



March of Dimes Chapter Community Grants Program

2013 Request for Proposals
Application Guidelines
The Coming of the Blessing®

March of Dimes
Washington Chapter
1904 Third Ave, Suite #230
Seattle, WA 98101
206-624-1373
WA655@marchofdimes.com



**March of Dimes
Chapter Community Grants Program**

**2013 Request for Proposals
Application Guidelines
Tribal Maternity Services Planning Grant**

March of Dimes
Washington Chapter
1904 Third Ave, Suite #230
Seattle, WA 98101
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I. PURPOSE

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies.

The Washington Chapter March of Dimes is concerned about the large disparity in preterm birth rates and infant mortality rates for American Indian families in Washington State. As part of this effort, the Washington Chapter 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. Currently, the Washington Chapter March of Dimes priorities are to reduce racial and ethnic disparities in preterm birth and to reduce elective deliveries before 39 weeks.

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 **Prematurity Campaign** was launched to address the crisis and help families have healthy, full-term babies. Nationally, 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 Washington Chapter seeks to fund two types of grants to address the disparity in preterm birth rates for American Indian families in Washington:

I. **TRIBAL MATERNITY SERVICES PLANNING GRANT:** The Chapter seeks to fund grants to assist tribes in describing the barriers and assets of prenatal care and prenatal services that American Indian pregnant women express and create a plan to improve maternity services provided by the tribe or surrounding community.

II. **THE COMING OF THE BLESSING® GRANT:** The Chapter seeks to fund grants to assist tribes in implementing and evaluating new maternal and child health programs such as *Coming of the Blessing®*.

Find the request for proposals for the *Coming of the Blessing®* grant here:

<http://www.marchofdimes.com/washington/grants.html>

The applicant must provide services in the Washington Chapter's geographic boundaries—applications from Clark, Cowlitz, Wahkiakum and Skamania should be directed toward the Oregon Chapter.

II. TRIBAL MATERNITY SERVICES PLANNING GRANT

In 2012, the March of Dimes funded a state wide project aimed to identify the scope of maternity services offered by the 29 federally recognized tribes in Washington State. The March of Dimes is now offering grant funding for individual tribes, tribal organizations or consortia of tribes that are interested in understanding the needs of the pregnant women the IHS operated clinic or tribal health clinic serves and making recommended changes to the tribal council or tribal health committee in order to enhance the clinical services and/or tribal education programs to better serve these women and their infants.

A. SCOPE OF WORK

1. DESCRIBE CURRENT SERVICES AVAILABLE TO PREGNANT WOMEN

- a. Provide a current analysis of all programs and clinical services available to pregnant women. For example:
 - i. Are Obstetric (prenatal care) services provided within the clinic?
 - ii. If Obstetric/prenatal care services are not provided within the tribal health clinic, does the tribe refer to a specific group of physicians?
 - iii. Is there a birth education class offered?
 - iv. Does the tribe provide free transportation to pregnant women seeking prenatal care outside of the tribal health clinic?
 - v. Are WIC, Maternity Support Services, case management/home visiting or other programs provided?
 - vi. The March of Dimes is happy to help provide a comprehensive list of services to help you with this assessment process.
- b. Investigate clinical options/services that might be made available to help pregnant women within the tribe-see examples below:
 - i. One rural tribe in the Pacific Northwest recently made changes to their clinical services to include prenatal care for pregnant tribal members. The tribal health staff saw pregnant women coming in for their pregnancy tests and then being referred outside of the tribal health clinic for prenatal care. In addition to the transportation barriers that were present, there were cultural barriers as well resulting in low rates of prenatal care for tribal women. In order to keep pregnant tribal members in prenatal care, the staff at the health clinic developed relationships with the Obstetric providers in the nearest towns and now provide prenatal care (with their own Nurse Midwife) to low risk pregnant tribal members and then manage the referral and transition of these women once they are 36 weeks gestation. The pregnant women are able to continue going to their tribal health clinic for prenatal care (until 36 weeks or if their pregnancy is determined to be of higher risk).
 - ii. CenteringPregnancy® is a model of prenatal care that has proven improvements in birth outcomes. Rather than traditional one-on-one prenatal care, there are 8-12 pregnant women all with similar gestations that attend prenatal care in a group. In addition to the social support that this model offers, the model also promotes empowerment and self care. Each pregnant woman does have some individual time with a provider for a check up; however, women are also empowered to take their own weight, blood pressure and other measurements. The group meeting promotes communication and questions and great social support between the participants. Groups do best with 8-12 women of the same gestational age. If the tribal health clinic does not have a sufficient number of pregnant women each year, it might be worth collaboration with an outside provider that offers CenteringPregnancy®. Could a relationship be created with an outside provider to encourage tribal members to seek CenteringPregnancy® groups at this provider and the tribe could assist with transportation, cultural appropriateness or other issues that arise?

2. DESCRIBE CURRENT BARRIERS AND ASSESTS FACING PREGNANT WOMEN IN THE TRIBE



- a. Develop interview or survey questions and sampling framework necessary for Tribal Council, privacy board, or IHS IRB approval.
- b. Appeal to Tribal Council, privacy board or IHS IRB for approval of the assessment portion.
- c. Conduct focus groups, individual interviews, or surveys to understand the needs of the women in the tribe.
 - i. Assess barriers that pregnant women face.
 - ii. Assess assets within the tribe (including tribal traditions and supports).
 - iii. According to your earlier findings and interest in implementing new clinical services to promote early access to prenatal care, please assess women's reactions to other clinical services/ care.

*Note: Tribe/grantee will retain and own all data.

3. CREATE AN ACTION PLAN

- a. Create and present recommendations for changes to the clinical and educational services provided to pregnant women with in the tribe to the appropriate leaders. Detail the steps that must be taken to implement the new plan.

III. ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter grant, an organization must be a tribe, 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 chapter's Program Services Committee or the Chapter or Division Board of Directors. The funding available for this work is negotiable (suggested range \$5,000-\$10,000). No matching is required. Grant disbursement is provided 50% upon initial award and 50% upon interim report at six months.

IV. 2013 GRANT SCHEDULE

Applications due	April 17, 2013
Notification of awards	May 15, 2013
Grant period	June 2013 - June 2014

Please Note:

March of Dimes chapter community grants do not fund scientific research projects. For information about research grants funded by the March of Dimes national office, please go to marchofdimes.com/research.

V. FUNDING PERIOD

All chapter community grants are approved for one year only. Consideration of continued support in subsequent years requires resubmission of a proposal or planned activities for the next year, and is based on review of progress and expenditure exports, and the availability of funding. Grants may be renewed only twice for a total project time span of three years.

VI. APPLICATION INSTRUCTIONS

- Applications must be no longer than 10 double-spaced pages (excluding attachments.)
- Font size must be at least 11 point and margins must be at least 1 inch.
- All applications must include a Cover Sheet, Narrative and the Budget Form.

- **COVER SHEET:** Completely fill out posted here:
<http://www.marchofdimes.com/washington/grants.html>
- **PROJECT NARRATIVE: (3-6 pages)**
 - A. Description**
 - Please provide a description of the Tribe and Tribal health clinic applying to conduct the assessment and planning.
 - Please describe why the Tribe/applicant is interested in undergoing this work and what makes you ready to do so. What is the capacity of the applicant to carry out the project (include agency's mission, key staff, clientele, and experience working with the target population group)? Are there improvements in clinical services for pregnant women that you are already interested in making? Please describe them.
 - What are the staff responsibilities? What is the role of collaborating organizations (if applicable)?
 - Please describe your plan for the assessment portion of this grant. How will you involve Native women in order to understand what barriers and assets they describe during pregnancy within the Tribe (focus groups, in person interviews, surveys etc.)? How many women do you hope to involve? How will you analyze the results?
 - The applicant will need to clear all human subjects' interactions for the assessment portion of this grant with the Tribal Council, privacy board or IHS IRB. Please describe your plan for seeking this approval.
 - In addition to the March of Dimes, *with whom* and *how* will the results of the assessment of clinical services, the needs analysis for pregnant women and the improvement plan be shared? How will you carry out implementation of this plan? Will funding be necessary?
 - Please describe your interest and capacity for collaboration with the March of Dimes upon completion of this work.
 - B. Timeline**
 - Please provide a timeline detailing the different steps involved in this work (including IRB or Tribal Council approval, assessment and improvement plan).
- **OBJECTIVES, METHODS/ACTIVITIES & OUTCOMES FORM (1 PAGE)**
 - Please complete the Objectives, Methods/Activities & Outcomes form provided by the March of Dimes (posted here: <http://www.marchofdimes.com/washington/grants.html>)
 - Reporting outcomes for your grant funded project does not have to be complicated. Outcomes are benefits to clients from participation in the program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior or birth outcomes. Outcomes are often mistaken with program outputs or units of services such as the number of clients who went through a program. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. **Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Proposals that meet this expectation will score higher in the review process.** Information found on this website may help you identify an outcome objective for your project: http://www.managementhelp.org/evaluatn/fnl_eval.htm. Here are some sample objectives to give you ideas for content and wording. Please notice the references to baseline data.

- *Intent to Change Behavior* - By December 2014, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2014, at least 50% of participants enrolled in the program will have improved eating habits by reporting increased intake of fruits/vegetables and water consumption as measured by client surveys. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2014, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.
- *Change in Birth Outcome* - By December 2014, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.
- *Behavior Change* - By December 2014, increase the percentage of pregnant women enrolled in the project who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review.
- *Behavior Change* - By December 2014, 50% of program participants will demonstrate a decrease in stress as measured by pre/post-tests. (Baseline will come from pre-test results.)
- *Knowledge Change* - By December 2014, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)

- **BUDGET:** suggested length 2 pages

Please complete the budget form provided here:

<http://www.marchofdimes.com/washington/grants.html>), and provide a one-page written budget justification to detail each item on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

Allowable Costs Include:

- Salary - grant funds may be used to cover salaries for project-related employees, but **cannot be used** to pay salary costs for employees who are **already** employed full time. **Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.**
- Consultant fees
- Materials and supplies (e.g. office supplies, health-related materials, refreshments)
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds will not pay for first class travel.

Not Allowable Costs Include:

These items should not be included in the grant budget request:

- Salary costs for staff who are already employed full-time by their organization (see exceptions above)
- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees or awards for individuals
- Billable services provided by physicians or other providers
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless **essential** to project implementation and not available from other sources



- Educational materials from non-March of Dimes sources if comparable materials are available from the March of Dimes
 - **Indirect costs for grants under \$25,000**
 - Advertising materials and purchase of media time/space: budget costs relating to these items may not be allowable depending on project specifics. Please consult with the chapter contact listed in this application regarding whether proposed items are allowable.
-
- Attachments may be included; however, all information requested under each of the required components must be provided within the proposal narrative, observing page limitations. **There are no page limits for attachments that may include:**
 1. Letters of Support from any collaborating organizations.
 2. Optional attachments may also be submitted, such as additional Letters of Support and/or other supporting materials relevant to the proposed project.
 - Applications must be submitted as a hard copy, including original signed cover page, budget form and audited financial statement, AND electronically to glegaz@marchofdimes.com and must be received by the deadline date.
 - Applications may not be faxed.
 - Applications that exceed the maximum page limitation will not be reviewed.

Applications must be received by 4:00PM on April 17, 2013. Late applications will not be accepted. Proposals should be sent to:

Gina Legaz, State Director of Programs & Public Affairs
March of Dimes Washington Chapter
1904 Third Ave, Suite 230
Seattle, WA, 98101

And emailed to glegaz@marchofdimes.com

If you have questions regarding the March of Dimes Washington Chapter community grants application, need additional application forms or you would like to discuss your application, please contact Gina Legaz, State Director of Programs & Public Affairs, at (206-452-6638 or glegaz@marchofdimes.com).



2013
March of Dimes
CenteringPregnancy® Initiative
Application Guidelines

For more information, contact:
Gina Legaz
State Director of Programs & Government Affairs
March of Dimes
glegaz@marchofdimes.com
206-452-6638



PURPOSE

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies.

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 **Prematurity Campaign** was launched 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.

As part of this effort, the Washington Chapter 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.

The applicant must provide services in the Washington Chapter's geographic boundaries—applications from Clark, Cowlitz, Wahkiakum and Skamania should be directed toward the Oregon Chapter.

ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter grant, an organization must be a tribe, 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 chapter's Program Services Committee or the Chapter or Division Board of Directors. (Suggested amount \$20,000) Half of the grant disbursement will be allocated upon award and half upon the six month progress report submission.

2013 GRANT SCHEDULE

Applications due	April 17, 2013
Notification of awards	May 15, 2013
Grant period	June 2013 - June 2014

Please Note: Washington chapter community grants do not fund scientific research projects; please go to marchofdimes.com/research for information about March of Dimes research grants.

FUNDING PERIOD

All chapter community grants are approved for one year only. Consideration of continued support in subsequent years requires resubmission of a proposal or planned activities for the next year, and is based on review of progress and expenditure reports, and the availability of funding. Grants may be renewed only twice for a total project time span of three years.



INFORMATION ABOUT CenteringPregnancy®

CenteringPregnancy® is a group prenatal care model developed by Sharon Schindler Rising, MSN, CNM, FACNM whereby care is taken out of examination rooms and conducted in a space sufficient in size to accommodate a group of 8 to 12 women. In that space, women receive their basic prenatal assessment, share concerns informally with other women, and discuss together content related to childbearing and parenting. These sessions are led by a two skilled group leaders who also coordinate the assessment component. One leader must be a health care provider, usually a nurse midwife or nurse practitioner. The groups ideally consist of 8 to 12 women all due the same month. The sessions are designed to last two hours with the first 30 minutes being used for assessment and the remaining time for education.

Please note: **CenteringPregnancy®** groups are not prenatal classes. They are interactive group sessions with very little didactic communication. For more information about **CenteringPregnancy®**, visit www.centeringpregnancy.org.

To participate in the March of Dimes **CenteringPregnancy®** initiative, your clinic will have to ensure that the following essential elements of the program are part of your project:

- The health assessment occurs within the group space.
- Women are involved in self-care activities.
- A facilitative leadership style is used.
- Each session has an overall plan.
- Attention is given to the core content, although emphasis may vary.
- There is stability of group leadership.
- Group conduct honors the contribution of each member.
- The group is conducted in a circle.
- The composition of the group is stable, but not rigid.
- Group size is optimal to promote the process.
- Opportunity for socialization within the group is provided.
- There is on-going evaluation of outcomes.

APPLICATION INSTRUCTIONS

The application must comply with all guidelines or it will not be reviewed.

- Applications must be no longer than 10 double-spaced pages (excluding forms and attachments).
- Font size must be at least 11pt and margins must be at least 1-inch.
- Proposals must contain all of the required components in the correct order.
- Attachments may be included; however, all information requested under each of the required components must be provided within the application narrative, observing page limitations.
- Applications must be submitted as a hard copy, including original signed cover page budget form and audited financial statement, **AND electronically to glegaz@marchofdimes.com**.
- Signatures are not needed on the electronic document.
- Faxed applications will not be accepted.
- Applications not received by the stated due date and time will not be reviewed.
- Applications that do not comply with the above criteria will not be reviewed.



APPLICATION FORMAT

All applications **must include** the following ten required components, addressing each bullet point listed. Send any requests for assistance to glegaz@marchofdimes.com. **The application must be submitted as a SINGLE Word document in the following order:**

REQUIRED FORMS

I. COVER SHEET (1 PAGE)

- Complete the cover sheet provided by the March of Dimes (posted here: <http://www.marchofdimes.com/washington/grants.html>)
- Obtain two required signatures.

II. BUDGET FORM (1-2 PAGES)

The CenteringPregnancy® model of group prenatal care requires specific items to support implementation. Each site selected to participate in the March of Dimes CenteringPregnancy® initiative will be required to use certain items to support the educational needs of the project and to ensure consistency in identification and implementation. Please complete the budget form provided here: <http://www.marchofdimes.com/washington/grants.html>), and provide a one-page written budget justification to detail each item on the budget form. Please include the calculation(s) used to estimate costs.

Allowable Costs Include:

- Salary - grant funds may be used to cover salaries for project-related employees, but **cannot be used** to pay salary costs for employees who are **already** employed full time. **Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.**
- Consultant fees
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- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds will not pay for first class travel.

Not Allowable Costs Include:

These items should not be included in the grant budget request:

- Salary costs for staff who are already employed full-time by their organization (see exceptions above)
- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees or awards for individuals
- Billable services provided by physicians or other providers
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless **essential** to project implementation and not available from other sources
- Educational materials from non-March of Dimes sources if comparable materials are available from the March of Dimes
- **Indirect costs for grants under \$25,000**



- Advertising materials and purchase of media time/space: budget costs relating to these items may not be allowable depending on project specifics. Please consult with the chapter contact listed in this application regarding whether proposed items are allowable

III. OBJECTIVES, METHODS/ACTIVITIES & OUTCOMES FORM (1 PAGE)

- Please complete the Objectives, Methods/Activities & Outcomes form provided by the March of Dimes (posted here: <http://www.marchofdimes.com/washington/grants.html>)
 - Suggested objectives:
 - A reduction in the practice preterm birth rate
 - An increase in client satisfaction
 - A reduction in the no show rate for prenatal care
 - An increase in the racial/ethnic diversity of women served

- **OUTCOMES:**

Reporting outcomes for your grant funded project does not have to be complicated. Outcomes are benefits to clients from participation in the program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior or birth outcomes. Outcomes are often mistaken with program outputs or units of services such as the number of clients who went through a program. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. **Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Proposals that meet this expectation will score higher in the review process.**

Information found on this website may help you identify an outcome objective for your project: http://www.managementhelp.org/evaluatn/fnl_eval.htm. Here are some sample objectives to give you ideas for content and wording. Please notice the references to baseline data.

- *Intent to Change Behavior* - By December 2014, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2014, at least 50% of participants enrolled in the program will have improved eating habits by reporting increased intake of fruits/vegetables and water consumption as measured by client surveys. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2014, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.
- *Change in Birth Outcome* - By December 2014, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.
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- *Behavior Change* - By December 2014, 50% of program participants will demonstrate a decrease in stress as measured by pre/post-tests. (Baseline will come from pre-test results.)



- *Knowledge Change* - By December 2014, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)

IV. PROJECT NARRATIVE (Not to exceed 10 total double-spaced pages.)

Please answer the following questions in narrative form using no more than 10 pages (11pt font).

YOUR PRACTICE

1. Please give a brief description of your practice. Please describe why CenteringPregnancy® is a good fit for your practice and include your Centering Healthcare Institute's Readiness Assessment Tool score and results of the review with Centering Health Care staff. The Readiness Assessment Tool can be found here: <http://centeringhealthcare.org/pages/centering-model/site-readiness.php>.
2. Will the medical, nursing and administrative staff working with you support a group model of prenatal care? Please list names and titles (and include letters of support from key personnel) of staff willing to support implementation and maintenance of the Centering Pregnancy® model in your practices. Note: successful implementation of this model requires complete support.
3. The CenteringPregnancy® model recommends that each selected site establish a core planning committee that will be formally trained. Staff positions to be considered are a provider, an administrator, a nurse manager, a front desk clerk and a social worker or case manager. Which staff members from your clinic will be trained on the CenteringPregnancy® model of group prenatal care? Explain the role of each person in the CenteringPregnancy® project. Will each of these people commit to attending the same training session?
4. Do you have all the necessary tools to accommodate group prenatal care?
 - a. Group prenatal care requires a room sufficient in size to seat 16-20 people in an open circle (no more than 12 expectant mothers should be in a group, but support persons may attend). The group meeting space does not have to be located inside the clinic. Space at a hospital, community center or other partnering organization could be used. Do you have adequate meeting space for this program? Please describe.
 - b. Group prenatal care includes an education component that requires the use of specific materials. See the attached budget sheet for details. Do you have available audio/visual equipment to support this activity? Please explain.
 - c. Do you have the basic medical equipment needed to implement group prenatal care? Please explain. See the attached budget sheet for an itemized list of equipment.
5. How will the group prenatal care model be integrated into your clinic setting? How will the group model be advertised to pregnant women? Will women be able to self select or will providers ask or advise certain women to join? Which patients will be able to participate? Will there be any difference between services offered to Medicaid patients and private paying patients? Promoting and funding CenteringPregnancy® in Washington is part of the Washington Chapter March of Dimes priority to reduce racial and ethnic disparities in prematurity. Please share how your team will partner with our racially diverse communities and community based organizations. Specifically, how will your team



partner with American Indian tribes or Urban Indian health centers to reach American Indian pregnant women and community based organizations serving African Americans to reach African American pregnant women?

6. What additional funding sources have you secured to enter into a two year contract with the Centering Healthcare Institute?
7. Briefly layout your implementation time line and plan.

YOUR PATIENTS

1. Please describe the distribution of women you serve (race, ethnicity, Medicaid, private insurance, low income, age etc.)
2. How many pregnant women do you serve each year? How many new obstetric patients are enrolled each month? How many deliveries/month will be impacted by the group prenatal care model?
3. How many patients do you intend to enroll in CenteringPregnancy® (keeping in mind to ideal number of expectant mothers is 8 to 12 per group)?
4. Will childcare be a barrier to participating in group prenatal care for your patients? If it is a barrier, how will you address it? (In order to participate in the group, the mothers must not be distracted by the presence of children.)
5. Will language be a barrier to participating in group prenatal care for your patients? If it is a barrier, how will you address it?
6. Will your patients embrace a group model of prenatal care? How do you know this? Will you make the group model optional or your primary method of prenatal care?
7. Which of the following areas (listed below) are limitations to your current model of prenatal care? How did you determine this? Please explain each one you identify.
 - Patients initiating prenatal care after the first trimester.
 - Patients missing prenatal appointments or related services (i.e. ultrasounds, lab).
 - Patients smoking during pregnancy.
 - Patients using alcohol during pregnancy.
 - Patients using drugs during pregnancy.
 - Patients experiencing domestic violence during pregnancy.
 - Pregnant mothers under the age of 20.
 - Lack of time and/or resources for prenatal education.
 - High rates of prematurely and/or low birth weight.

YOUR PARTNERSHIP WITH MARCH OF DIMES

1. If selected, how will you publicize your participation in this project in your community?



2. If selected, how will you maintain March of Dimes involvement and visibility with this project long-term?
3. All CenteringPregnancy® grantees are expected to participate in an evaluation of the project using March of Dimes CenteringPregnancy® Evaluation Tools or possibly conducted by March of Dimes evaluators. **This includes reporting birth outcomes and evaluation data after the term of the grant.** Does your organization require IRB approval for this? If so, describe your plan for attaining IRB approval. Please describe how you will integrate March of Dimes CenteringPregnancy® Evaluation Tools into your practice. All of our evaluation tools can be found on our website under the subheading- 2013 March of Dimes CenteringPregnancy® Evaluation Tools:
<http://www.marchofdimes.com/washington/grants.html>.

V. ATTACHMENTS (not to exceed 7 pages)

- Provide letters of support from medical, nursing and administrative staff.
- Provide a letter of support regarding the evaluation component of the project from the appropriate staff.
- Provide other supporting materials if necessary.
- Attachments must be part of the SINGLE Word document submitted electronically.

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Applications may not be faxed.

Applications that exceed the maximum page limitation will not be reviewed.

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And emailed to glegaz@marchofdimes.com

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I. PURPOSE

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies.

The Washington Chapter March of Dimes is concerned about the large disparity in preterm birth rates and infant mortality rates for American Indian families in Washington State. As part of this effort, the Washington Chapter 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. Currently, the Washington Chapter March of Dimes priorities are to reduce racial and ethnic disparities in preterm birth and to reduce elective deliveries before 39 weeks.

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 **Prematurity Campaign** was launched to address the crisis and help families have healthy, full-term babies. Nationally, 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 Washington Chapter seeks to fund two types of grants to address the disparity in preterm birth rates for American Indian families in Washington:

I. **TRIBAL MATERNITY SERVICES PLANNING GRANT:** The Chapter seeks to fund grants to assist tribes in illustrating the barriers and assets of prenatal care and prenatal services that American Indian pregnant women describe within their tribe and create a plan to improve maternity services within the tribe. **Find the request for proposals for the Tribal Maternity Services Planning Grant here:** <http://www.marchofdimes.com/washington/grants.html>.

II. **THE COMING OF THE BLESSING® GRANT:** The Chapter seeks to fund grants to assist tribes in implementing and evaluating new maternal and child health programs such as *Coming of the Blessing*®.

The applicant must provide services in the Washington Chapter's geographic boundaries—applications from Clark, Cowlitz, Wahkiakum and Skamania should be directed toward the Oregon Chapter.

II. INFORMATION ON THE COMING OF THE BLESSING®

The March of Dimes invites you to participate in the *Coming of the Blessing*®, a March of Dimes initiative for American Indian/Alaska Native Families. The *Coming of the Blessing*® was created by Native Women for Native women/families in an effort to address the high rates of infant mortality and preterm births.

A committee of primarily American Indian/Alaskan Native women representing 10 different tribes worked for more than a year to create a comprehensive perinatal education booklet that encourages American Indian women to include their traditional beliefs, lessons from their ancestors and their partners in their circle of support during pregnancy. This circle of support can help them make healthy choices for themselves and their babies. The committee of women believes that by emphasizing the strong family and community bonds; the deep and profound respect for nature, life, ancestors, women and children; they could help babies have a



fighting chance. The booklet is designed to be used as a teaching tool in conjunction with prenatal education sessions that have been adapted to address cultural beliefs that impact pregnancy and parenting.

The Coming of the Blessing[®] Initiative combines the booklet with March of Dimes prenatal education curriculum called *Becoming a Mom*. *Becoming a Mom* includes an appendix that helps facilitators adapt the basic prenatal health information for an American Indian/Alaskan Native audience.

We are having great success! Based on a survey of participants, the preterm birth rate for American Indians is 14.6% but for women participating in *The Coming of the Blessing*[®], that rate was reduced to 7%.

A. SCOPE OF WORK

1. CO-HOST A COMING OF THE BLESSING[®] TRAINING WITH MARCH OF DIMES

- i. The March of Dimes will provide a *Coming of the Blessing*[®] training at no cost to participants. At least three participants from the Tribe must be trained and can include (clinic staff, health educators, tribal elders, other tribal members interested in providing continued support to pregnant women in the tribe). The Tribe will supply the space or location appropriate for training and the food. March of Dimes will cover the costs of the training facilitators and will assist with supplying each participant with the appropriate materials (to be negotiated). *Trainings will be planned for fall 2013.*

2. OFFER COMING OF THE BLESSING[®] TO PREGNANT WOMEN AT THE TRIBE(S)

- i. Provide prenatal education sessions for pregnant women in your tribe according to guidelines provided at the training over the next 12 months. Sessions can be provided individually or in small groups. (*Size of the grant award will partially be determined by the number of women served*).
- ii. Advertise/promote the program to pregnant women within the Tribe.
- iii. Use *The Coming of the Blessing*[®] booklet as a teaching tool with all participants.
- iv. Report outcomes for program participants using tools and methodology provided by the March of Dimes.

3. EVALUATE THE PROGRAM

- i. To ensure that project activities meet the needs of participants and impact birth outcomes, the March of Dimes is evaluating the *Coming of the Blessing*[®] activities.
- ii. Report outcomes for program participants using tools and methodology provided by the March of Dimes and include results in grant progress reports made to the March of Dimes. These will include (to be sent once award is made):
 1. Attendance records kept by the session facilitator
 2. Initial survey issues at the first session a woman attends
 3. Completion Survey issued at the last session in the series
 4. Baby Card completed by the woman the postpartum visit
 5. If you would like to view these tools ahead of time, please email Gina Legaz at glegaz@marchofdimes.com.

III. ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter grant, an organization must be a tribe, 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 chapter's Program Services Committee or the Chapter or



Division Board of Directors. The funding available for this work is negotiable (suggested range \$1,000-\$5,000 depending on size and the number of women served). No matching is required. Grant disbursement is provided 50% upon initial award and 50% upon interim report at six months.

IV. 2013 GRANT SCHEDULE

Applications due	April 17, 2013
Notification of awards	May 15, 2013
Grant period	June 2013 - June 2014

Please Note: Washington chapter community grants do not fund scientific research projects: please go to: marchofdimes.com/research for information about research grants funded by the March of Dimes.

V. FUNDING PERIOD

All chapter community grants are approved for one year only. Consideration of continued support in subsequent years requires resubmission of a proposal or planned activities for the next year, and is based on review of progress and expenditure reports, and the availability of funding. Grants may be renewed only twice for a total project time span of three years.

VI. APPLICATION INSTRUCTIONS

- Applications must be no longer than 6 double-spaced pages (not including attachments).
- Font size must be at least 11 point and margins must be at least 1 inch.
- All applications must include a Cover Sheet, Narrative and the Budget Form.
- **COVER SHEET:** Completely fill out posted here: <http://www.marchofdimes.com/washington/grants.html>
- **PROJECT NARRATIVE:** suggested length 2-4 pages
 - Please provide a description of the Tribe (population, birth statistics, geography/location, clinic features, other services available to pregnant women etc.).
 - Please describe why your tribe is interested in offering *Coming of the Blessing*[®] to pregnant women within the Tribe.
 - What is the capacity of the applicant to carry out the project (include agency's mission, key staff, clientele, and experience working with the target population group)?
 - Please describe how this program will be sustained after grant funding has expired.
 - Evaluation of the program is an important component of this grant. Participants will be asked to complete surveys about the program and about themselves (as it relates to the program). It may be important to seek approval for these surveys through Tribal Council or a privacy board. Please provide some detail regarding the process for this approval.
 - **TIMELINE** – (suggested length 1page) please provide a timeline for training, implementation and evaluation.
 - Please briefly describe your plan for recruiting clinic staff, health educators, elders, aunts or grandmothers to be trained facilitators for the *Coming of the Blessing*[®].
 - Please briefly describe how you will advertise/promote the new program to pregnant women.
 - Please briefly describe how you will report back to March of Dimes on the evaluation of the program.

- **OBJECTIVES, METHODS/ACTIVITIES & OUTCOMES FORM (1 PAGE)**

- Please complete the Objectives, Methods/Activities & Outcomes form provided by the March of Dimes (posted here: <http://www.marchofdimes.com/washington/grants.html>)

- **OUTCOMES:**

Reporting outcomes for your grant funded project does not have to be complicated. Outcomes are benefits to clients from participation in the program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior or birth outcomes. Outcomes are often mistaken with program outputs or units of services such as the number of clients who went through a program. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. **Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Proposals that meet this expectation will score higher in the review process.** Information found on this website may help you identify an outcome objective for your project: http://www.managementhelp.org/evaluatn/fnl_eval.htm. Here are some sample objectives to give you ideas for content and wording. Please notice the references to baseline data.

- *Intent to Change Behavior* - By December 2014, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2014, at least 50% of participants enrolled in the program will have improved eating habits by reporting increased intake of fruits/vegetables and water consumption as measured by client surveys. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2014, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.
- *Change in Birth Outcome* - By December 2014, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.
- *Behavior Change* - By December 2014, increase the percentage of pregnant women enrolled in the project who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review.
- *Behavior Change* - By December 2014, 50% of program participants will demonstrate a decrease in stress as measured by pre/post-tests. (Baseline will come from pre-test results.)
- *Knowledge Change* - By December 2014, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)

- **BUDGET:** suggested length 2 pages

Please complete the budget form provided here:

<http://www.marchofdimes.com/washington/grants.html>), and provide a one-page written budget justification to detail each item on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

Allowable Costs Include:

- Salary - grant funds may be used to cover salaries for project-related employees, but **cannot be used** to pay salary costs for employees who are **already** employed full time. **Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.**



- Consultant fees
- Materials and supplies (e.g. office supplies, health-related materials, refreshments)
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds will not pay for first class travel.

Not Allowable Costs Include:

These items should not be included in the grant budget request:

- Salary costs for staff who are already employed full-time by their organization (see exceptions above)
 - Construction, alteration, maintenance of buildings or building space
 - Dues for organizational membership in professional societies
 - Tuition, conference fees or awards for individuals
 - Billable services provided by physicians or other providers
 - Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless **essential** to project implementation and not available from other sources
 - Educational materials from non-March of Dimes sources if comparable materials are available from the March of Dimes
 - **Indirect costs for grants under \$25,000**
 - Advertising materials and purchase of media time/space: budget costs relating to these items may not be allowable depending on project specifics. Please consult with the chapter contact listed in this application regarding whether proposed items are allowable
- Attachments may be included; however, all information requested under each of the required components must be provided within the proposal narrative, observing page limitations. **There are no page limits for attachments that may include:**
 1. Letters of Support from any collaborating organizations.
 2. Optional attachments may also be submitted, such as additional Letters of Support and/or other supporting materials relevant to the proposed project.
 - Applications must be submitted as a hard copy, including original signed cover page, budget form and audited financial statement, AND electronically to glegaz@marchofdimes.com and must be received by the deadline date.
 - Applications may not be faxed.
 - Applications that exceed the maximum page limitation will not be reviewed.

Applications must be received by 4:00PM on April 17, 2013. Late applications will not be accepted. Proposals should be sent to:

Gina Legaz, State Director of Programs & Public Affairs
March of Dimes Washington Chapter
1904 Third Ave, Suite 230
Seattle, WA, 98101
And emailed to glegaz@marchofdimes.com

If you have questions regarding the March of Dimes Washington Chapter community grants application, need additional application forms or you would like to discuss your application, please contact Gina Legaz, State Director of Programs & Public Affairs, at (206-452-6638 or glegaz@marchofdimes.com).