



March of Dimes Texas Community Grants Program

Letter of Intent (LOI)
Due August 25, 2017

March of Dimes
Texas
2801 26th St. Ste. 300
Lubbock, TX 79410
806-686-0307
ajrubio@marchofdimes.org

I. MARCH OF DIMES COMMUNITY GRANTS PROGRAM

Founded in 1938, the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. We do this by funding research to understand the problem and discover answers, helping moms have full-term pregnancies and healthy babies, and supporting families and comforting them when their baby needs help to survive and thrive.

Premature birth is the leading cause of newborn death worldwide. Even babies born just a few weeks too soon can face serious health challenges and are at risk of lifelong disabilities. In 2003, the March of Dimes launched the Prematurity Campaign to address the crisis and help families have healthy, full-term babies. The campaign funds research to find the causes of premature birth, and to identify and test promising interventions; educates health care providers and women about risk-reduction strategies; advocates to expand access to health care coverage to improve maternity care and infant health outcomes; provides information and emotional support to families affected by prematurity; and generates concern and action around the problem.

The March of Dimes has established an ambitious set of goals to reduce preterm birth rates in the U.S. to 8.1% by 2020 and 5.5% by 2030. To achieve these goals, the March of Dimes will focus efforts and investments within communities with a high burden of preterm births and populations with the greatest disparities. As part of this effort, the Texas Community Grants Program is designed to invest in priority projects that further the March of Dimes mission, support campaign objectives, and further our strategic goal of promoting equity in birth outcomes.

II. AVAILABLE FUNDING AND 2018 FUNDING PRIORITY AREAS

The community grants fund for 2018 is approximately \$200,000. It is anticipated that 15-20 projects will be funded, with grants ranging from \$3,000 to \$20,000 each. *Becoming a Mom, Honey Child, Hope Chest, Stork's Nest and CenteringPregnancy projects may apply for up to \$10,000.*

Proposed projects should be designed to make an impact on preterm birth in accordance with Texas Strategic Mission Investment (SMI) Plan aims:

Aim 1: Reduce preterm birth rate in Black women in Texas from 13.6% in 2015 to 12.4% or less by 2020.

Aim 2: By 2020, maintain the percentage of women who report receiving Hydroxyprogesterone Caproate (17P) during their most recent pregnancy at 4.9% among eligible women.

Aim 3: Increase the proportion of women in Texas who receive prenatal care in the first trimester of pregnancy from 67.0% in 2014 to 73.9% or more by 2020.

Aim 4: Each year, ensure 50,000 or more of pregnant women in Texas receive prenatal care aligned with best practices for preterm birth prevention by 2020, by increasing patient and provider knowledge of best practices in perinatal care in the domains of cultural

competence, adherence to clinical care standards and demonstration of patient-centered care.

Aim 5: Increase the proportion of women giving birth in Texas who attend a post-partum care visit with a healthcare worker from 85.4% in 2012 to 88.5% or more by 2020.

The five aims listed above may be addressed through projects that achieve the following:

- Implementation of programs focused on addressing health disparities related to birth outcomes.
- Implementation of March of Dimes prenatal education and incentive programs. (examples: Becoming a Mom, Honey Child, Hope Chest, and Stork's Nest). *See Program Descriptions for more detail.*
- Implementation of programs that promote preconception, inter-conception healthcare and postpartum visits. (examples: Go Before You Show, Some Day Starts Now, IMPLICIT, One Key Question, and Healthy Texas Women). *See Program Descriptions for more detail.*
- Reduction of non-medically indicated (elective) deliveries prior to 39 weeks gestation. Inductions and caesarean sections scheduled before 39 weeks gestation without a medical reason increase the risk of early term and late preterm birth and their health consequences.
- Increased use of progesterone (17P) for women with a history of prior preterm birth. Weekly progesterone injections for at-risk women are proven to reduce preterm birth in women with a prior preterm birth, but this therapy is dramatically under-utilized.
- Reduction of tobacco use among pregnant women. Tobacco use is a well-documented risk factor for preterm birth and other adverse birth outcomes, but one in ten women smokes while pregnant.
- Encouraging women to space pregnancies at least 18 months apart. Fully one-third of all pregnancies in the U.S. occur less than 18 months after the birth of a child, which is a known risk factor for preterm birth. Appropriate birth spacing would measurably reduce national preterm birth rates.
- Increased use of low-dose aspirin to prevent preeclampsia. Preeclampsia involves high blood pressure and other factors during pregnancy, which can ultimately threaten the life or health of both mother and baby and can only be cured by delivering the infant, regardless of its gestational age. The U.S. Preventive Services Task Force recommends all at-risk women take a daily low-dose aspirin, but few use this therapy.
- Implementation of CenteringPregnancy Group Prenatal Care. Group prenatal care reduces rates of preterm birth by combining prenatal care with group education and

support services. *Only sites currently implementing CenteringPregnancy may apply. No start-up funds will be awarded.*

All grant proposals must address the March of Dimes mission of improving the health of babies by preventing birth defects, premature birth and infant mortality. Priority will be given to strategies and interventions that specifically target women in population groups with disproportionately high risk for preterm birth and/or geographic areas with a high burden of preterm births. Projects must aim to improve access to or delivery of care or education to pregnant women/women of childbearing age or to deliver education to health care providers.

III. ELIGIBILITY

In order to be eligible to receive a March of Dimes State grant, the applicant must provide services in Texas. The applicant organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **The March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the March of Dimes Maternal and Child Health (MCH) Statewide Committee or a Market Board.

The March of Dimes does not fund billable health care provider services. The March of Dimes community grants also do not fund scientific research projects. For information about research grants funded by the March of Dimes national office, please go to marchofdimes.org/research.

All grantees must (i) certify that they are not presently listed on the Federal Excluded Party List, debarred or suspended from the award of any federal or state contracts, or excluded from participation in any governmental medical reimbursement programs; and must (ii) attest that they /will comply with all laws and regulations (to include federal, state and local laws and regulations). Additionally, March of Dimes grantees may be screened to ensure that they are not debarred or suspended by the Federal Government and/or local State agencies.

IV. APPLICATION TIMELINE AND FUNDING PERIOD

Technical assistance call: August 7th, 2017 at 3:00 p.m.

- Dial 1-866-638-1558 Code 205-836-4768 for assistance in completing the letter of intent and for questions regarding the application.

Letters of intent due: **August 25th, 2017**

Invitations for full proposals: September 11th, 2017

Proposals due: October 20th, 2017

Notification of awards: January 15, 2018

Grant period: February 1, 2018- December 31, 2018

All community grants are approved for one year only. It is highly encouraged to show how the program will be sustained without continued funding. **This Letter of Intent must be returned electronically in a PDF format no later than August 25th, 2017 to:**

ajrubio@marchofdimes.org

March of Dimes Staff Contacts:

- Amy Johnson-Rubio, Maternal & Child Health Director, West Texas
806-686-0307
ajrubio@marchofdimes.org
Primary contact for general grant questions
- Heather Butscher, Maternal & Child Health Director, South and East Texas
713-964-5423
hbuttscher@marchofdimes.org
- Sandy Hogan, Maternal & Child Health Director, North Texas
682-201-3035
shogan@marchofdimes.org
- Yvette Mirabal, Maternal & Child Health Director, Central Texas
512-568-3452
ymirabal@marchofdimes.org

V. LETTER OF INTENT APPLICATION

Part 1-Cover Page

Applicant Organization:

Address:

City: _____ State: _____ Zip: _____

Project Title: _____

Contact:

Name/Title: _____

Phone: _____ Fax: _____

E-mail: _____

Institution Type (choose one):

- Clinic
- Community-based Organization
- Educational Institution
- Health Department (State/Local)
- Other For-Profit Organization
- Professional Association
- Other _____

Have you previously received March of Dimes grant funding for the same project in the last 3 years? Yes, please specify years _____ No

Please provide a brief synopsis of your project (2 sentences are sufficient):

Please list the **one project area** that the proposal addresses (project areas are listed in bullets in Section II):

Approximately how many **unduplicated** individuals will be served during the grant term?

How many providers (physicians, nurses, etc.) will be reached? _____

Does this project target adolescents (17 and under)? [] Yes [] No

Does this project aim to reduce disparities? [] Yes [] No

Select the race/ethnicity of the *majority* of individuals expected to be served by this project (if applicable):

RACE:

[] White

[] Black or African American

[] American Indian or Alaska Native

[] Asian

[] Native Hawaiian or Other Pacific Islander

[] Other _____

ETHNICITY:

[] Hispanic

[] Other _____

Please indicate what will be measured and reported on throughout the project:

[] Change in knowledge [] Change in behavior [] Change in birth outcomes

[] Other _____

Total amount requested: \$ _____ Cost per individual: \$ _____

Signature - Primary Staff Person

/ /
Date

Type Name and Title

Part 2-Project Overview (2 pages max)

Problem Statement: What is the problem that this project will try to address and how is it impact preterm birth? What is the target audience for the proposed project and why? How many unduplicated individuals will the project reach? *This section must include data that describes preterm birth rates, contributing factors and disparities in the target population of the proposed intervention.*

Methods: What are the key measurable objectives/activities of this project and what is your agency's capacity (including staff capacity) to carry out the project?

Expected Results: What changes do you expect to occur as a result of the activities described above? How will you evaluate the proposed objectives/activities? Give specific details of your expected outcomes and how data will be collected to document change.

Conclusions/implications: What are the larger implications of your findings? What impact will this project have on the problem identified above?

Budget: How much funding do you need to implement the proposed program and what are the major budget categories? (Applicants invited to submit a full proposal will be asked to provide a detailed line-item budget.)

VI. Appendix: Program Descriptions

Becoming a Mom: Becoming a Mom/Comenzando bien is a prenatal education curriculum of the March of Dimes.

Design and the Sessions

The program is designed to promote healthy pregnancies through two main components – *cognitive and behavior*. The cognitive component is designed to provide accurate and timely information about prenatal care and pregnancy, while the behavioral component promotes changes in prenatal health behaviors such as *seeking prenatal care, taking prenatal vitamins, eating healthy foods, not smoking, etc.*

Becoming a Mom/Comenzando bien consists of nine (9) group sessions:

Session 1: You and Your Pregnancy – Participants get to know each other and learn basic things about having a health pregnancy

Session 2: Prenatal Care – Learn about the importance of early and regular prenatal care and the skills to navigate the health care system.

Session 3: Eating Healthy during Pregnancy – Learn importance of healthy eating and appropriate weight gain.

Session 4: Stress during Pregnancy – Learn the importance of taking care of themselves and having nurturing supportive relationships.

Session 5: Things to Avoid during Pregnancy – Learn about what to avoid, including smoking, drinking alcohol and using illegal drugs, and practice new ways to change behavior.

Session 6: The Big Day: Labor and Birth Learn about labor and birth and think about their own preferences and choices for the birth of their baby.

Session 7: Caring for your Baby – Learn ways to feed bathe and care for their baby, including safe sleep, breastfeeding, etc.

Session 8: Postpartum Care – Learn about the physical and emotional changes that women can experience after giving birth.

Session 9: Graduation – A celebration for their completion of the Becoming a Mom/Comenzando bien.

Session Components

Each Becoming a Mom/Comenzando bien sessions has the following:

- Learning objectives that describe what participants should know by the end of the session.
- Key messages that represent the minimum information that women should take away from the session.
- Special notes for the facilitator, including information or items they should gather before conducting the session.
- A background section that gives basic information about the session topic.
- A step-by-step lesson plan. While the lesson plans may be used exactly as they appear, the content or activities can be adapted to meet participants' needs.

Reproducible handouts that can be used to reinforce key messages or facilitate group activities.

Handouts also are available online at marchofdimes.com/curriculum handouts

Honey Child: *Sites will be invited to apply. This project is not open for public applications.*

Hope Chest and Stork's Nest: Education and incentive projects that seek to encourage participants by providing rewards through a clearly defined system. A copy of the incentive redemption schedule should be attached to the application. At a minimum, participants must be urged to:

- seek early and ongoing prenatal care;
- engage in health promoting behaviors such as exercise, healthy food choices and maintaining optimal weight;
- take part in prenatal education classes, and;
- pursue health benefits for which they may be qualified.

Applicants should use a March of Dimes prenatal education curriculum such as *Becoming a Mom/Comenzando bien* or *Stork's Nest* (in partnership with Zeta Phi Beta Sorority, Inc.) *Please contact your local March of Dimes Maternal & Child Health Director for more details if you are interested in one of these projects.*

Go Before You Show: A public education effort aimed at increasing knowledge about the importance of early prenatal care. The March of Dimes and United Way 2-1-1 Helpline are partnering to deliver this message to the community. The purpose of the campaign is to increase 1st trimester entry into prenatal care by educating the community and prenatal care providers about the importance of prenatal care and how to access resources. The campaign includes public education materials including flyers and posters community partners, public service announcements and provider education. *Please contact your local March of Dimes Maternal & Child Health Director for more details if you are interested in this project.*

Some Day Starts Now: The public awareness campaign of Healthy Texas Babies. The campaign's centerpiece is a bilingual website – www.SomedayStartsNow.com and www.AlgunDiaEmpiezaAhora.com. The website features tools for providers in the healthcare and community settings, Life Planning and Birth Planning Tools, videos on the importance of breastfeeding, partner involvement, and preconception health as well as information for men and women of childbearing age for before, during and between pregnancies.

Other campaign elements include publications and materials that can be ordered through the [DSHS Warehouse](#), such as posters about preconception and prenatal health, a worksheet to enhance patient-provider goal setting and communication, and a Frequently Asked Questions page. DSHS also developed multi-media tools such as web banners, radio and TV PSAs and a media outreach toolkit to allow partner organizations to cross-promote the campaign while highlighting their own local efforts. For more information: <https://www.dshs.texas.gov/healthytexasbabies/Someday-Starts-Now.doc>

IMPLICIT and the Interconception Care Project: IMPLICIT (Interventions to Minimize Preterm and Low Birth Weight Infants through Continuous Improvement Technique) is a network of health care providers. Its purpose is to educate faculty and residents about primary prevention of preterm birth. IMPLICIT recognizes that pregnancy outcomes often depend on the health and lifestyle of a woman prior to her first prenatal visit. Thus, health interventions aimed at improving health in the prenatal period alone, often fail to significantly reduce low birth weight and premature births. For this reason, IMPLICIT has developed an innovative new model for providing maternal care called the Interconception Care (ICC) Project.

The Interconception Care (ICC) Project focuses on maternal health screenings for four health risks during her child's well child visits between the ages of 0 and 2 years. These risks are: smoking, depression, contraception use, and multivitamin intake. While new mothers may not establish primary care for themselves, they often accompany their infants to preventative health

visits. Utilizing well child visits as an opportunity for screening new mothers for health risks may improve maternal care and future pregnancy outcomes.

Interconception Care Project grant sites can be clinics which are part of a family medicine or pediatric residency program, individual clinics, or community based health care centers.

For more information on IMPLICIT and the ICC Project: <http://www.fmec.net/implicit>

One Key Question: A model that provides primary care health teams, community health workers, and other providers with a simple program to incorporate pregnancy intention screening, “Would you like to become pregnant in the next year?” into routine care and services. Women are then offered essential preconception care and reproductive health services (or referrals) depending on their needs.

One Key Question® grant sites can be individual clinics, health centers, community-based programs or agencies, or ideally, several partners within a community will come together to simultaneously implement – examples of partnerships:

- Clinics and Clinical providers: Ob/Gyn, family practice, primary care, midwifery, oral health care providers, etc.
- Community-based organizations/non-clinical providers: promotoras, WIC, home visitors, community health workers, care coordinators, etc.
- One agency/clinic/site may function as the coordinator/convener for their community partners (and as the lead grant applicant)

For more information: <http://thenationalcampaign.org/select360>

Healthy Texas Women: A program dedicated to offering women’s health and family planning at no cost to eligible women in Texas. These services help women plan their families, whether it is to achieve, postpone, or prevent pregnancy. They also can have a positive effect on future pregnancy planning and general health. For more information: <https://www.healthytexaswomen.org/>