ADDRESSING DISPARITIES: IMPROVING MATERNAL AND BIRTH OUTCOMES

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Proprietary and Confidential
Agenda

- Welcome
- Introduction
- Review of RFP
- Questions
We are . . .

- Mid-Atlantic Region’s largest health care insurer, serving more than 3.2 million members in Maryland, the District of Columbia, and Northern Virginia (located north and east of route 123, including portions of Fairfax, Alexandria, and Arlington Counties).

- A not-for-profit organization committed to funding programs that catalyze improvements in quality, health care access, and health outcomes in the communities it serves.

- CareFirst has dedicated more than $570 million in grants and public access programs since 2005.
Why Maternal and Child Health?

- Infant mortality rate (IMR) is a barometer for the health and wellbeing of a population. In 2016, the IMR of the United States was 5.9 deaths per 1,000 live births.
  - Maryland – 6.5 deaths per 1,000 live births
  - District of Columbia (D.C.) – 7.1 deaths per 1,000 live births
  - Northern Virginia (District 8) – 3.7 deaths per 1,000 live births

- Across Maryland, D.C., and Northern Virginia, some communities experience higher rates of infant mortality as seen in:
  - Racial and ethnic disparities
  - Rural and urban disparities

- We are also interested in initiatives addressing maternal health outcomes:
  - 60% of pregnancy related deaths from three maternal mortality review committees were found to be preventable
  - Black women were 3.22 times more likely to die due to pregnancy-related deaths, compared to White women
Request for Proposals

CareFirst is especially interested in promoting evidence-based initiatives that address factors that contribute to poor maternal and birth outcomes including but not limited to:

- Birth Spacing
- Breastfeeding Adoption
- Implicit Bias/Racism
- Prenatal Care Initiation in First Trimester
- Maternal Depression
- Maternal Obesity
- Safe Sleep
- Smoking and Substance Use Treatment
Eligibility Criteria

- **Who can apply?**
  - Organizations must be 501c3 nonprofit or public (governmental) health entities in the CareFirst service area of Maryland, D.C., and Northern Virginia (from Route 123 East and North).
  - Current grantees are eligible to apply.

- **Who cannot apply?**
  - For-profit entities
  - Please note that Baltimore City is currently receiving funding through the B’more for Healthy Babies initiative and therefore we will not accept applications impacting Baltimore City.

- **What are the parameters for applications?**
  - Up to $2.0 million total for all projects
  - Project durations: 1-2 years
  - No applicant should request more than $500,000 total in funding over 2 years.
Evaluation Criteria

- Organizational Background, Commitment, and Financial Viability
- Community Need
  - Clear understanding of population served
- Program Development and Project Description
  - Evidence-based strategies
- Participation of Stakeholders and Partners
  - Detailed descriptions
  - Memorandums of Understanding
- Data Collection and Evaluation
  - Three required goals
  - Work plan
- Sustainability
  - Consideration to how services will be maintained
Data Collection and Evaluation

- We require some reporting metrics: demographic & number of unique individuals
- Goal measures (pg. 7, Guidelines).
  - We require that you report on at least 3 goal measures.
  - They do not have to be under one strategy.
- We were not prescriptive around the Implicit Bias/Racism strategies.
  - If you are working on these, we look to you to define the goals and encourage you to look at best practices.
- Evaluation is critical; you may request up to 10% for program evaluation.
- We have a revised work plan, which is required. Please call us with any questions.

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<tr>
<th>Goal Measures</th>
<th>Safe Sleep</th>
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<td>Infant Mortality Rate from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation and Strangulation in Bed)</td>
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<td>Proportion of infants placed on back to sleep</td>
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<td>Proportion of infants placed alone to sleep</td>
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<td>Smoking and Substance Use Cessation</td>
<td>• Proportion of women who used tobacco during pregnancy</td>
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<td></td>
<td>• Proportion of women who used tobacco post-partum</td>
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<td></td>
<td>• Proportion of mothers who tested positive for hospital drug toxicology screen at birth</td>
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<td>Prenatal Care</td>
<td>• Proportion of women who initiated prenatal care in first trimester</td>
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<td>• Proportion of women who have no prenatal care</td>
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<td>• Proportion of women who receive early and adequate prenatal care</td>
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CareFirst to Commit $2 Million for Maternal and Child Health Initiatives

CareFirst BlueCross BlueShield (CareFirst), the region’s largest health insurer, plans to award up to $2 million over the next two years to programs seeking to improve birth outcomes and lower infant mortality rates (IMRs) in Maryland, Washington, D.C., and Northern Virginia.

Although infant mortality rates in CareFirst’s service region have dropped to historic lows, the average number of infant deaths continues to outpace the national average of 5.9 deaths per 1,000 births, according to the U.S. Centers for Disease Control and Prevention.

In response, CareFirst has issued a request for proposals (RFP) from community health centers, nonprofit organizations and public health programs focused on initiatives that address factors to improve birth outcomes and reduce infant mortality, including:

- safe sleep habits;
- smoking and substance use cessation;
- prenatal care;
- spacing between pregnancies;
- breastfeeding;
- socioeconomic and racial equality;
- treatment of maternal mental health; and,
- maternal obesity prevention.

Proposals must be completed using the online application and submitted no later than 11:59 p.m. (EST) on Monday, Jan. 14, 2019. Ideal proposals will improve infant health among minority and underserved populations, be easily expanded or replicated in other communities, address at least one of the identified contributing factors to infant health and provide a plan for sustainability beyond the period of CareFirst’s funding. Collaborative programs are encouraged.

www.carefirst.com/community
Tips for Applying

- Read the entire RFP and application before completing the application
- Make a strong case for your community’s need
- Respond to every part of every question
- Enlist a lay person or someone outside your office to review the application to ensure clarity
- Partner, if appropriate
- Carefully evaluate your work plan. Is it realistic? Can you achieve each step in the time allotted?
- Consider the scope of your project relative to the number to be served. Are you serving a reasonable number of people for the funds requested?
- Feel free to adopt approaches from programs that have proven effective—in other words, you may use evidence-based or best practices
- Document in-kind support
- Reach out to us with any questions: carefirstcommunityaffairs@carefirst.com
- Submit your application on time
Application Checklist

- Go to the website:

- Carefully read both the RFP Guidelines and FAQ

- Completed and attach all sections of the online application
  - Workplan on provided template
  - Roster of Board of Directors
  - Current financial audit, IRS determination letter, W-9, current 990 form
  - Program budget and organizational budget
  - Memorandums of Understanding for all program partners

- Submit by 11:59 PM on Monday, January 14, 2018
QUESTIONS?
THANK YOU

For more information, contact

CAREFIRSTCOMMUNITYAFFAIRS@CAREFIRST.COM