



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

**June, 2010**

**Submission Deadline:  
June 30, 2010**

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 29<sup>th</sup> 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 and 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 2005, as reported by the National Center for Health Statistics, the Maryland infant mortality rate of 7.3 (per 1,000 births) was slightly higher than the national average and resulted in 547 infant deaths before age 1. In Washington, DC, the infant mortality rate was 13.7, and while that rate showed a decline of 14% in a decade, it was still double the national average and resulted in 109 infants deaths before age 1.

Although Maryland and the District of Columbia have 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 Maryland and District of Columbia service areas. 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 Washington, DC and all Maryland jurisdictions with the exception of Baltimore City.

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, the on-line application will prompt you to include the following components in your proposal to assist CareFirst to better understand your organization and your proposal.