed and implemented consortium we believe with help to galvanize the political will of the community and stakeholders to change not only in the target community but the larger population in the larger community. We anticipate it will provide broad-based policy advice to the grantee, the consortium will. Institutionalize a consumer voice with the women and families involved in the project. Involved in the delivery of services in the community. We believe it's important that the people who are going to

receive the services have a say so and have a stake in what those services are. It's also important you mobilize the stakeholders and others to leverage or expand funding resources. That's the sustainability again.

Next slide. The consortium or the project must have structures in place to ensure ongoing community and consumer involvement. And some of those things should include a development of leadership skills, the scheduling of activities to increase participation by the project and program participants and also staff support. These are all things we have found help the consortium be more successfully implemented. You should also -- the consortium should also have operational guidelines, bylaws and conflict of interest provisions.

>> I'm going to discuss the local -- the requirement. Local health systems plan. It's a plan of achievable steps within the five-year funding period that will improve the functioning and capacity of the local health system for pregnant and parenting women and their families. A local Health Systems Action Plan is talked about the systems which include all partners necessary to assure access to a full range of services as identified by the community. Example of these services can be prevention, primary and specialty care, mental health and substance abuse services, HIV/AIDS and dental care. There is a system in place where all referral arrangements that are necessary for quality care and the system is family friendly and culturally linguistic response to the community served. What are the essential elements of this health in action plan? Targeted interventions based on assets in the current service delivery system identified in your needs assessment. Intervention should ensure that the system is accessible, responsive and culturally competent. The plans should be updated annually.

Next slide, please. The next slide -- another requirement is sustainability. Sustainability integrates activities as the current funding sources. You can maximize third party reimbursement. Leverage other funding services and they may include state, local or private funding. Resources and capabilities is 20% of the grade. Benita will discuss that.

>> Training our experience to implement and carry out the projects, the capabilities of the applicant organization and quality and availability of facilities and personnel to fulfill the needs and requirements of those projects. Competing continuation past performance will also be considered. It's very important that if you're a current Healthy Start grantee a applying for this new competition that you detail both qualitatively and quantitatively your performance in the previous project period. That is very important. The extent to which the proposed approach delineates the interventions included in the plan and identifies actual or anticipated agencies and resources which will be used to implement these strategies.

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

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

Next slide. Applicant organizations are expected to have qualified and appropriate staffing to carry out planned interventions. They should have sound systems, policies and

procedures in place for managing funds, equipment and personnel to receive grant support. They also should have the capacity to monitor the progress of the project toward its objective, especially monitoring contract deliverables. The budget and that is 15% of your score. I would like to take this opportunity to say, too, that the budget and the budget justification pages do not count in this -- toward the 80 pages in this application. So that should give you plenty of time to describe your program in the narrative. What are we looking for? The reason of the proposed budget in relation to your objectives and the complexity of the activities and your anticipated results. And we look at the extent to which the proposed budget is realistic, adequately justified and consistent with the proposed project plan. The extent to which costs of administration evaluation are reasonable and proportionate to the cost of services and provision and the degree to which the cost of the proposed project are economical to the proposed utilization. Grant funds may support costs for project -- I'm sorry, staff salaries, consultant support, MIS, hardware and software, project-related travel and other direct expenses for the integration of administration and clinical MIS and financial functions. Program evaluation activities are also important. Activities that can be thought -- activities that can be supported with Healthy Start funding include offering a more efficient and effective comprehensive service delivery system for uninsured and underinsured through a network of safety net providers integrating preventive health, mental health, substance abuse, HIV and MCS services within the system. Developing a shared information system among community safety net providers. That's tracking, case managing and financial support. Grant funds may not be used for substitution of duplicating -- I'm sorry. Substituting or duplicating -- let me repeat that. Substituting or duplicating funds currently supporting similar activities. Construction, reserve requirements for state insurance licensure and definitely not entertainment. Grant funds may not be used for hiring a grant writer. Community stakeholders or collaboration with other Title V and other MCH agencies. The extent of actual -- that's 10% of your

grade, of your score. The extent of actual plan involvement of the state Title V local MCH and other agencies serving the proposed project area is clearly -- the extent to which the project is constant with overall state efforts to develop comprehensive community based systems and services and focuses on service needs identified in the state's MCH services Title V five-year comprehensive needs assessment and Block Grant plan. Partnership with statewide systems and other community services funded under the Maternal and Child Health Block Grant, community needs assessment and plan consistent with the state Title V five-year plan for integration and dissemination of information with state Title V and with public community services.

>> One of the questions that you'll hear on the Hill and from the presidential candidates -- one of the statements they're making very clearly, particularly in these tough economic times, are we're only going to fund those programs that are functioning effectively. Well, how does Healthy Start tell the story of functioning effectively? There are a couple of different ways that we do. One, we use your annual progress reports, we include in our justification to Congress and president some of your success stories you share with those on there. We report on Healthy Start performance measures. You also fill out in our discretionary grant information system, which the grantees who have been with us for a while are very familiar with, financial and demographic data. You also fill out some additional data elements on the characteristics of the participants, their ethnic race, their income levels, their age groups. You fill out and provide data on risk reduction and prevention services provided by your programs and you talk about the major service areas, the core systems and system building. All those -- that data we use to tell the Healthy Start story.

One of the areas -- next slide -- that is critical in the current work with the Office of management and budget as they're preparing the president's budget every year, is what is called your part score. Part is a program assessment rating tool. We were parted in 2006. The measures that -- the part document looked at were the percentage of live single births weighing less than 5 pounds 8 ounces among all live births to Healthy Start program participants. In other words, low birth weight which relates back to our authorizing legislation. The percentage of Healthy Start pregnant women who have prenatal care visit in the first trimester. The number of community members, providers and consumers and residents participating in infant mortality awareness public health education, information and education activities. So we look at in our annual measures, we look at the core services, the system and access to the system for pregnant women and then, of course, the other activities that you are doing in the community to reflect infant mortality awareness. The long-term measures that we're asked to report on for part are to reduce the infant mortality rate among Healthy Start program participants. To reduce the neonatal mortality rate among our program participants and reduce the post neonatal mortality rate. We know because of the diversity of our community some of you as you've done your national fetal infant mortality review order periods of risk activities or your basic needs assessment have identified that you have more of a problem with your neonatal mortality rate or more of a problem with the post neonatal mortality rate which is why we've broken out those two aspects of infant mortality. We anticipate that we will be parted again, unless there is a change in Congressional direction in 2010. We'll be gathering data from 2009, first year of this competition, as the data for that 2010 part process.

Next slide, please. MCH looks at the activities by our grantees and there are over 900 some discretionary grants the bureau funds and looks at the direct healthcare service

activities, the gap-filling activities there. Because Healthy Start is a gap-filling program. We look at the enabling services which is where most of the Healthy Start services are really provided. Case management, outreach, translation, transportation. Your population-based services, the immunization campaigns or the lead screening campaigns that you're involved with. Then, of course, your infrastructure building activities. Those are our core systems activity area. For each of the Healthy Start performance measures, we provide for you a glossary of terms. A detail sheet. If we're talking about the performance measures that Benita covered that covered the degree to which the project incorporates families or the degree to which the project is culturally and linguistically appropriate there is a self-assessment tool that you'll fill out and there are instructions on every one of the forms in great detail. Well, let's take the next step and finally who is going to review your application?

And -- next slide, please ---the responsibility for reviewing the application is in a unit completely separate here at HRSA from the division and actually from our Maternal and Child Health Bureau. It's an independent review group called the Division of independent review. The applications are reviewed by an objective review committee of experts who are really qualified and trained to understand the Maternal and Child Health, understand community-based services and understand what the Healthy Start program is. All those applications go through a formal review process with at least three different reviewers reviewing your application. The objective review committee forwards all the applications that were approved to the bureau then for the actual funding decisions.

We covered -- next slide, please. We covered in the application and how you're going to write your guidance the areas that are going to be examined, the need, which is 20%, the response, which is 15, the evaluation measures, which are 10, the impact that are 10, the

resources and capacity, which is 20%, the support requested, which is 15%, and the collaboration with Title V local MCH agencies and other community stakeholders which are ten. The reviewers will use the criteria that we've gone over in great detail with you to actually score your application.

Now we'd like to present to you -- next slide, please. Some other resources that we think will help you in putting together your application. You can get data on the state and your state in particular from the Title V information system. What we call the TVIS. That's located at [www.mchb.HRSA.gov](http://www.mchb.HRSA.gov) programs. Get data on the performance measures at [www.performance.HRSA.gov/mchb/mcs](http://www.performance.HRSA.gov/mchb/mcs) reports search. For the discretionary grant system there is a link there also and one of the wonderful resources that the bureau provides is our virtual library which is at [www.mchlibrary.info](http://www.mchlibrary.info). Here is the home page for the MCH virtual library located at Georgetown university. And just this past two weeks they've released some excellent what we call knowledge paths and resources for you. One was on community services so linkages in that area and a recent one on eliminating disparities and the issues of disparities across the United States. So please go there. There is lots of excellent information to assist you in putting together your application.

Next slide, please. We also have a series of publications and they really cover two areas. We have bright future for children which covers children from newborn through age 24, which people believe is really the end of adolescents. And we also have Bright Futures for women. So those are excellent resources that you can use in putting together your health education and training activities.

Other resources the bureau provides, next slide, please, we do have distance learning. And you've already found that site because you're now on it watching this presentation.

We have links there to the MCH neighborhood which are partner organizations. You have the national Healthy Start association. For data to compare yourself to other places the march of dimes has a website called PERI stats. And then, of course, the Kellogg foundation has some excellent material at [www.wkkf.org](http://www.wkkf.org) toolkits and excellent resources to help you put together your application there. I want to note that the March of Dimes on November 12th will be releasing their prematurity scorecard to each of the states. If you're going to be looking at prematurity and low birth weight in your application you may want to stay tuned to that website.

The next slide is -- this is the Healthy Start staff, as you can see we're a combination of commissioned officers and civilians. The slide is a little bit dark so you probably can't recognize it but your project officer is definitely somewhere in this mix.

Next slide, please. Our goal with Healthy Start is to have healthy women, healthy infants, have healthy families, a healthy community, because we know then we'll have a healthy nation. Thank you and Deborah, you want to start your presentation?

>> Okay. Can everyone hear me there? Hello?

>> Deborah Frazier will give you her perspective of how she as a reviewer looks at the Healthy Start program.

DEBORAH FRAZIER: Thank you, Maribeth. I want to start with the grant guidance. And rule number one is to read the guidance and read it several times. The reviewers read the guidance and we use the guidance as a temp plate to compare your application to what's in the guidance. We also look at the guidance to compare it to the organization of your application to make sure that your application is organized as it's described and requested

in the guidance and that all the guidance requirements are included in your application. So if your grant or your application varies from what's in the guidance, then you're starting off on a bad foot. So rule number one, read the guidance.

The next slide tips on the guidance. Be organized. Make a list of both the requirements in the guidance and the sources for the required information. Divide the labor among your team members. Giving tasks and the time line for completion of those tasks. I mentioned a checklist. Use the checklist to review the compliance with the grant requirements and the time lines. And make sure that when you have data and you may ask someone on your team to look at pulling the data in for you, that that data is exactly what is required and called for in the guidance. And on that note, reviewers are going to be looking to make sure that where the guidance calls for information on appendices or charts or graphs that that information is included in your application and that the information there matches what is in your narrative.

On the next slide four, again, on the guidance, the guidance is very specific on things like font size, paper size, margins, spacing, chapter headings. And again the organization format as well as the content. You want your application to meet all of those guidelines and it does sound like a no-brainer, but you don't want to realize at the last minute that you have too many pages and try to fix it by changing the font size. You don't want a reviewer to go squinty-eyed and complaining about your application because it doesn't meet the guidance. Respond clearly, succinctly, honestly. You have questions in your application, respond to those. Don't dance around the issues, reviewers know if you have an honest response to a question and that reflects on your credibility as an applicant. And again, maybe a no-brainer, but make sure your application is organized in the way that is required and requested in the guidance. You don't want the reviewer to have the fumble

through lots of papers to find information that should be where it is supposed to be in your application.

The next slide again what reviewers look for on successful applications. We look for response to every requirement and every core service intervention and core system effort required in the guidance. Again, concise detail, no rambling. You know what you've done, put it down, be clear and concise about it. If it's something that you haven't done, be honest about that and tell the reviewer why it hasn't happened and what you plan to do with a timetable for getting it done. And make sure that you answer every section of the application.

Slide six, what reviewers look for in successful grant application, again going back to the data that's requested. Make sure that you have current data with trends to support your needs assessment in your problem statement. That you don't have outdated information or data and if that's all that you have available, then let the reviewer know that that is the most current available data that you have for your application. And that your data supports the approach that you take in your application and the approach in your methodology. A reviewer should be able to link the data in your application whether it's in the charts or whether it's in your needs statement or problem statement to your interventions without guesswork or without engaging an entire search team to make that match. The guidance is specific about eligibility rates so make sure that your eligibility rate is what is asked for, what's been talked about on this conference call and what's in the guidance. And again, make sure that your data matches throughout the application. And when you begin to include information in your application on numbers and data, again, that it matches the charts in the back and that it reflects your community's norms and any recent trends in your community that might impact your application. This is where

we want to see you document any data that needs explanation or reflects a change in your service area, changes in demographics and in housing, employment transportation. New providers or existing providers. If any of that, any of those changes result in outcomes in your project then make sure that's included in your application so that the reviewer understands why things happen in your community and why you're taking the approach that you have or why, in fact, your trends look the way they do. If you have an existing Healthy Start grant, your data should tell the reviewer what you've accomplished in the tenure of your Healthy Start project. If your data shows minimal improvement you should indicate why. And again, did it happen because providers left the hospital or clinic closed, demographics in your community changed. Let the reviewer know what those changes are. We should be able to look at your data and at your planned interventions and see something logical there. The next slide we want to talk about introduction and your needs assessment. This is where you actually introduce yourself and your project to your reviewer. So you want to make a good impression. You want to describe your project a little bit about your services, who and what services are being delivered and how they're being delivered in your service area. A little bit about your current core system interventions and how they're going to be designed and delivered. And the reviewer has already looked at your budget when they start looking at your needs assessment. We've looked over your budget and budget justification. Now we're reviewing your needs assessment and the introduction to your project. You want to tell the reviewer a compelling story about your project and about your service area and have that compelling story backed with good, reliable, verifiable data. If this is a disparity grant or border grant, tell us briefly who is your population, what are their issues, their cultural morays and your current cultural service area in your community. If you have a service area that may not be contiguous you may want to include a map that tells the viewer these are the zip codes of the communities we're working and maybe something on those maps that indicate

where you are or where existing services are. Because again, this introduction and needs assessment is setting the stage for where you want to go and again it is your introduction to the reviewers and their first impression of who you are and what your community looks like. This is important because the reviewer knows nothing other than what you have put in this application. So you want to make some kind of a compelling story for what your community needs are and sort of set the stage for where you want to go from there.

Next slide the needs assessment paints a picture of your community, as I just said. It should tell the reviewer the severity of your community's problem. Who is impacted and how they're impacted. Again, be clear and concise but reviewers often like to see other things about your community. Tell the reviewer how you may have identified the problem. If you're working with a FEMA project. If you're working with PPOR, with programs, any of the local studies or sources that might provide relevant demographic data, let the reviewer know what that is because it adds credibility to your needs assessment and also tells the reviewer that you're working with other groups outside of your project.

Next slide. The community needs assessment should tell the reviewer the identity of the target population to be served. The special needs of the population. How they're currently being met. Description of existing system. Who and what is impacted and tell us what would happen if the community problems were not addressed? And hook the reviewer by making a compelling case for your community. So you've done all of these things, who and what is impacted, the special needs of your community and you're going to add what would happen if these problems were not addressed? And that puts you in a position to step in. This is what we're going to do because if we don't, this is what is going to happen in our community.

The next slide, a good needs assessment gives the reviewer a well-defined, documented statistics that are relevant to this application. And to the problems to be addressed in this application. There should be statements that link the problems to those cited in the grant guidance and documentation of specific problems you want to address in this application. So numbers and data are fine but we want to make sure they match what is in the guidance but more importantly, again, you are weaving a story. So your needs assessment should paint the picture for where you're going next, which is how you're going to respond to what you put in your needs assessment.

The next slide we want to talk about the response and objectives and indicators. So the reviewers have read your needs assessment and they're going to read your responses and the objectives for each of the required components. And then look for a link to the issues that you raise in your needs assessment. So the responses and objectives should be responsive again to the goals of the Healthy Start program and also responsive to the community needs that you've identified and then the resources that you told us about in the previous section. And when you begin to write your response, make sure that it's a realistic response. That your objectives and response is realistic. You've told us what is in your community, what your problems are. What your resources are. So don't promise what can't be delivered. Make sure that everything that you write and all of your objectives are measurable, time framed and most of all they're realistic.

The next slide your objectives should identify your tasks and give the reviewer a specific measurable and realistic time frame in which you hope to achieve your objectives. Again, don't promise what can't be delivered. Don't be unrealistic. Tell the reviewer again who is being impacted and how they're being impacted. Next slide. All objectives should be clearly linked to previous statements in the section. Your needs assessment, problems,

issues, resources, geography, demographics and culture. The planned responses in your objectives should be achievable and measurable but they should also be linked to what you previously put in your application. The next slide, national performance measures that was mentioned previously. The reviewers are going to read your application to ensure that all applications have a plan that meets or exceeds the Healthy Start target measures for low birth weight and early entry to prenatal care as indicated in the guidance. This again is another measure of the evaluation plan.

The next slide. Methodology and work plan. This is where you begin to get an opportunity to address the required components, the outreach, case management, health education, interconception care and depression. You want to give the reviewer in this section the activities and strategies that are going to lead to achievement of the objectives that you list in your application and you're going to tell us your rationale for choosing this approach. And the rationale has to make sense. Again you've described your community, you are telling us what you're going to do and then the rationale for choosing that approach. And a time line for completion of those activities. Give us a staff person or the partner responsible for each activity and then list your resources of partnership to support and complement your intervention. And if the responsible party for an activity is not you or your staff, then you need to indicate who or what that is and then how they are going to deliver those services to your project. We'll talk about that in a subsequent slide.

Next slide. Methodology and work plan again. Support your approach with data, with experience, model programs or research that tells the reviewer there is evidence that your approach is going to work. So when you give us your rationale for approach. Tell the reviewer why you chose this approach. Did you choose it based on data? Did you choose it based on your experience or the experience of one of your partners? Did you

choose it based on some other model program that worked? Or did you do research to come up with this approach for your project? So tell the reviewer why you chose this and support it in a way that the reviewer can support it. Again, identify your partners, your collaborators, your stakeholders and make sure that what you put in your work plan reflects what your funding request is and what is in your budget justification. And also make sure that your work plan reflects the culture and diversity of your community. You again have described your community to the reviewer. So the reviewer is going to be looking at your approach to make sure that your approach will meet the needs of the community and the population that you've described. And again, don't assume the reviewer can make a huge leap from your objectives or your needs assessment to your approach and activities. You need to outline those and be clear and concise and make sure that there is a clear link from what you described and what the problem is to what it is you intend to do and why it is you chose that ration all. If you're looking at disparity and border issues tell us how it exists or what particular problems your border community has and how you intend to address those in your approach. And again, make sure that you include a plan that is culturally sensitive and relevant to what it is you've described. And repeat again if you're not a provider of the service that you have in your application, then you have to tell the reviewer who is going to provide the services or how the services are going to be provided and then how that is going to be integrated with your plan and with your application.

The next slide evaluation. Your evaluation plan should be well-organized. David talked about he evaluation earlier. Should have sound evaluation methods and should clearly articulate how you're going to track and measure your project's performance and also how you're going to report the results coming from your project. It should be congruent with your proposed scope of services. Describe to the reviewer how your evaluation results

are going to be used to improve performance. And to justify interventions or changes that you want to make in your program plan. And also tell the reviewer how you'll use it to communicate results not only to Healthy Start but also to the consortium and to the larger community. As a reviewer, I always like to see how the evaluation is going to be used to report to consortium and community. This is a great way to show how your evaluation is being used but how you, the applicant, are engaging your community and your consortium in your project. And it links again each piece of this application should link. So this piece should be linked to subsequent pieces on consortium but also on collaboration as well. This is a place where as a reviewer I always like to look for an applicant who can show me that their evaluation is being used as part of their quality improvement plan.

The next slide. The evaluation tells the reviewer the identity and the qualifications of the evaluator. What data collection methods and instruments you're using. And then something on the impact of need in your community. And then how you are going to measure achievement of each of the stated objectives. Each piece of the grant should flow. When you begin your evaluation, it should be based on what you put in your needs assessment and work plan but at the end your evaluation should be a comprehensive framework for your project that includes and describes every aspect of your project.

The next slide. On core systems and efforts. A lot of discussion has already taken place on previously on core systems and efforts. But the local Health Systems Action Plan should be tied to -- this is what the reviewer is looking for -- to the state's Title V plan. I'm looking for you to demonstrate strong ties with Title V that your plan looks like an example of shared work with Title V on MCH issues in your community. And it also tells the reviewer a little bit about how you might be leveraging federal and state dollars to improve perinatal outcomes. The consortium -- Healthy Start is a community-based project and

requires community input for the life of the Healthy Start project. You can't operate well without a strong consortium. So the reviewer wants to see that you have a consortium that reflects the demographics that were described -- that you described to us in your application and that your consortium has some documented and meaningful advisory role in your project and that includes both organizational representation as well as community and consumer representation. There is a chart in the application for that but I'm looking for that description from you telling us how that works and the value of consortium to your project.

Next slide. Again, a local Health Systems Action Plan should be linked to Title V but it should also -- we're going back to this thread that you're weaving in your application -- it should be based on the resources and manpower that you describe in your application and should be linked to not just what the needs you've described, but also the existing resources that you've described. So we want to see a local Health Systems Action Plan that, when you write it, we immediately go well that makes sense based on what this applicant has described for their project.

Next slide. Consortium again, we want to see that the consortium reflects and represents the community. And that there is a significant advisory role for the consortium on the project's policy and its programs and goals and that the consortium participates and communicates and contributes to the project and helps the project hopefully to maximize its resources.

Next slide. Collaboration and coordination. We want a detailed history with your Title V linkage and collaboration. We don't want you to slip in a letter from a Title V director saying I'm aware of this application, I've talked to this project. We're looking for a detailed

history of coordination with your community providers which includes Title V and community organizations. And a demonstrated history of community sensitivity and engagement with that population that you've described in your original section -- the first section of this application. And again a meaningful role for the consortium. There are a couple of reasons for that. You know, we -- Healthy Start, as Maribeth describes it, is a gap filler. Healthy Start can't fix all the problems you've described in your needs assessment. It is going to take the Title V pieces and all of the other community partners to make your project successful. So we're going to be looking for your statement of existing or planned communication with all of those partners and we also recognize that as we begin to talk later about collaboration and coordination you won't have a sustainability plan unless you start with collaboration and coordination.

Next slide. The reviewer wants to be able to look at your application and see the kind of Title V collaboration, local Health Systems Action Plan, partnership agreements and linkages across your community that look like you're all singing from the same hymnal. You understand the problem and working to address it. Collaboration and coordination is a requirement for eligibility but it is just common sense. It is going to leverage your existing community resources. And it's also going to demonstrate community ownership of the problem and hopefully community investment in the solution. Again, Healthy Start can't address all of the problems. You need this level of collaboration and coordination if you're going to be successful. And this is your opportunity for long-term sustainability. You know, as we continue to discuss the impact of social determinants of health it's becoming more and more clear that no project can achieve success without the collaboration of community partners and so reviewers are going to be looking for that because you will not be successful or be able to sustain your project without some meaningful collaboration. As we talk about social determents you may be the first in your

community to bring it up and you may be the one that has to reach out to housing or transportation or education or the other necessary community partners to make them aware of it. As a reviewer I want to be looking at an application that tells me that you recognize this and that you have begun to make and develop the kind of partnerships that result in a community awareness of some of these social determinants and moved to community ownership of infant mortality and perinatal outcomes and you've been able to leverage resources in your community and show me in your application how you've done that and how you've come to your sustainability plan because of the work that you've done.

Next slide. Resources and capabilities, administration and management. Never assume that a reviewer knows your organization's management or your program history even if you're a current Healthy Start site. You can't rest on your laurels. Reviewer may know nothing at all about you. You need to sing your own song, blow your own horn. Tell me, the reviewer, about your capacity and your ability to manage your people, your money, your resources and to work with your partners. I want to know that you have the capacity and the history to manage the money and the resources that you're requesting from Healthy Start.

The next slide. Take stock of your management and performance history and your current capacity to manage. Highlight your successes, particularly when those successes are with consumers and community-based programs. But also be willing to admit your shortcomings and say this is where I think we could do better. This is where I think we have an opportunity to improve. We recognize that through a strategic planning process or a staff assessment or whatever it is and we have a plan to improve this area in our organization. And be honest about that.

The next slide. Tell me and describe your resources and capabilities by telling me something about your policies and procedures for managing your money, your staff, your equipment and your program outcomes. And the program outcomes piece goes back to the evaluation of the quality improvement piece because an evaluation -- I'm going back to that just for a second, shouldn't be just what happens at the end of a year. It should be part of a continuing quality improvement plan. So if you're using your evaluation in that regard, then make sure -- it's a good idea to do so, make sure you included that and tell me what your policies are for your program outcome and then how you are managing your contracts. What is your communication pathway with your staff, your contractors or your consortium, your qualifications of key staff and oversight responsibilities for your staff, but also for your contractors? And again, make sure that if you are not providing a service, that you are telling us who is providing that service and why they're providing it. Because they were already there, because they do a better job. Is it -- is it MOA, it is a contract that has deliverables and how you're going to monitor them and make sure they actually happen?

Next slide. Budget and justification, I want to be able to reach a budget. I perused your budget before I started doing the actual review of your application but now I've gone back and I want to read -- I've read all of your narrative responses to your questions and your needs assessment, your work plan, and I want to be able to read your budget and link every budgeted items and every person in that budget to something I read in this grant. That's why they call it justification. Make sure that everything that -- let me just say don't confuse the reviewer by putting a budget line in for an activity or a contract that you never put any place else in your application. Don't include an activity for which there is no budget. If it's a contributed item, then include it as a contributed item so that the reviewer

can see well, they said it will happen and it's contributed by that partner as described in the previous section.

Next slide. The contract we talked about contracts in the previous slide and deliverables. If you contract for services, those contracts should include explicit deliverables with information on who is going to deliver what and how it is going to be delivered and how it is going to be monitored.

The next slide. When you do your budget and justification, provide the details on cost sharing. I mentioned the in-kinds, financial contributions or contributed staff -- contributed time or space. These details don't leave them out because you think well, it's not part of the actual requested budget. But these are the kind of details that tell the reviewer there is a community commitment to this project. And I want to be able to review the budget and see that it gels again with the narrative portion of your application. Again, sometimes applicants write in a budget item for contracts or services and there is no reference to other -- in the narrative portion. Again, the reverse happens. Make sure that your application flows in a way there is some congruency that we can read and follow through from one piece to another.

The next slide, final tips. Your application is going to be reviewed by several people. But again, each reviewer only knows what you put in the application. If I'm your primary reviewer and I have to present your application to a panel, then I only know what you've told me and I should be able to write a response and a report because I've been able to easily and logically follow through your application from the very beginning through the very end of your application. And if my colleagues on the review panel ask questions about your application, I should be able to easily respond to those without saying well, I

couldn't find that section or it was mentioned here but there was no follow-up in the appropriate area or in the budget so I'm not sure how it's actually going to happen. In saying that, I will say you don't want to confuse the applicant, but what you might want to do is make sure that someone else reads your application. We talked in the beginning of this presentation about dividing the workload. Well, make sure when all those pieces come back together that a couple of people read it and make sure it flows through and it meets every aspect of that guidance and that you didn't miss a step.

The next slide, final tips, again, follow the guidance and know the review criteria. Maribeth mentioned them earlier. Make sure that you know them. That you've responded to each section and question with clear, concise, logical statements and that all of the information and data that's requested is in the application and that it's current and again that it's consistent, meaning that it flows and it's the same whether it's on a chart or whether it's in your narrative.

The next slide. Complete the grant early and have it reviewed by several people. Again, because you've -- you hopefully have other partners working on this and you may not be able to see the forest for the trees. Let someone else take your grant and look at it and read it. And also have them read the guidance. And have them review it from a sense of does it make sense? Does it say what we intended it to say? And then have it read by somebody outside your field that has a passion for your problem and for your approach to the issue. And then ask everybody who read it based on this, is this a good grant. Would you consider giving me money? And why or why not?

And then last slide. You've done all of that, you've had your grant reviewed by three people who say it's marvelous, it meets every piece of the guidance and that you're on

target, every piece of your application is in there, and all of your data is current, your data is the same in the narrative section that it is on your charts and that your approach and your plan matches what you -- it addresses those issues that you put in your needs assessment and that they've read through every response to every question and each of your responses has made sense and it sounds like something that they would want to fund. So you've done all of that and you've written a successful grant and you're done.

>> Hello, everyone, we're back for our question and answer session. We've received quite a few questions and we're going to group them according to categories. We have some questions about the four-year versus five-year budget. We have some questions about how to apply the DUNS number, table of contents, transmit a letter, page limit. We've got questions on expansion and new service sites. We have questions on the Senate and House language. We have questions also on who you can serve, first-time mother or multiples. Some question on how you set your performance measures and your baseline and then of course the question when will I know if I got the grant? So we'll start with some of the easier questions now and go through them for you. And I'm sure that we're going -- we won't be able to get to everyone's question so we will follow up if we haven't answered your explicit question by email. First of all, it is a five-year grant. The project periods will be from June 1st, 2009 to May 31st, 2014. The first budget year and you will have to provide a budget for each one of these years, will go from 2009 to may 31st, 2010. The next one will go from June 1st, 2010 to May 31st, 2011. Then it will that way through 2014. You also will have your final year from June 1st, 2013 to May 31st, 2014. Your objectives will also have five-year objectives. This is a five-year application. We had questions about a DUNS number. Some of you already have one and no, you won't need to reregister your DUNS number. We had some questions also about how to submit. Some people are doing their basic document in excel and word and wondering

how to upload that. Our suggestion to you is before you upload anything, so that you have one single upload, convert it to a PDF file and upload the PDF file. If you're using multiple programs for different sections of your application, convert it first to the PDF and upload the PDF file. We had a question on the page limit and I'll ask Beverly to take that question.

>> We have -- the page limit is 80 pages for your narrative attachment. The budget justification and the budget do not count in the 80 pages. Therefore, you can do a five-year budget and a five-year budget justification and it will not count in the 80 pages. There are some other things that do not count in the 80 pages and it is outlined in the grant in the guidance. One of those things is the application for federal assistance, the 424. That doesn't count, Congressional district information doesn't count. The checklist doesn't count, does not count. The project narrative attachment form, which is form 6 or if you choose to do the other abstract does not count. So there are some things that do not count on page 10 and page 11 of the guidance that is our page 10 and 11. Yours may be slightly different. It does not count.

>> The table of contents isn't a required form. But for anyone reviewing the document a table of contents is really very beneficial so I would definitely include a table of contents. You do not have to include this time a transmittal letter. That is not required. We had some questions on the abstract, form 6. There is in the narrative it talks about a one-page format. Our form 6 is a little bit longer. The abstract that's in the project narrative is a standard HRSA language which we were not able to take out of the document. But because we have form 6 here at MCHB we really want you to complete form 6 as Beverly said, that's not counted against your page limit, your 80-page limit. One of the questions

we had was a new way or the new software package for uploading to grants.gov. In the past PureEdge was allowed. Don't use that it's not compatible with the new system.

>> As of September 24th, 2008. Everybody had to use adobe acrobat. All the information you received is from adobe acrobat. At least that's what it says in here.

>> We had also some question on the performance measures and the objective and whether you were just going to put them in the application or whether you were going to go into EHB and also put them in there. And for competitive application you do not enter anything into the EHB. You'll upload everything to grants.gov. When you are funded you'll receive notification to go into the EHB and complete the forms there. But you do not have to do any work in the EHB for a competitive application. The EHB for those of you who are new competitors is our electronic handbook here at HRSA. We have some questions about the Senate and House language and what does it mean. Basically I'll go over that again. The Senate language for 2009 talks about a preference to current grantees. It also holds funding for the Healthy Start program flat. The House language, though, adds additional 5 1/4 million dollars for up to six new grantees. It will be the conference committee between the house and the Senate will work out which items will remain and whether we'll get an increased appropriation. And I can't give you the answer to that. However, I will say that the preference has been around since 2002 and I do expect that that language will remain in the final report because it historically has been in the document. But we really cannot answer the question about the funding level until Congress takes action. There was a question about when will I get notified. And we try to make the notification prior to starting June 1st, 2009, our experience has been, because of the desire of -- with new awards, the awards before we are releasing them from HRSA are sent to the Congressional liaison office at the department level who then sends them to

the Congressmen and senators giving them the option of making the award. Because that process is in place, we really cannot predict when the new awards will be announced. Our experience has been it's been fairly close to the day of June 1st in whatever year we're making it. And I expect that with changes in government that will still hold true next year, unfortunately. We had a question on whether a project could only serve first-time mothers or whether it could serve multiples. And what we do know about infant mortality and low birth weight is that a woman who has given birth to a low birth weight baby in the past is at highest risk for giving birth to a low birth weight infant in the future or pre-term delivery so we expect a project would serve both first-time mothers and mothers who have given birth already. And yes, one can do recruitment of mothers who are high risk. We want you and your project to focus on the highest risk. Perhaps you want to do some recruitment in your community by working with your hospital to identify women who have given birth to a low birth weight infant as one of your approaches. Or any other adverse outcomes. We had questions on -- from current grantees we'd like to go to a new service site and we're going to step back and ask you a question that you need to answer in putting together your application. If your population has shifted, you're retaining some of your current site the majority of your current service site but they shifted a little bit because of whatever is happening in your community, then you can apply for that newer area that shifted as part of your current grant but this is really a new service population. Then you must come in as a current -- as a new grant, not a current grantee.

>> That sounds a little confusing.

>> Let me try that again. If you have the majority of your current population you're continuing to serve and that some of that population has shifted to a new neighborhood in your area, you can incorporate that new neighborhood as part of your current grant. But if

indeed you have a population that really is new that's emerged in your community, then to apply for that population, you must come in as a new grantee.

>> Let me ask a question. If you do shift to a new community, do you have to keep your old community?

>> As much of the old community -- I would say that because our funds are limited the only reason I would be shifting to a new community is to follow the population and I've had improvement in some area in my community or the population has greatly decreased because of some construction or something, then I have the funds to be able to move out and serve the population that's moving out of that community and follow them.

>> We had some question on the baseline for the project objectives and for your new grant you'll use your last calendar year of data to put together your baseline. However, for your eligibility, which is the infant mortality rate for the general disparity population is 10.35 for the period 2002 to 2004. You need to use that data for that infant mortality -- for that period and make sure you very clearly indicate that that's 2002 to 2004. Many of you will have data beyond 2004 but not all of you have. Some of the states are very far behind in their vital records data and that's the reason we kept the eligibility at 2002 and 2004. For that reason if you do have additional infant mortality data available to you from your state, city or county, you can include that but please do not use that for your eligibility infant mortality data.

>> In conjunction with that I have gotten questions via email as to whether or not, because the total infant mortality rate for the total population is below 10.35 whether you can use another sub population group and the answer is yes. For example, if you have a group of

African-Americans whose infant mortality rate is 14 but the general population is say 10, then you can use the 14 from the African-American or Hispanic or native Americans or whatever population group you wish to serve.

>> All data needs to be verifiable. Let us know your data source.

>> Several people have asked and said they wanted to weave throughout their application 2010 objectives. Is there a certain place they should put this or how should they do it? We encourage you to weave them throughout. You want to refer to them on your needs assessment, you may refer to them in your objectives and interventions. But yes, we do encourage you to use the Surgeon General's Healthy People 2010 objectives. We had some questions on local evaluation. David, did you want to--

>> What was the specific questions? We anticipate that the local evaluation component will continue in the next current five-year program period. We will have a -- what we're planning on having a much smaller evaluation that will be done externally but we would like to hear some of your Healthy Start stories and some of your successes and accomplishments through your local evaluation. We do -- you know, we understand a lot of the current Healthy Start sites have moved a little bit away from doing local evaluation studies and simply maybe not so simply but only have submitted the data that it required. I think you'll see in the coming weeks or months that we would like to start to reinvigorate the local evaluation. We really believe that Healthy Start is made up of, you know, 100 different communities and no one Healthy Start site is the same as another Healthy Start site but together it's one very successful program so the uniqueness of your Healthy Start site can really only be told to us through your local evaluation case studies. The logic model was something that we developed here in the division to explain what -- how we

anticipate to fully implement the core systems and the core service components, how that will affect the community and the target population. You don't need to use a logic model type of evaluation. It's simply our way of explaining how we anticipate Healthy Start to work.

>> There were some questions on past performance. And what period should it cover and what we expect you to address in your past performance, we expect Benita used the worth qualitative and quantitative. You want to include the stories and your successes as well as where you stand on your performance measure and other data measures in that. You want to cover the full project period from the time you began until you're closing the books on writing and submitting that application. So whether it be October or November of this year, but you're going to want to include as much of the data for the full project period as you have available. Anything else you think we need to talk about there?

>> Just to reiterate what you just said and what Debra said earlier is that the only thing the reviewers will have the what's in your application. You need the make sure your application tells as much of your Healthy Start story as possible. The only way really to do that is through both qualitative and quantitative stories, data.

>> We had a couple questions on the needs assessment and people indicating that not all the data is available in their community or should we just talk about our community just the target area or the broader community? And we encourage you to look at the broader community, the neighborhoods but then zero in on the target population. But you need to paint the picture as David showed you in the logic model, the context in which the families are residing. If, for example, you don't have some data available. Perhaps you don't have some data on women of childbearing age, then you can use a broader data source but

you need to specify if we ask for women of childbearing age or we asked for a certain data element and that data is not available, then say this data is not available on this population but this is the data that is available. And what your sources are.

>> But that does not -- that needs to address other criteria, not the eligibility criteria. For the infant mortality rate it has to be the year 2002 to 2004 and it has to be greater than 10.35 for those three years. Please do not send in a five-year average. Please do not send in a two-year average. We want a three-year average, 2002, 2003, 2004 greater than 10.35.

>> You can do that by adding up as your denominator all the births for 2002, all the births for 2003 and all the births for 2004. Your numerator all the deaths for all the years. You cannot use an average of the infant mortality rate for the three years. You must total up your numerator and denominator and that will give you your three-year average. Now, for the other data, the border data we also want the 2002 to 2004 period, correct, David?

>> Correct. We understand because of the unique characteristics of the border population that you may not have the infant mortality rate for that information -- for the target population but you should be able to get that information for some of those other -- at least three of the other criteria that I listed. To go back to some of the other information that you may not have specifically for your target population, if you don't have that, that doesn't mean you aren't eligible but you may want to collect it in your first needs assessment. You'll need that information early on in your program. As you think of the information to collect in your needs assessment that's one way to do it. You may not be able to find it in the state or county data sources but you can do it yourself in your own needs assessment.

>> A couple questions on the local Health Systems Action Plan. Should it be four year or five years? Should it just address the target population or could it address larger issues in the community? And should sustainability just be for the local health systems action plans or across all core services and sis tells. Bev, do you want to take those?

>> For the local Health Systems Action Plan, you need -- you can do the entire community and then focus again in on the target population that you are serving. For example, one project decided to have an infant mortality review, fetal infant mortality review. But then focus on wrr the problems is. Sustainability should be for as much of the project as possible. With today's economic times, it will probably be very difficult to sustain your whole entire project, but if you found someone who would sustain your FEMA that's fine and that's fine. If you find somebody that will take on another action, say for example who will contribute transportation tickets to the community, that's fine. That shows an effort on your part to take and provide sustainable pieces of the application. It is a five-year plan. You have five years.

>> We continue to get that question whether it's five years for just the borders or for the general population.

>> It's five years for everybody.

>> Everybody.

>> 131 and the 130. That means for both the border and for the general population. That is for the H67 and the H49. It is five years. We're moving it up an additional year to five years.

>> And funding will be available for five years. Pending Congressional approval, of course, but it's five years.

>> We had a question, too, about do I need to rewrite the objective or can I just use the code? Of course, with any -- question, and obviously to shorten your responses just use the code that's associated with the particular question and provide the answer.

>> OR1, CM2, whatever, you know.

>> Maribeth there have been a couple of questions about existing grantees expanding into communities. I think you're going to need to clarify.

>> If a grantee has been serving a project area for a period and that population that is in their project period they've had some of the population has improved and the population perhaps has shifted to a neighboring area, to a zip code that is close by or maybe even a little distance. You had a shift of your target population that you've been serving.

>> For whatever reason

>> For whatever reason it may be. Building in urban areas, and the population has shifted. So obviously if you have a big sport center the population has moved and you want to follow that population. That is part of your current grantee population and you would apply for them under your current application.

>> They would be considered a sustained grantee.

>> Let's get this clear. The money that you receive as an existing grantee would be that amount of money only. The same amount of funding that you receive currently.

>> Not an increase.

>> Not an increase in funding because you're technically following the people who move from zip code A to zip code B that you had been following in zip code A. You would get the same amount of money that you were currently receiving.

>> But if there is a population that has emerged as a need that you would like to serve, that you haven't served in the past, or have not been a predominant population you've served but their needs have really risen high and they aren't in your current project area, you would then go outside and apply as a new grantee to serve that new service project area and that new population.

>> How about a new population in the current service area?

>> That's part of your current service area and we fund -- you are required to serve everyone in your current project area. So that would be part of your current grant population. But what you need if it's a new population in a new service site and additional funding, then you apply as a new grantee.

>> It could be less funding but identify as a new grantee.

>> We also had a question about--

>> We want to make sure we point that out. What has occurred in the past is that grantees have noticed that after they've submitted their application they've forgotten something. We cannot, once you submit your application, accept any additional information. So before you push the button, please be sure and submit the application, please be sure that you have all of your attachments, all of your letters of support and your application. We've had a few people who didn't have pieces of their application. Please make sure all of that is there because once you hit submit and it goes into the Internet system, into the grants.gov system you cannot submit any additional information. Okay? That is located on what page is that? That is pointed out in the application. On page 45.

>> What about windows vista?

>> I'm not sure. I think they -- because they had so many issues I think by using Adobe they don't have the problems with compatibility. This new adobe will be something new. I don't know if there will be a compatibility problem with vista. Somewhere it tells you if there are issues. Maybe before the end of this question and answer period I'll see if I can -- I'll see if there is anything that we need.

>> Regardless, it's particularly important that you keep your E-receipt to prove that you submitted your application on time. So if there is a problem on our end on compatibility you can show you made your best faith effort of getting it in on time.

>> The question has also come up as to why we have moved from a four-year grant to a five-year grant and we looked at several different factors in making that decision. First of all, we have as an agency the option to go up to five years. We've also looked at when new projects are starting how long it really takes for them to get up and running and really,

five years is a better framework for new projects to start demonstrating their effectiveness. And for our other -- our older projects it also gives you a time period where you don't have to really have the hassle of a competition. So we thought it was just a more effective decision to go to a five-year time period. It saves the agency also on dollars that we are required to pay for the objective review so we can put more dollars towards program activities. It was a business decision to go to five years.

>> We do anticipate nothing else will change as far as you still need a continuation application on those other years and then an open competition on the fifth year.

>> And as the other grants are ending on the sites that we have that showed the current grant cycles those are four-year grant cycles. Each one of those grants when their current cycle ends will go to five years.

>> Any discussion of moving them all to a June 1st start?

>> It's something we might have to consider.

>> Another question that came in was can all agencies apply for this grant or is it just Healthy Start agencies?

>> The grant is open to local and state governments, 501C3s, all applicants are available. It's just not Healthy Start grantees.

>> However, we will only fund one project in each of the project areas. We will not duplicate services. So if somebody is coming in as a new applicant and we already have an existing project there, the preference, which we believe will apply under the Senate

scenario, will go to the existing grantee and we will not fund another project in that same area.

>> A couple of questions about 46. How do we upload form 6?

>> You would convert it to your PDF file and upload it as part of the document as an attachment.

>> Did the president sign the authorization package?

>> Oh, yes. In fact, the president signed it October 5th, I believe. So it's officially -- he signed it pretty fast after getting it on his desk.

>> It's authorized but not appropriated. That's the next question. The authorization does have a larger amount of funding than what we're currently offering in this competition because that's what we have now. Until it gets appropriated we'll go with what we have.

>> It's like a line of credit in your checkbook or your -- your line of credit may be a certain amount of money but if you don't have the funds there for it, you can't really spend that money. So we have a higher line of credit that Congress could give us, we really can only award funds based on what Congress actually gives us.

>> Along the same appropriation line if the house appropriation bill passes with funding for new projects will new projects be from this December or will the grant applications submitted in 2007 also be considered.

>> Only grant applications -- we're encouraging anyone who wants to come in for a new service area they must come in with this current competition. We will only be funding off of the funding list for those grants that compete and submit an application for December 5th, 2008.

>> Not only will we not look at older applications, we won't have a separate competition.

>> Correct. We'll just use this competition because it's an open competition. We'll fund the new projects from the -- based on their funding score from this list of grantees and applications that are applying now. We will not have a separate competition and we will not go back to older competitions. People need to update their needs assessment if they submitted it in the past and resubmit.

>> Indirect costs.

>> Indirect costs. Currently from grants we have from the grants management officer, if you have a negotiated rate as an indirect cost, an indirect cost rate you may use that. If you do not have a negotiated rate, then grants will allow us to use 10% of personnel and fringes. Until you have negotiated a rate, right.

>> A border question. Am I correct in understanding that the border state grant is only for Mexican border states, not Canada border?

>> That's correct. It's 100 kilometers from the U.S. Mexico border or Alaska or Hawaii.

>> We had a question earlier about the definition of the duplicateed versus unduplicated.

>> I think that's something that isn't part of the current application process. Really it's something that when you would do your performance measure data in the EHB that that issue arises. Duplicated basically means the person is counted twice. Unduplicated means you only count the individual once.

>> Another question regarding previous slide indicate a series of perinatal outcomes including perinatal mortality but not fetal mortality. Is this permissible consideration?

>> Fetal mortality is part of it. You may include that but your perinatal mortality rate usually is your fetal period plus the first 28 days of the your neonatal period.

>> That is only used as additional information in your needs assessment. That is not what is used for eligibility. Once again I'll stress eligibility is the infant mortality rate. It can be of a sub population the infant mortality rate but it has to be greater than 10.35 for the years 2 2002, 2003 and 2004.

>> Infant mortality rate is death before the first birthday.

>> Is there a list of items that are not allowed -- [inaudible]

>> The list of items that are not allowed as incentive items I'm sure that's from a current grantee. If you have questions, there is a grant specialist that's listed in the application that you can address those questions to. If you're a new grantee and your current grants management specialist if you're a current grantee.

>> Going back to submitting applications in 2007. If we submitted a new grant in 2007 to extend our grant area but we were approved but unfunded, can we resubmit that application in addition to the competition grant we're submitting for our current year?

>> We would encourage you to do that if you want to go into a new service area. You may just want to look at and see if you have any new data or anything that you need to tweak a little bit but you basically the guidance is the same.

>> I would also look at what the -- what the reviewers, the ORC summary that you received when you received your letter and see if you can strengthen your application by taking some of the suggestions from the reviewers.

>> We had a couple of questions regarding forms and do we need to submit them in grant cycle. I think we need to repeat.

>> The forms if you're talking about some of our data forms, our performance measure forms, the only form you're going to submit in grants.gov at this point is the abstract which is form 6. The rest of the forms will be submitted in the EHB after you're funded. They do not go in with the current application.

>> Clarify that the consortium worksheet and project area demographic and all that goes in.

>> That is true. There are some additional as a competitive application in addition to the forms that you work on every year you have your consortium worksheet. Demographic data tables. There are also some forms for you to lay out your objective. Your

implementation and your work plan. And so those forms, of course, you're going to want to include in the current application.

>> Remember that the objectives and indicators for the national performance measures need to be detailed in the objective and indicators section, narrative section of your application. Even though you aren't reporting them on that -- on -- to us this time, you have to detail it in that section.

>> We did go over the general population eligibility. Did you want to go back to those?

>> There was an error on one of the slides that was indicating it was border data. As Beverly has been saying the eligibility criteria for the general population is an infant mortality rate from the 2002 to 2004 period average of 10.35.

>> More questions about this expansion.

>> If we wanted to add an adjacent zip code to our current zip code due to demographic change and that zip code has a high rate of infant mortality among African-American moms, will we still be considered a current grantee and given preference as we would be retaining our three current funded zip codes as well?

>> Yes, you would be considered a current grantee and you have your preference but you must do it with the current budget that you have.

>> That was the next question. Let's see. Is it required that the local evaluation be done by an independent evaluator?

>> It's not a requirement that it be an outside independent evaluator. Some of you have the capacity to do a strong local evaluation. That's a decision they'll have to make. What's the best way for them to get a strong local evaluation.

>> Another question about core services. I'm submitting a application, core service section questions are no longer answered with OR1. Please clarify.

>> They're not. They're CS core services one, two, three and core systems.

>> The questions are the same but reentered under the new construct of the application that HRSA has required us to follow.

>> Another submission question. How can only form 6 be submitted when the actual application requires 424, 424A, 51, 61 and all the other, etc. We can't submit the grant without filling out those forms.

>> Correct. When we used the word forms we were thinking of our discretionary forms. Yes you'll need to put in the required overall application for 24, 51, 61.

>> Infant mortality rate question. What if the infant mortality rate of the general population is lower than 10.35 for the time period but sub populations like African-American or Indian, last can natives is over 10.35. Would we be eligible?

>> Yes, the answer to the question and I'm trying to do it clearly again. You can come in with a sub population of African-Americans, Alaska Natives, that is greater than 10.35. I was trying to show people that in some communities, I live in Montgomery County, Maryland. The overall infant mortality rate is below 10.35. However, there are pockets of people of African-Americans and Hispanics who I believe the infant mortality rate is

greater than 10.35. If I was writing a grant for Montgomery County I would come in for that particular population that has greater than 10.35. Mostly African-American. That's how you get -- become eligible for a Healthy Start grant. I hope that clears it up for everybody.

>> It was stated that the 80 page limit does not include the budget and budget justification on abstract. On page 9 of the guidance it states otherwise. Please advise.

>> Page 9?

>> Maybe it's their page 9.

>> That I think is referring to an error in the application which says that it exceeds 160 pages. It's our -- and no, it can only be 80 pages:

>> And it does not including the abstract and the budget narrative and the budget.

>> I know what it says there but--

>> It's only the subcontractors budget that does not count.

>> That's not what she said. That's not what she told us, remember?

>> We'll deal with that. Don't worry, we'll deal with it. >> What is she talking about?

>> As an existing site should attachment 6 only include the HRSA required performance measures or should it also include any additional program identified performance measures?

>> You want to answer that?

>> Repeat the question.

>> As an existing site should attachment 6 only included the HRSA required performance measures or include an additional program identified measure.

>> It's the progress report. You should detail your program specific objectives for the previous four years.

>> That's actually a really good place for you to be able to talk about what you've done in your program in the past several years. That's really to tell the reviewers that you're not a

new program, you're an established program. This is what you've been doing, this is the successes you've had or the activities you've implemented over the past, four, eight, 12, however many years. That's a good place to tell your whole story. Whatever you can do to give as much information as possible to the reviewers.

>> Will they confirm the change in what is included and excluded from the page limit on grants.gov?

>> We have to do a clarification because according to this sheet on page 10 and 11 it tells us what is not counted but there seems to be an issue. We'll go back to the people in our policy and put up a modification with some of this and any other thing that we need to change as quickly as possible. Okay? We'll get further clarification from the Division of Grants Policy who determines how many pages you're allowed to submit and put it as a modification.

>> Where would that be?

>> It will be on grants.gov so you need to make sure you've registered there either for anything related to Healthy Start or anything related to our federal domestic assistance number which is 93.926. If you key those -- one of those two things in there you'll receive all notices of modification from grants.gov.

>> I think we need to repeat about the table of contents. We have another question about the table of contents.

>> This year there has been a change. You do not have to submit a transmittal letter and you do not have to submit a table of contents. And why we don't have a feeling on the transmittal letter, we do think, though, and perhaps Deborah can address this also, that a table of contents is a very good page to have for the reviewers. It's -- Angela and Benita and John who have been at recent reviews will tell you the reviewers rely on the table of contents to find things. We really do encourage you to have a table of contents.

>> Whatever you can do to make the reviewer's job easier is to your benefit. We can't hear Deborah.

>> Yes, I agree with you.

>> Point of clarification, does the budget justification need to cover every year or just one year.

>> It's a five-year budget justification.

>> Should performance update attachment six be the entire project period or limited to the last project period?

>> I think that you can build -- the question was on attachment six which covers past performance. You're going to want to talk about your successes overall if there has been some dramatic reduction from the time in infant mortality, some dramatic change that has occurred from the time you were originally funded until most recent. But you're also going to want to detail what you've done in the most recent project period. The key thing is tell the story that shows how you're succeeding. Give the reviewers the best story in the best way that you can to characterize how successful and strong your project is.

>> And on the other side of that why there is still a need to have that project in your community. Even though you've been in the community for however many years and been successful in reducing these disparities and the infant mortality rate you have to also justify why you're still needed and some of that is through the eligibility criteria, the needs assessment, that type of thing.

>> Okay. Will the table of contents be included in the 80-page limit?

>> Yes, it is included in the 80-page limit.

>> Well worth the two-page.

>> One or two pages, yes.

>> Well worth it.

>> We have room for two more questions.

>> I know. Was there anything on our list that we haven't covered yet? I'm scanning here.

>> Not that I can tell.

>> Will using a regional approach strengthen the application such as using Montgomery County versus Prince Georges county?

>> You know, I would say it depends on how you write your application. That's a decision that has to be made at a local level. I think you need to look at how much money we're going to be using and how far it can go. Clearly \$750,000, which I think is the maximum amount of funds that you can apply for, cannot cover two counties effectively unless you have a targeted program. For example, you may only target it for women of very high risk if you want to use both Montgomery and another county it might work. You need to look at what the dollars can pay for and what the need is in that community.

>> It has to be logical and reasonable.

>> I can see for example I think part of BUEy--

>> Don't go there.

>> I can see areas where the communities are right next to each other and if you're going to provide services for a group of people that live in either one of those two counties it may make sense to use those two.

>> Define-dr your definition of community. It doesn't need to be a geographical pre-determined community by zip code or by, you know, by state or whatever. It's up to you.

>> Right.

>> We've had some projects, for example, that are across state lines because that's a logical community for the communities that are served. That's the real key issue. Is it a logical community and are your funds reasonable enough to provide the level of service that is needed to make a difference?

>> And again, you know, you need to justify your decision in your application in a way that the reviewers will agree with you. The reviewers may not know where your -- they should not bring any background information if they do know it. You need to be able to justify all your decisions including how you identify the community.

>> Okay. We have pretty much hit our time limit but we still have quite a few unanswered questions. Please refer to the guidance on different methods of getting your questions answered versus phone or email. If you did not get your question answered during this webcast please either email or call and we'll make sure we get your questions answered. And on behalf of the Division of Healthy Start and perinatal services I would like to thank our presenters and the audience for participating in this webcast. I would like to thank our contractor the Center for Advancement of Distance Education at the University of Illinois at Chicago, School of Public Health for making this technology work. Today's webcast will be archived and available on the website [mchcom.com](http://mchcom.com) we encourage you to let your colleagues know about this website. Thank you and we look forward to your participation in future webcasts.