



**Guidelines for
CareFirst BlueCross BlueShield
Maternal and Child Health
Grant Applications**

Summer 2009

**Submission Deadline:
September 18, 2009**

This document describes the purpose of the CareFirst Grant Program, eligibility criteria and the procedures to follow in submitting a proposal. Please review these guidelines carefully, provide all requested information and submit your proposal in the requested format.

The Grant Program

The Centers for Disease Control and Prevention (CDC) reports that infant mortality is one of the most important indicators of the health of a nation. The nation's infant mortality rate has not declined significantly between 2000 and 2005. Despite the ever-increasing cost of health care (now 16% of the GDP), the U.S. infant mortality rate exceeds that of most other developed countries. According to the CDC National Center for Health Statistics, the U.S. ranks 29th of 37 countries, with a higher infant mortality rate than Singapore, Hong Kong, Japan, the Scandinavian Countries, most of Western Europe, Greece, Israel, Australia, New Zealand, Cuba, among others.

Maternal and Child Health Indicators in the CareFirst Region

Generally, maternal and child health outcomes for the D.C., Maryland and Virginia area rank below the national average and clearly do not meet the Healthy People 2010 goals. Established in January 2000 by the U.S. Department of Health and Human Services, Healthy People 2010 has two overarching goals for 28 key areas: 1) to increase the quality and years of healthy living and 2) to eliminate health disparities. Maternal and child health is one of the key areas.

Significant indicators of maternal and child health include premature birth rate, low birth weight (LBW), very low birth weight (VLBW), and infant mortality rate (both neonatal and post-neonatal). In Virginia, 839 babies died before age 1, in 2007, according to state records. In 2008, Virginia's infant mortality rate was 6.7 deaths per 1,000 live births, down from 7.7 in 2007. The rate among the state's African American population also was recently reduced to 12.2 deaths per 1,000 in 2008, down from 15.5 in 2007, according to the Virginia Department of Health.

Although Virginia has reduced infant mortality rates to historic lows, trends over the past decade demonstrate that little improvement has been made in these areas. In fact, the incidence of LBW and VLBW has actually increased in many communities. Furthermore, disparities in the rates of infant mortality persist between whites and specific racial and ethnic groups (especially African Americans, American Indians, Native Hawaiians and Puerto Ricans). Although the overall infant mortality rate has declined to record lows, the rate for African Americans remains twice that of whites.

More than half of all infant deaths (age 29 days to 365 days) can be attributed to four causes: birth defects, disorders relating to short gestation and unspecified LBW, sudden infant death syndrome (SIDS), and respiratory distress syndrome. Short gestation and LBW are among the leading causes of neonatal death, accounting for 20 percent of such deaths. The general category of LBW infants includes both those born too early (preterm infants) and those who are full term but born too small, a condition known as intrauterine growth retardation. Another contributing factor to LBW infants is the use of alcohol, tobacco and illegal substances during pregnancy.

Finally, breastfeeding has been identified as an important contributor to the overall health of infants, since human breast milk offers the most complete form of nutrition for infants. As a result, the American Academy of Pediatrics recommends that infants be breastfed for the first 6 months of life. It is with these issues in mind that CareFirst initiates this Request for Proposals that focuses on services designed to improve maternal, infant and child health and eliminate disparities in health outcomes to organizations serving CareFirst's Northern Virginia service area. Grant requests can be made for new services or the expansion of existing services for a term of up to three (3) years.

Ideal Project

The ideal project is one that achieves significant improvement in outcomes for a targeted population group. A project which can be expanded or replicated in nearby communities or that includes a compelling plan for sustainability beyond the period of funding is strongly preferred. At a very minimum, a project must provide access to care for the targeted population and specific means for measuring how the service(s) will improve birth outcomes and the overall health of infants.

Community Need

The proposal should demonstrate an understanding of the community it seeks to serve. It should clearly define the geographic location and targeted population to be served. The number of individuals must be reliably quantified and the needs of this population documented through qualitative and quantitative data, such as demographics, rates of insurance coverage, service utilization statistics, and health risk factors. The applicant's baseline numbers for the targeted population must be clearly stated and supported.

Sustainability

Proposals should demonstrate the benefits to the specific population and the larger community and identify likely revenue sources to sustain the program beyond the term of the grant. Strong preference will be given proposals which can demonstrate community support for their programs or services by the magnitude of funds an organization generates internally and/or through community matching support. Strong preference will be given to programs that establish baseline and outcome data, which can be used to leverage new funding streams for program replication and/or sustainability.

Participation of Stakeholders and Partners

Proposals should include a list of key participants and relevant stakeholders. These collaborators should be actively engaged by participating in the planning and implementation process and allocating staff or other resources, contributing facilities or equipment, or providing free or discounted health care services to the project. Letters of commitment from collaborators are helpful to CareFirst's decision-making process. Any supporting letters should clearly delineate how the collaborator will contribute to the project.

Data Collection

The grantee should have a demonstrated ability to measure progress and objectives through quantitative measures, such as the number, demographics, characteristics and service utilization of the targeted population, both at baseline and as the project proceeds. The grantee must be able to comply with the evaluation and monitoring requirements inherent in this grant program.

Organizational Commitment

The grantee must be committed to improving access to quality care for the targeted population and demonstrate how its proposed project will contribute to this goal.

Financial Viability and Accountability

The grantee must demonstrate sound financial standing, have sufficient financial management systems, and demonstrate the capability of managing grant funds. Grantees will be required to submit periodic progress and expenditure reports, as well as the deliverables committed to under the grant. To facilitate project monitoring, clearly defined data elements will be required from all grantees so that project accomplishments can be monitored, compared and compiled.

The project team may be asked to attend meetings, participate in site visits and deliver reports on the project's progress and accomplishments to CareFirst, its staff and advisers, and other grantees. At the conclusion of the project, the grantee will be required to provide a written report describing quantitatively how the project has affected the targeted population served and the

community overall. As a condition of receiving grant funds, grantees must agree to participate in an evaluation of the grants program. This includes assisting with any data collection and information gathering required, such as participation in surveys, site visits, meetings and interviews with the evaluators.

Selection Criteria

Proposals for improving Maternal and Child Health are limited to organizations serving the Northern Virginia service area of Group Hospitalization and Medical Services, Inc. (CareFirst's National Capital Area affiliate) serving the cities of Alexandria and Fairfax, the town of Vienna, Arlington County and the areas of Fairfax and Prince William Counties in Virginia east of Route 123.



CareFirst will consider requests that include activities that address three critical stages in maternal health:

- **Pre-Pregnancy**

1. Healthier communities
2. Family planning
3. Nutrition
4. Smoking cessation
5. Substance abuse
6. Sexually transmitted diseases
7. HIV/AIDS
8. Domestic abuse programs
9. Obesity and its co-morbidities, such as hypertension and diabetes
10. Teenage issues and pregnancy
11. Access to dental care

- **During Pregnancy**

1. Early and regular prenatal care
2. Adequate nutrition during pregnancy
3. Provision of safe home environment for the new baby
4. Prevention of preterm labor and delivery of very low and low birth weight infants with an ultimate goal of reducing infant mortality
5. Education on safe infant care
6. Strategies to prevent transmission of HIV to baby from HIV-positive mother

- **Post-Pregnancy**
 1. SIDS
 2. Breast feeding
 3. Regular medical care and birth control
 4. Post-partum depression screening and intervention
 5. Education on appropriate infant and child care
 6. Regular well child visits to the pediatrician/provider
 7. Parenting skills
 8. Support for high-risk populations

CareFirst funds projects and gives priority to programs that:

1. Offer opportunities for catalytic innovation in the health care delivery system
2. Fill gaps in the existing health care delivery system
3. Initiate or provide needed services for specific populations or conditions
4. Subsidize and enhance access to health care

Proposal Format

In addition to describing how your proposed project would satisfy the requirements as set forth in this document, please include the following components in your proposal to assist CareFirst to better understand your organization and your proposal.

I. Cover Letter /Executive Summary (maximum of 2 pages)
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Include an executive summary/cover letter on organization's letterhead with the following information:

- A. Application date
- B. Brief organizational history and recent accomplishments
- C. Brief explanation of the purpose of the request and the grant amount being requested
- D. Brief summary of how organization's proposal aligns with CareFirst's mission and grant-making objectives
- E. General information about organization:
 1. Contact person's name
 2. Title
 3. Daytime telephone number and fax number
 4. E-mail address
 5. Organization's web-site address
- F. Letter must be signed by the organization's Executive Director

II. Proposal Narrative (maximum of 8 pages)
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The following outline is intended as a guide in drafting the narrative for your funding proposal. In addition to the specific questions, please describe how your proposed project will accomplish the goals set forth earlier in this document:

A. Organizational Background

1. One to two paragraphs that succinctly describe the organization's history, mission and goals.

B. Purpose of Request and Anticipated Results

1. Describe the issue or need to be addressed, the size and/or severity of the issue or need, and provide evidence of the issue or need. If applicable, provide demographic and geographic information regarding the community or population intended to benefit from or be served by the request.
2. Describe the program or project. For new programs, describe how the program model was developed. For ongoing programs, describe the program's track record.
3. Discuss the anticipated results (outputs and/or outcomes) for the request. Explain how the activities directly and/or indirectly address the issue or need and support achievement of these results.
 - For general support requests, describe how the request will enhance organizational capacity, sustainability, and/or the achievement of measurable results for the organization.
4. Indicate what process and/or impact information will be collected to measure and demonstrate success.
 - For general operating support requests, please describe how your organization assesses its overall success and effectiveness.
5. If applicable, provide a timeline for implementing the request.

C. Organizational Capacity

1. Describe the organization's ability to implement the request or explain the organizational limitations that funding will address. As applicable:
 - a. Explain how this proposal relates to the organization's mission, goals and/or strategic plan, and other activities planned for this year.
 - b. Describe how the request will enable the organization to build its capacity, address current limitations or improve its ability to meet programmatic or organizational goals.
 - c. Describe the organization's current programs and activities, track record, related program or organizational accomplishments, accreditation, awards or other strengths that enhance capacity or sustainability.
 - d. Describe your organization's structure and board/staff responsibilities. List the names, qualifications and number of years in their position for key staff and/or volunteers relevant to the current request.
 - e. Indicate links with other organizations doing similar work in your geographic area or on the same issue.
 - f. Describe how you will meet the likely diverse language needs of your target population.
 - g. Describe the organization's relationship with stakeholders, such as community residents, clients, staff, board members or other constituents.
 - h. Describe relationships that your organization has built that will help to complete or supplement the continuum of care for the targeted population.
 - i. Indicate your organization's affiliation with federated funds or public agencies.

III. Attachments

Include the following attachments:

A. Finances

1. Financial statements from the two most recently completed budget years, audited if available. Explain any significant changes in the budget (percent increase or decrease) that may have occurred during the period. Provide a copy of the organization's most recent IRS Form 990 tax return, if audited financials are not available.
2. Interim financial statements for the most recently closed quarter for which statements are available.

3. Your organization's current annual budget, including income and expenses. You may supply the organization's budget as currently prepared or use the format attached.
4. Program budget for this proposed project, including proposed income, expenses and pending sources of support.
5. If applicable, provide a short narrative that explains anticipated sources of support, planned fundraising campaigns or events, significant changes in the organization's operating budget, or other financial line items that may be unclear.

B. Board of Directors

1. Provide a roster of board members and their responsibilities and affiliations. Describe the board's financial support of the organization (percent contributing and amount contributed) for the most recently completed fiscal year.
2. Describe the criteria for selecting board members.

C. Other

1. A copy of the organization's current IRS determination letter (or the fiscal agent's) indicating 501(c)(3) tax-exempt status.
2. A copy of the organization's registration with the appropriate State and/or local government agency with oversight of your organization.
3. A copy of the organization's most recent annual report (if available).
4. If this request includes partner organizations, please provide a copy of a Memorandum of Understanding or a description of the roles and responsibilities for each organization that is signed by all parties.
5. Optional attachments may also include letters of support and recent newspaper/magazine articles. (Please be judicious in the number of additional attachments.)

Applications should be mailed to:
Community Relations Department
Attn: Incoming Requests
CareFirst BlueCross BlueShield
10455 Mill Run Circle Mail Stop CT-10-04
Owings Mills, MD 21117

Inquiries can be directed via email to: ***community.relations@carefirst.com***

You will be notified when your grant has been received, and all decisions will be communicated in writing.

Deadline for applications is September 18, 2009
Date

Decisions will be rendered by external advisory committee by: December 7, 2009
Date