



REQUEST FOR APPLICATIONS

Learning Network on Improving Birth Outcomes

IMPORTANT INFORMATION

Purpose:	To assist states in improving birth outcomes.
Proposals Due:	November 21, 2012
Selection Announcement:	December 7, 2012
Project Period:	December 2012 – March 2013
Bidder's Conference Call:	November 2, 2012 at 3:00 p.m. ET Call-in Number: 877-250-3043 Passcode: 7299 840#
Selected States Participate In:	<i>In-State Planning Session</i> <i>Learning Network Conference</i>
Eligibility:	All states and U.S. Territories with full NGA membership benefits
NGA Center Contact:	Kelly Murphy, Policy Analyst, Health Division 202-624-7895 or kmurphy@nga.org

BACKGROUND

In 2011, the United States ranked 41st—behind countries such as Cuba, Greece, Slovenia, Hungary, and Poland—in infant mortality at 6.06 deaths per 1,000 live births. Furthermore, 12.8 percent of all births in the United States are preterm (defined as less than 37 weeks of gestation), which translates into more than half a million babies per year.¹ The costs of preterm birth are significant. The average first-year medical costs for preterm infants (\$32,325) were 10 times

¹ March of Dimes. (2010). *Your premature baby*. Retrieved 8/20, 2012, from http://www.marchofdimes.com/baby/premature_indepth.html/

greater than for full-term infants (\$3,325).² The incidence of prematurity and infant mortality is unacceptably high in the United States, and impoverished women have been shown to be at increased risk for poor birth outcomes.³ As a result of these alarming statistics, the Center for Best Practices of the National Governors Association (NGA) has made it a priority to help states improve birth outcomes. NGA has joined forces with federal and state organizations, and other stakeholders, to facilitate the improvement of health care services to pregnant women and children, with a strong focus on prenatal and perinatal care.

The number of births covered by Medicaid and Children's Health Insurance Program (CHIP) is now nearly 50 percent nationally.⁴ A significant challenge for state Medicaid programs is the relatively high incidence of premature births and the resulting medical complications for the infant, which directly translates into increased costs. The Medicaid program spent roughly \$6.3 billion in the first seven years of life of preterm babies born in 2005.⁵ Not only are preterm babies expensive over the long term, but in the short term as well: in the state of Washington, the average hospital charge for a full-term delivery in 2007 was \$7,253, with the average for a "low" birth weight (less than five pounds, eight ounces) baby being \$65,461, and \$232,435 for a "very low" birth weight (less than three pounds, five ounces) baby.⁶ Other significant factors of preterm birth are the emotional toll on families, long-term costs for medical and developmental complications, the infant's increased risk for breathing problems and even death.⁷

PURPOSE

The goal of this Learning Network is to assist states in developing, implementing and aligning their key policies and initiatives related to the improvement of birth outcomes, including low-income populations. NGA will convene in-state sessions with each selected state to facilitate this process and convene a networking conference for that group of states to share lessons learned and to further their respective planning processes.

Many states have started working on initiatives that will improve birth outcomes. New initiatives continue to develop, sometimes making it difficult for states to coordinate the various projects. As a result, there is a need to assist states (including those deep into the work of improving birth outcomes and those that are just beginning) in coordinating their efforts around reducing preterm births and infant mortality. The focus of this Learning Network will not be to create new programs for the selected states, but to align existing programs and to help states take advantage of new initiatives that can further their goals in this area. Reaching these goals will require a

² March of Dimes. (2012). *Prematurity campaign: The economic and societal costs*. Retrieved 08/20, 2012, from http://www.marchofdimes.com/mission/prematurity_costs.html

³ Anum, E. A., Retchin, S. M., & and Strauss, J. F. (2010). Medicaid and preterm birth and low birth weight: The last two decades. *Journal of Women's Health, 19*(3), 443-451.

⁴ U.S. Department of Health & Human Services. (2011). *Medicaid cost-savings opportunities*. Retrieved 8/20, 2012, from <http://www.hhs.gov/news/press/2011pres/02/20110203tech.html>

⁵ National Conference of State Legislators. (2008). *The cost of low birthweight babies*. Retrieved 8/20, 2012, from <http://www.ncsl.org/issues-research/health/low-birthweight-babies.aspx>

⁶ Monroe, J. (2011). How can MCH epidemiology help assure (and not threaten) sound policy development? *17th Annual MCH Epidemiology Conference*, New Orleans, LA.

⁷ March of Dimes. (2012). *Prematurity campaign: What we know about prematurity*. Retrieved 08/20, 2012, from http://www.marchofdimes.com/mission/prematurity_indepth.html

collaborative effort from the Medicaid agency, the public health community, the provider community, and, of course, the expectant mother and her family. This Learning Network will position selected states to participate in the Collaborative Improvement and Innovation Network (COIN), a mechanism to support the adoption of quality improvement principles and practices through collaborative learning to reduce infant mortality and improve birth outcomes sponsored by the Health Resources and Services Administration (HRSA). States applying for the NGA Learning Network are encouraged to participate in COIN as a complementary approach. Currently, the COIN activity on Infant Mortality is engaging 13 Southern states around five common priority strategies: 1) eliminating elective deliveries prior to 39 weeks gestation, 2) prenatal smoking cessation, 3) safe sleep for infants, 4) Medicaid-financed interconception care for women with a prior adverse pregnancy outcome, and 5) strengthened regional perinatal care systems. Additional states across the nation will have an opportunity to participate in COIN in 2013. More information can be found at <http://mchb.hrsa.gov/infantmortality/index.html>

Improving birth outcomes can be best accomplished by coordinating the efforts and objectives of state organizations concerned with this issue, mainly the state Medicaid and Maternal and Child Health (MCH) programs. Dr. David Lakey, the immediate past president of the Association of State and Territorial Health Officials (ASTHO), identified the improvement of birth outcomes as his presidential challenge for 2011. His challenge—The Healthy Babies Initiative—includes the goal of reducing premature births by 8 percent by 2014. To date 49 state health officials have signed this pledge with support of their governmental and non-governmental partners. A key purpose of this Learning Network is to assist selected states that have pledged to meet that goal.

The Learning Network will coordinate with additional activities currently taking place related to improving birth outcomes, including the Strong Start initiative and the Expert Panel on Improving Maternal and Infant Health Outcomes led by the Centers for Medicare and Medicaid Services (CMS) and efforts of organizations such as the March of Dimes (MOD), the American Congress of Obstetricians and Gynecologists (ACOG), the Association for Maternal and Child Health Programs (AMCHP) and the Medicaid Medical Directors Learning Network (MMDLN).

During the period of this Learning Network, there will be a focus on best demonstrated practices from states that have developed efforts to improve birth outcomes. This Learning Network will help states learn from their peers, maximize state-level coordination, and accelerate the pace of improving outcomes and reducing costs.

This will be the first of three opportunities for states to participate in this Learning Network. Four states will be selected for each Learning Network round, with a total of 12 states participating. It is anticipated that the second and third rounds of the Learning Network will be conducted during the first half of 2013. An eligible state or territory may participate in only one Learning Network, but may apply more than once.

This initiative is part of a collaborative known as the Alliance for Information on Maternal and Child Health Services (AIM) being sponsored by the Maternal and Child Health Bureau of HRSA. NGA, ASTHO and AMCHP are members of that collaborative.

REQUIRED ACTIVITIES FOR SELECTED STATES

The Learning Network will involve the conferring of applicable state agencies, including the state Medicaid agency, State Health agency and related MCH programs, along with key stakeholder organizations, to discuss and plan for the development of a set of policies and programs related to improving birth outcomes, including low-income populations. The first session will be held in each selected state and will be facilitated by NGA staff along with an expert in this subject area. The first four states will then convene as a Learning Network to refine their plans and strategies related to this priority.

TIMELINE

The following is a tentative schedule for the Learning Network:

October 23, 2012	Request for applications released
November 2, 2012 at 3:00 p.m. ET	Bidder’s conference call: Call-in number: 877-250-3043 Passcode: 7299 840#
November 21, 2012	Applications due
December 7, 2012	State selection announcement
December 2012	Organizational conference call involving selected states
January – February 2013	Interim conference calls held to discuss progress, share ideas
January – February 2013	In-state planning sessions
March 2013	Learning Network Conference Washington, D.C.

TIMELINE DETAILS

After states are selected to participate in the Learning Network they will be expected to:

- **Participate in an organizational conference call of the selected states**
NGA will host a conference call with selected states to orient them to the Learning Network and to prepare for the individual state site visits.
- **Host and design the in-state planning session on improving birth outcomes**
A planning session will be conducted in each selected state to convene state teams and key internal and external stakeholders. During this session they will design the structure and process for developing goals, policies and strategies for improving birth

outcomes. Each state will serve as host of this session with organizational support from NGA.

This will involve the selection and invitation of attendees, the development of the session's agenda and any necessary meeting preparation, with the assistance of NGA. NGA will facilitate the session along with a subject matter expert.

- **Plan and participate in interim network conference calls**

After the in-state sessions have been completed, there will be periodic conference calls involving the four states to discuss new developments related to this topic and to share ideas and strategies. Each state will be asked to contribute to these calls and to provide updates on their progress to date. NGA will host these calls and arrange for participation of subject matter experts.

- **Participate in the Learning Network conference in Washington, D.C.**

NGA will host a conference for the four states participating in the Learning Network to have states share and refine their proposed policies and strategies for improving birth outcomes. Selected states will be expected to attend and help structure that conference and be prepared to present their findings and plans. This will be a full-day session taking place over a period of two calendar days. Three team members from each state team will receive reimbursement for lodging and travel from NGA to attend the event and up to three more people may attend with state funding. NGA will facilitate this conference and provide appropriate subject matter materials and expertise.

EXPECTED OUTCOMES

The objective of this Learning Network is to assist participating states in developing and implementing policies and coordinating state initiatives to improve birth outcomes, as measured by the incidence of preterm births and infant mortality. The Learning Network will assist states toward meeting the state's pledge to reduce premature births by 8 percent by 2014. The focus of this effort will be on the participating states' Medicaid- and CHIP-eligible populations, though not necessarily limited to those groups. The results of this work will also lay the groundwork for the development of a policy framework that will become a resource for states that do not participate in the Learning Network.

This Learning Network will run concurrently with the Strong Start initiative recently announced by CMS to improve maternal and infant health. There will be an opportunity for states to coordinate their policy development with this effort, which addresses the same prenatal and perinatal challenges. More can be learned about Strong Start at the CMS website: www.innovation.cms.gov/initiatives/strong-start.

Importantly, as noted above, this Learning Network will position states to be fully prepared to participate in HRSA's COIN initiative. Involvement in COIN will provide further opportunities

to identify effective strategies, increase coordination with other states in the region and with national expert partners, and receive quality improvement technical assistance.

Another element of this Learning Network is the adoption and use of demonstrated methods around data collection and analysis, connecting with the work that HRSA is currently doing through its data group.

PROPOSAL CONTENT AND PROCESS

ELIGIBILITY

Any state or U.S. territory with full NGA membership benefits *and* states who have signed the ASTHO Healthy Babies pledge may apply. States and territories may submit one application per round; however, states will only be able to participate in one Learning Network. Those states that believe they are prepared to address this priority in the short-term are encouraged to apply for this first round of applications.

SELECTION PROCESS

Proposals will be reviewed based on the selection criteria described below. **The proposal narrative cannot exceed four single-spaced pages with one-inch margins and 11-point font.** This page limit does not include the cover sheet, the required letter from the governor, the signed ASTHO pledge, and any letters of support. An advisory committee composed of representatives from ASTHO, HRSA, ACOG and March of Dimes will evaluate and score state proposals and make recommendations to NGA.

PROPOSAL CONTENT AND SELECTION CRITERIA

Proposals will be reviewed based on the criteria below. The key elements of a proposal must include:

- 1. Cover Sheet (Required).** Please include the state team leader's name and contact information (telephone and fax numbers, email address, and mailing address).
- 2. Letter from the Governor (Required).** Please submit a letter of support from the governor. The letter should include the names of the individuals the governor is requesting to serve on the state team. Additionally, the letter should indicate who the governor is appointing to lead the team.
- 3. Copy of Signed ASTHO Pledge (Required).** In order to be considered for the Learning Network, your state must have signed onto ASTHO's pledge to reduce preterm birth 8 percent by 2014. You must include a copy of the signed pledge in your application.
- 4. Narrative (Required).**

THE NARRATIVE CANNOT EXCEED FOUR SINGLE-SPACED PAGES WITH ONE-INCH MARGINS AND 11-POINT FONT. It must include the following:

- **State Environment and Challenges (30 points)**

In this section, please provide an overview of the current state environment as it pertains to improving birth outcomes. The following questions may help to frame this section:

- What are the current infant mortality and prematurity rates in your state and does this vary geographically, and by racial, and ethnic groups?
- What are the drivers of your state's infant mortality and prematurity rates?
- What state and local partners are already engaged in addressing infant mortality and prematurity in your state?
- What systemic changes may need to be made in order to meet your stated goals?
- What challenges might your state face as you seek to adopt policies to improve birth outcomes?

- **Expected Outcomes of Participating in the Learning Network (30 points)**

Please describe the outcomes the state desires to achieve by participating in the Learning Network and how the state will benefit from participation. For example:

- What outcomes and measurable goals will the state focus on and how do those relate to longer-term health goals or broader state initiatives on improving birth outcomes?
- What are potential strategies or policies the state might want to develop and implement?
- What initiatives, proposals or plans already exist that could help lay the foundation for this effort?
- Outline your state's project sustainability plan (what do you plan to do after the Learning Network is complete? For example, participating in the COIN initiative).
- Also, specify the types of technical assistance the state would like to receive and what the team hopes to learn from the Learning Network.

- **Team Leadership and Core Membership (15 points)**

Please include each team member's name and a brief statement explaining the reason for each member's participation, including a description of their ability to assist in implementing this initiative. Each state team must name an overall team leader who has been designated by the governor to serve in that role. The team leader will serve as the key contact for NGA staff and will be responsible for coordinating state team activities during the course of the Learning Network.

The state's proposed team must include the state health official and the MCH (Title V) director, and the Medicaid (Title XIX) director and/or the Medicaid medical director. There is also a strong preference for representation from the governor's office. The executive leadership provided by these participants is a critical component to the success

of implementing and sustaining the interventions needed to improve infant mortality rates and reduce prematurity in the states. The team should also have representation from the provider community (including obstetrics and inpatient hospitals), organization(s) focused on the improvement of birth outcomes (e.g. March of Dimes), a consumer organization and a consumer. The core team will serve as the leadership for the project and participate in the in-state planning session.

- **Work Plan (15 points)**

Describe the activities you plan to undertake during the course of the Learning Network period and your plan for sustainability once the Learning Network has ended. Include a timeline with specific tasks and responsible parties to support each activity. Also, please include a description of how you will measure progress, both in terms of your own efforts as a leadership team as well as achieving the expected outcomes.

- **Coordination with Ongoing Initiatives (10 points).**

Briefly describe how participation in the Learning Network will complement current and planned birth outcome improvement initiatives. In particular, how will the Learning Network unite disparate efforts in this area?

Please note: If an applying state is already engaged in the COIN initiative, you must describe what additional benefit would be derived from participating in both initiatives.

SUBMISSION INFORMATION

All applications must be received by 5:00 p.m. on Wednesday, November 21, 2012. Only one application per state will be accepted. NGA is using a Web-based application called “XL Attach” for emails that contain large attachments.

To Use XL Attach:

1. From your Web browser, navigate to <http://xlg.nga.org/>
2. Click on the “Send Large Attachments Now” button
3. In the “To:” field, enter “**kmurphy@nga.org**” then enter **your e-mail address** in the “From:” field. After entering the subject and message text, click the “Browse” button next to the “Attachments” box, and navigate to the desired files to be uploaded and sent.
4. Once files are uploaded, click “Send E-mail” and wait for the next page to load. The resulting page will state “**your e-mail has not yet been sent**”. Check your e-mail – you will, at this time receive an automated e-mail from the XL system requesting confirmation. Click the link in the orange box within the e-mail, in order **to confirm and send** the uploaded attachments. This process is to prevent spam and confirm your identity.
5. A new window will open, confirming that the files have been sent to the desired e-mail address.
6. You will then receive another automatically generated confirmation e-mail from xlg@nga.org. This e-mail will be identical to the e-mail your recipient will receive.

Questions can be directed to Kelly Murphy at (202) 624-7895 or by e-mail at kmurphy@nga.org

DISCLAIMER NOTICE

“This Request for Applications is not binding on the NGA Center, nor does it constitute a contractual offer. Without limiting the foregoing, the NGA Center reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall NGA Center be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFA.”