

REQUEST FOR APPLICATIONS (RFA)

HEALTHY WISCONSIN FAMILIES: INVESTING IN THE INFRASTRUCTURE OF MATERNAL AND INFANT HEALTH

APRIL 2023

Overview

The University of Wisconsin School of Medicine and Public Health is committed to improving health and advancing health equity in Wisconsin and continues to be deeply invested in supporting initiatives to address Wisconsin's significant disparities in maternal and infant health outcomes. The University of Wisconsin School of Medicine and Public Health (UW SMPH) has received resources to lead a new competitive grant program funded by the U.S. American Rescue Plan Act of 2021 (ARPA) from the Wisconsin Department of Health Services to advance maternal and infant health equity, particularly focusing on efforts that lessen the COVID-19 pandemic impacts.

Background

The COVID-19 pandemic has exacerbated adverse maternal and infant health outcomes disproportionately across Wisconsin's communities. Annually in Wisconsin, approximately 400 infants die before their first birthday.ⁱ These deaths more often impact Black, American Indian, Asian, Latino/Hispanic, multiracial and low resource communities, with disparities increasing over the last decade.ⁱⁱ Maternal deaths and pregnancy complications are also disproportionately distributed and have been increasing within Wisconsin's diverse communities.ⁱⁱⁱ The COVID-19 pandemic has had profound, wide-reaching negative impacts, including limiting health care access, increasing health risks, enlarging economic uncertainties and directly increasing pregnancy complications due to the social, biologic and physiologic impacts of the virus itself.^{iv}

GRANT PROGRAM OVERVIEW

To address this complex and ongoing health challenge, the UW SMPH is launching a new competitive RFA, *Healthy Wisconsin Families: Investing in the Infrastructure of Maternal and Infant Health*, which provides funding designed to advance maternal and infant health equity, thereby taking a step towards mitigation of COVID-19 pandemic impacts. This funding is targeted to break down health care delivery silos and create bridges between health systems/hospitals/community clinics/Federally Qualified Health Centers (FQHCs) and community partners. Rigorous proposals are requested to support health systems and their community organization partner(s) launch innovative pilot projects to improve maternal and infant

outcomes. Applicants should focus on the critical window from just before birth up to a month after delivery. Applicants are also encouraged to consider the entire 12 month postpartum period when pursuing and evaluating interventions. Proposed pilot projects should focus on underserved and marginalized Wisconsin communities and be designed to disrupt inequities in health outcomes for infants, children, women, and pregnant people. It is expected that responsive proposals will address at a minimum one of the following priorities:

- Enhanced care coordination including the implementation and diversification of the perinatal workforce (e.g., midwives, doulas, community health workers, lactation consultants, others) in the hospital and maternal care delivery models with the specific aim to build policies and practices that solidify the training, development, employment, and systematic and equal access to community aligned support.
- Transformation of the maternity and/or infant care health care environment through infrastructure investments to build a supportive person-centered or family-centered environment. Investments could include (but are not limited to) the following:
 - community-aligned labor and delivery areas
 - meeting the Centers for Medicare and Medicaid Services (CMS) “Birthing-Friendly” updated hospital designation
 - integrating free standing birth centers^v
 - pregnancy medical home implementation
 - group prenatal care
 - substance use treatment and services
 - facilitating NICU parent needs and the critical ability to bond with baby
- Investment in telehealth, remote monitoring, home visits and the corresponding infrastructure to respond effectively to pregnancy and postpartum needs to reduce maternal morbidities and mortalities. This may include initiatives to manage cardiovascular risks, mental health needs, and/or substance use treatment and recovery.
- Investment in data and electronic medical record improvements for collaboration to increase understanding and identification of women at risk of preterm birth and other adverse pregnancy outcomes and building quality improvement initiatives. Investments may include building rapid response data systems to track, and measure aims to reduce low-risk cesarean deliveries (LRCD) and/or alleviate barriers to active participation with Wisconsin Perinatal Quality Collaborative (WisPQC) to meet further quality improvement efforts.

KEY DATES AND DEADLINES

Request for Partnerships released	April 24, 2023
Staff Office Hours for Technical Assistance/Questions	May 11 & May 16, 2023
Full Proposals Due	May 30, 2023

Proposal Review	June 2023
Finalist Presentations	August 2, 2023
Notify Applicants of Decision	September 5, 2023
Earliest Project Start Date	October 1, 2023 (end Sept 30, 2025)

ELIGIBILITY

A Community Lead Organization is required and must be a non-profit hospital/health system, Federally Qualified Health Center or other non-profit clinical care entity and should apply as the lead organization in partnership with one or more established community partners. Collaborations and consortium applications are encouraged by health delivery entities. The Community Lead Organizations must be Wisconsin-based, nonprofit, IRS tax exempt, 501(c)(3) organizations, or tribal or local government entities.

The Community Lead Organization is responsible and accountable for leading and advancing the project as specified in the Memorandum of Understanding. A Leader and/or Project Manager from the Community Lead Organization must contribute at least 10 percent of FTE to the project. Community Lead Organizations are required to provide a copy of their audited financial statements issued less than 15 months prior to the application deadline.

At least one Community Partner is required. A community partner that is not structured as a Community Lead Organization (as defined by this funding mechanism) is still eligible to participate as a community partner and be compensated from the awarded funds. Additional partners in the proposed work are encouraged, as well as bringing new innovative or unexpected partners to meet the goals of the funding.

FUNDING AND DURATION

Each award will be for a maximum of **\$1,150,000 for up to two years, inclusive of both direct and indirect costs**. The number of grants awarded depends on the size of the requests received and the availability of funds.

Additionally, applicants should be aware of the following proposal considerations:

- Funds will be accommodated through a cost-reimbursement model
- No-cost extensions will not be accommodated
- The Community Lead Organization is required to allocate at least 15% of the total grant award funding to community partners

Formal quarterly, mid-grant and final grant reporting to review progress and spending with SMPH staff is required as well as communications and outreach related to the grant.

FULL APPLICATION

Due May 30, 2023, by 11:59 PM.

Application forms are available in SM Apply:

https://medwisc.smapply.io/prog/healthy_wisconsin_families_investing_in_the_infrastructure_of_maternal_and_infant_health/

In addition to providing general information about the project, the application includes the following components.

Executive Summary

Maximum of 2 single-spaced pages (11-point font, 0.5-inch margins) providing the following information in the order listed below using the given headers in concise responses to each section. This Executive Summary acts as a succinct and accurate description of the initiative when separated from other application materials.

- **Maternity and Infant Care Delivery Goals:** Describe existing capacity and experience in supporting maternal and infant health and how your proposed work will align with the goals of this RFA. Clearly identify the policies, regulations, rules, priorities, protocols, processes, or practices within/across the health care delivery organization and how the community served will be affected by your proposed pilot. Highlight where the detrimental effects of the COVID-19 impacts will be reduced by the proposed work.
- **Population and Geographic Area:** Identify communities, population groups and specific geographic areas where you will focus your work and your organization's service reach that the proposed work will serve.
- **Connection to Impacted Communities:** Describe how your organization is led or informed by those who best understand how the COVID-19 pandemic has exacerbated adverse maternal and infant health outcomes disproportionately across Wisconsin's communities. The voices of those directly impacted should be incorporated.
- **Grant Activities and Timeline with Milestones:** Describe the major activities you propose under this grant and time frame for each activity and the anticipated outcomes.
- **Key Partnerships:**
 - **Community Lead Organization:** Describe the Community Lead Organization's experience and expertise in maternal and infant care and what makes this organization ideal to lead the proposed initiative.
 - **Community Partners (minimum of one partner):** Provide a bulleted list of partner organizations engaged in the work and describe the role they play in achieving the proposed change. Please share the structure of the organizations listed (e.g., non-profit) and highlight which partners will be receiving grant funds.
- **Sustainability:** Describe how the work implemented will be sustained after the grant dollars end and any plans for scalability and reach beyond your site and/or organization(s).

Narrative

Maximum of 5 single spaced pages (11-point font, 0.5-inch margins) providing the information in the order listed below using the given headers in concise responses to each section.

Maternal and Infant Care Focus and Targeted Need for Change and Investment

Justify why the targeted population and particular intervention are chosen, including how these choices are responsive to this RFA. Please provide data and information, if possible, of the current state and the future goal(s). In particular, describe the need for change. (e.g., rate of LRCD per 100 deliveries is currently at 21.7% and proposed effort will reduce the rate by 10%).

Describe why the Community Lead Organization is ready to implement this effort. What is the history on this topic or program and the current state of the related maternity and infant care? Have the named partners been past allies in the effort or are the relationships new?

Activities, Evidence Base, and Sustainability

- In detail, what are the proposed primary activities that will be completed within the timeline of the initiative, and what are the specific goals for each activity?
- What is the existing evidence supporting the proposed approach? If you are piloting an approach that will contribute to the evidence-base, please explain why you are taking the proposed approach.
- What is the plan for resolution challenges (i.e., anticipated hurdles and how they will be resolved)?
- How will the work be sustained? Have you received prior funding in connection to the work planned?

Reach, Evaluation and Sharing

Evaluation is critical to better understanding what approaches are proving effective. Understanding the full scope of a program's outcomes provides invaluable knowledge to guide further investment and possible expansion plans.

- How many persons are expected to be impacted by this project (e.g., pregnant people served, newborns and infants served, numbers of new lactation consultants trained and available)?
- How do you anticipate the current identified inequities will be reduced?
- Will the infrastructure of the health care delivery setting change? Please share the details of expansion or care setting (e.g., NICU parent bonding video system purchased).
- How do you plan to evaluate this project?
 - How will you collect data (surveys, interviews, observations)?
 - When will data be collected?
 - What types of questions do you hope to answer through evaluation?
 - What kinds of data will you collect to answer these questions?
- How will you provide impact touch points (e.g., remote blood pressure monitoring numbers, doula access for hospital deliveries, data system enhanced) to communicate the services and support provided?

- How will you incorporate your participants' feedback or voice for project improvement?
- Describe how you will implement a community-centered perspective so that your work is poised to support the ecosystem of maternal and infant providers and patients in your community.
- How will you share what you learned from the work? Would workshops or community convenings be an avenue to share lessons learned? If not, how would you be intentional about sharing the successes and opportunities to grow with the community?

Organizational Capacity, Partnerships and Project Team

Community Lead Organization: There are significant administrative and fiscal demands that oversight of a large grant imposes on an organization. Describe the Community Lead Organization's organizational capacity to manage administrative and fiscal responsibilities associated with this proposed initiative. Please address the following in your response:

- Organizational mission and alignment of mission with the proposed initiative
- Previous work and related accomplishments, and current staff resources available for this initiative

Community Partners: Provide a bulleted list of the partners organizations engaged in this work and describe the role they play and how they will contribute to the initiative. Please share the structure of the organizations listed (e.g., non-profit) and highlight which partners will be compensated with grant funds for their efforts.

Describe the roles and responsibilities of each team member (Community Lead Organization and all Partners) and their project specific expertise/experience.

Illustrated Project Model (one page limit)

Through a visual representation, either by a legibly handwritten or digital drawing, share all the components of the proposed work including the strategies and relationships used to improve maternal and infant health, as well as the outputs and expected outcomes. The following are resources to guide your proposal's creation:

- [University of Wisconsin-Madison, Enhancing Program Performance with Logic Models](#)
- [Community Tool Box](#)

Letters of Commitment and Support (no page limit)

Letters of commitment provide a crucial piece of an overall application. Letters from each named partner from the section above (Organizational Capacity, Partnerships and Project Team) must provide a letter of commitment agreeing in detail to their role in the proposed project and further outlining their capacity/ability to take on such a role. Letters of support from community members and/or impacted individuals are also welcome and encouraged. Letters can be handwritten. Template-based letters are discouraged. English translations must be provided for letters in a language other than English. The letters must be combined and uploaded as a single PDF. There is no page limit for letters of commitment and support.

Project Budget

Using the **required budget template**, the project budget should clearly indicate how the grant funds will be spent.

Expenditures must:

- be fully justified, reasonable and clearly related to the project's goals
- reflect the activities listed in the proposal
- be allowable within the parameters of the Treasury Department and State of Wisconsin DHS Terms and Conditions.

Requests should be made by expense type (salary and fringe benefits, services, travel, supplies, etc.) and should provide sufficient detail for individuals unfamiliar with the project.

Budget Justification

A budget justification is required for purposes of describing in detail the major budget line items: salary and fringe benefits, travel, equipment, services, and supplies and other expenses. The justification should provide specific information about why an expense is necessary to achieve the project's goals and objectives. It must also describe the roles and responsibilities of the project's key personnel, even if uncompensated. *The budget justification must be uploaded as a PDF with 0.5 inch margins and a minimum 11-point font.*

Funds must be used for project-related costs. Examples include:

- Personnel expenses, i.e., salaries and benefits
- Consultant and contract services (e.g., training)
- Travel
- Capital expenditures- limited to less than \$1 million. Examples include:
 - Equipment needed to address the public health emergency or its negative economic impacts (e.g., warmers, incubators, infusion pumps, transport monitors).
 - Costs of establishing public health data systems, including technology and infrastructure.
- Indirect costs - general overhead costs of an organization where a portion of such costs are allocable to the award, such as the cost of facilities or administrative functions. Applicants must provide a copy of their current federally negotiated rate agreement or a 10% de minimis indirect cost rate will be used. Indirect costs will be applied to direct salaries, fringe benefits, services, supplies, travel and up to \$25,000 of each subaward. Indirect costs are excluded from equipment purchases. The award maximum of \$1,150,000 is inclusive of both direct and indirect expenses.

Funds may not be used for:

- Deposits into pension funds
- Debt service or replenishing financial reserves (e.g., "rainy day funds")
- Satisfaction of settlements and judgements
- Entertainment or alcoholic beverages
- Any expenses or goods and services for personal use of employees
- Donations
- Lobbying
- Projects outside the state of Wisconsin

- Costs prohibited by the Treasury Department or Wisconsin Department of Health Services, see terms and conditions.

Negotiated Indirect Cost Rate Agreement

The Community Lead Organization must upload a copy of their Federal Negotiated Indirect Cost Agreement.

REVIEW PROCESS AND FUNDING DECISIONS

Application Due May 30, 2023, by 11:59 PM.

The SMPH Committee to Support Maternal and Infant Health, whose members have deep expertise and a diversity of experience in maternal and infant health in Wisconsin, will be using the following criteria to evaluate each submitted application.

Criteria Review of Full Applications (percent weight of the total score)

- The proposal illustrates a focused attainable goal and is responsive to one or more of the priority areas noted on page 2 and provides a clear summary of the proposed work convincing of its potential merit. **25 percent**
- The Community Lead Organization and proposed partner(s) provide convincing evidence that they have experience, existing infrastructure and a full partnership that will result in a positive impact on maternal and infant health. **25 percent**
- Letters of Commitment and Support are specific to the work, commitment, and involvement of the individual or group submitting the letter. The required partner has an active role and is providing leadership. Additionally, the engagement of other partners and those impacted can be discerned. Template letters will not be considered positively. **20 percent**
- The proposal considers sustainability of the work and future opportunities for scalability and reach. **15 percent**
- The proposal includes a robust plan for evaluation, feedback, and continuous improvement. **15 percent**

Full Application Review Process

- **Technical review:** SMPH Staff will review each full application to ensure that all requirements are met. Applications that do not comply with the submission requirements will not be reviewed and the applicant organization will be notified.
- **Content review:** The SMPH Committee to Support Maternal and Infant Health will review the full applications based on the review criteria above and alignment with the goals of this funding application. Each full application will be discussed and scored by multiple reviews to determine a finalist slate to invite for virtual presentations with Q&A.
- **Finalist Presentations:** Applicants will be informed in mid-July on whether they are invited for a finalist presentation to the SMPH Committee to Support Maternal and Infant Health on **August 2, 2023**. A 20 minute time slot will be offered to the Applicant and the Community partner(s) to allow

for a 10 minute presentation and 10 minutes for Committee Q&A. No exceptions to this presentation date will be made. The Community Lead Organization and at a minimum the grant funded Community Partner(s) must attend.

- **Final Funding Decision:** Following the presentations, the SMPH Committee to Support Maternal and Infant Health will independently rank the applications based on the full application review and the presentations, including the Q&A. The SMPH Committee to Support Maternal and Infant Health will make the final funding decisions.

Grantees will be notified of the award decisions by or on **September 5, 2023**. The SMPH Committee to Support Maternal and Infant Health decisions are final and cannot be appealed.

Earliest start date is **October 1, 2023**.

TERMS AND CONDITIONS

By applying for a grant, applicants agree to the UW School of Medicine and Public Health's terms and conditions. Additionally, there are regrant terms and conditions attached as an [addendum](#). The UW School of Medicine and Public Health has authority to establish additional terms and conditions unique to a funded project and will notify the Community Lead Organization.

For more information or assistance, please see the [funding opportunity website](#) or contact:

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ⁱ Centers for Disease Control and Prevention. (2021, March 12). Infant mortality rates by state. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm.

ⁱⁱ Wisconsin Department of Health Services. (2019). Annual Wisconsin birth and infant mortality report 2017. Retrieved from <https://www.dhs.wisconsin.gov/publications/p01161-19.pdf>., Wisconsin Department of Health Services. (n.d.). WISH – Infant mortality module. Retrieved from <https://www.dhs.wisconsin.gov/wish/infant-mortality/index.htm>.

ⁱⁱⁱ Wisconsin Department of Health Services. (2021, October 21). Maternal mortality and morbidity. Retrieved from <https://www.dhs.wisconsin.gov/mch/maternal-mortality-and-morbidity.htm>.

^{iv} March of Dimes. (2022, January 6). Coronavirus disease (COVID-19): What you need to know about its impact on moms and babies. Retrieved from <https://www.marchofdimes.org/complications/coronavirus-disease-covid-19-what-you-need-to-know.aspx>.

^v <https://jamanetwork.com/journals/jama/article-abstract/2565756>