REQUEST FOR APPLICATIONS TO PARTICIPATE IN THE OPTIMIZING HEALTH REFORM TO IMPROVE BIRTH OUTCOMES ACTION LEARNING COLLABORATIVE

Application Deadline – Friday, Dec. 7, 2012

BACKGROUND

While the United States has made some gains in improving infant and maternal mortality rates over the past several decades, nationally these rates remain high. The Patient Protection and Affordable Care Act (ACA) provides numerous opportunities to improve health outcomes for women, infants and children, however, it is unclear how new investments in prevention will improve health outcomes. State MCH programs play a vital role in health reform implementation and improving birth outcomes and maternal health. Concurrent to health reform, there also are multiple national initiatives directed at improving birth outcomes and reducing infant mortality. Some of these initiatives include the Maternal and Child Health Bureau Collaboration and Innovation Network in regions IV and VI (COIN), the Association of State and Territorial Health Officials Healthy Babies Challenge, the March of Dimes Healthy Babies are Worth the Wait and 39+ weeks campaign, the National Governors Association Learning Network on Improving Birth Outcomes, the Centers for Medicare & Medicaid Services Strong Start Initiative, and the W.K. Kellogg Foundation Best Babies Zone project.

This current environment of opportunity provides key partners at the national, state and local levels significant leverage to make coordinated improvements to birth outcomes, and subsequently overall population health – collaboration that has been coined as ‘collective impact.’ Coordinated improvements can be the product of a cross-sector, cross-agency, and cross-program collaboration. Ideally, this collaboration is driven by a collective impact approach. A collective impact approach is driven by the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collective impact requires cross-sector alignment of stakeholders, active coordination of actions, open sharing of lessons learned, a shared vision and a common measurement systems.

THE OPTIMIZING HEALTH REFORM TO IMPROVE BIRTH OUTCOMES ACTION LEARNING COLLABORATIVE

With support from the W.K. Kellogg Foundation, AMCHP is leading a project to increase the capacity of state Maternal and Child Health (MCH) programs and other state stakeholders (e.g., Medicaid agencies, providers, local health departments, community health centers) to improve birth outcomes throughout the life course. Six states were initially selected to participate in Phase I of this project, which focuses explicitly on developing
opportunities to promote preconception health using opportunities presented by the ACA and health reform efforts overall (e.g., state Medicaid reform). Phase I states were selected based on project priorities, projects in the area of preconception health and geographic distribution. The six states are: Florida, Michigan, Mississippi, New Mexico, Oklahoma and Oregon.

Phase II of this project (December 2012 – Sept. 31, 2013) will identify an additional cohort of state teams in an effort to increase the effectiveness and capacity of states to improve birth outcomes throughout the life course. Over the next several months, AMCHP will continue to focus on optimizing health reform to improve birth outcomes, by expanding upon the work begun in project year one. This second project year, however, also will have a specific focus on enhancing the capacity of state MCH programs and their partners to maximizing the current environment of opportunity by providing state teams with targeted technical assistance on developing a collective impact approach to coordinating the multiple, concurrent efforts and initiatives to improve birth outcomes through health reform. This project will focus on opportunities presented by the ACA and other national initiatives to improve birth outcomes and maternal and infant health, with a particular focus on reducing health disparities and ensuring racial equity.

States that are selected for cohort II will participate in the following activities:

1. Webinars and information sharing on using a collective impact approach and framework to assist state teams in capitalizing on current national and federal initiatives to improve birth outcomes (This work will include training on the basics of collective impact and highlight examples of collective impact from other sectors that might be used to improve birth outcomes).
2. Facilitated state-to-state information exchange conference calls to share and exchange ideas on key strategies for improving birth outcomes through health reform by considering and developing the five conditions of collective impact, content webinars opportunities within ACA and other national initiatives to improve birth outcomes, and other related topics of interest among the state teams.
3. At least one in-person meeting during the project year to provide direct training and strategic planning on using collective impact approaches to improve birth outcomes through health reform and learn from national experts on key content areas related to health reform.

THE ACTION LEARNING COLLABORATIVE (ALC) MODEL

AMCHP has used the ALC model to provide technical assistance to state Title V MCH programs and their partners since 1996. AMCHP uses the ALC to strengthen partnerships and promote collaboration at the state level and improve family health programs. The ALC model brings together multidisciplinary teams to analyze a problem in maternal and child health, identify resources, learn how to apply problem-solving techniques to that issue, review promising practices from other teams and create plans to address specific public health problems. The ALC has resulted in innovative strategies that have improved maternal and child health programs and practice at the state and national levels.

The Optimizing Health Reform to Improve Birth Outcomes ALC process is designed to:

- Increase awareness and knowledge of opportunities presented by the ACA and other national initiatives to improve birth outcomes and maternal and infant health
- Build the capacity of state Title V programs and their key partners (e.g., state Medicaid agency, providers, local health departments, community health centers) to collectively strengthen efforts to improve birth outcomes
- Build the capacity of state Title V programs to integrate initiatives to improve birth outcomes and complement and support state policies
• Provide capacity-building assistance to state teams to enable them to more effectively capitalize on the opportunities presented by health reform and national work to improve birth outcomes to strengthen and advance state efforts
• Facilitate change in knowledge, attitudes, practices and policies
• Provide “lessons learned” for other states interested in taking this approach

ALC TEAM ROLES AND COMPOSITION

The ALC teams should include multidisciplinary members and appropriate non-traditional partners. The Optimizing Health Reform to Improve Birth Outcomes ALC will work collaboratively with up to five state teams. State teams should be comprised of key state and local stakeholders that are developing and implementing strategies to improve birth outcomes within the state. The composition of state teams could include but are not limited to: the state MCH program director and key staff (e.g., staff working on perinatal health issues, adolescent health coordinator) and other key state and local stakeholders (e.g., state Medicaid agency, providers, local health departments, community health centers). Because this project will examine the implications of changes to the service delivery system through health reform, state Medicaid agency representation on the state team is required. In the case where states have already established a state team to work on this issue, states are encouraged to engage existing and any additional key stakeholders as appropriate and determined by the state.

State teams will work together from December 2012 – September 2013, and are expected to participate in the following:

1. Send two or more representatives from the state team to participate in a face-to-face meeting held in conjunction with the AMCHP Annual Conference, Feb. 9 -12, 2013 in Washington, DC for those state team members attending the annual conference (AMCHP does not have funds to support state team leader travel). Information about the meeting would be sent to selected state teams in advance of the meeting.
2. Participate in three facilitated conference calls/webinars that will take place between January 2013 – September 2013 to:
   a. Learn about collective impact and how to build state-level collective impact approaches to improve birth outcomes using opportunities presented by health reform
   b. Discuss, develop and/or refine your state strategic directions for implementing recommendations to improve birth outcomes
   c. Talk with experts about key strategies for developing the five conditions of collective impact
   d. Share best practices among states and new ideas to re-tool activities to improve birth outcomes in light of the ACA and other national initiatives
3. Participate in a national webinar for state MCH programs, AMCHP members and other key stakeholders designed to promote and highlight opportunities presented by health reform to improve birth outcomes.
4. Send three representatives from the state team to participate in a face-to-face meeting held in the Summer of 2013. The purpose of this meeting will be to provide direct training and strategic planning on using collective impact approaches to improve birth outcomes through health reform and learn from national experts on key content areas related to health reform.
WHAT CAN YOU EXPECT FROM AMCHP?
Specific support AMCHP will offer state teams includes:
- Technology (conference call lines and online meeting technology) for project meetings
- Travel support for three members of the state team to attend one in-person ALC to take place in the Summer of 2013
- Ongoing technical assistance to develop and implement strategies for using a collective impact framework to improve birth outcomes through health reform
- A forum to network, share ideas and problem solve with colleagues nationwide working on improving birth outcomes through health reform
- Information from leading national experts in various fields (i.e., collective impact, improving birth outcomes including preconception health and health reform)

APPLICATION PROCEDURE
- Applications need to address the Components I-VI (described below)
- The page limit for Components I-V is five pages; Components VI & VII are stand-alone one-page documents
- To be considered eligible, applicants are required to complete and submit all required pieces
- Submit all required application materials by email on Friday, Dec. 7, 2012 by 5 p.m. PST to Piia Hanson at KelloggALC@amchp.org.
- Applications received after the deadline, Friday, Dec. 7, 2012 at 5 p.m. PST, will not be considered.

Please Note: You will receive notification of receipt of application no later than one week following submission. If you have not received a notification of receipt by Friday, Dec. 14, 2012 please contact, Piia Hanson at KelloggALC@amchp.org.

For any additional questions, contact: Piia Hanson – Program Manager, Women’s and Infant Health at AMCHP
E-mail: KelloggALC@amchp.org
Phone: (202) 266-3052.

APPLICATION COMPONENTS

I. CAPACITY
- **Current Commitment:** Include a description of current activities related to improving birth outcomes within your state and specifically within your health department. Please specify any efforts that are related to health reform and the ACA specifically (e.g., efforts to improve Medicaid policy, involvement in the Strong Start Initiative or Maternal Infant and Early Childhood Home Visiting (MIECHV)),
- **Current Collaborations:** Identify and offer examples of existing or potential partnerships for the activities highlighted in the Timeline.

### The Optimizing Health Reform to Improve Birth Outcomes ALC Project Tentative Timeline

This timeline has been provided to help state teams develop their proposals. A final timeline and work plan will be developed based on state team needs assessment.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Applications Due</td>
<td>Friday, Dec. 7, 2012</td>
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<tr>
<td>Teams Announced</td>
<td>Friday, Dec. 21, 2012</td>
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<tr>
<td>In-Person Meeting</td>
<td>Monday, Feb. 11, 2013</td>
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<tr>
<td>(Washington, DC)</td>
<td>April, June, September</td>
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<td>Webinars</td>
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II. EXPECTED BENEFITS

- **Added value:** Include specific ideas on the impact participation in the Optimizing Health Care Reform to Improve Birth Outcomes ALC will have for programs, partnerships and collaborations in your state broadly; as well as specific descriptions of the added value participation will have on programs within your health department.

III. OBSTACLES

- **Barriers:** Identify challenges (specific to your state) that the overall state team might experience and how these obstacles will be mitigated by the convening organization and/or the overall team. Please be specific, e.g., if time is a barrier, discuss specifics about how this is a barrier to this work.

IV. TEAM OPERATIONS PLAN

- **Roles and responsibilities:** Describe in a few paragraphs how your team will work together to complete the state team requirements of the project. Address the rationale for the selection of team members, the distribution of work among team members and the mechanisms (where, how often) the team will be convened.

V. COMMITMENT

- **Letters of support:** Provide a letter written from the convening health department leadership, with acknowledgement of the members of team, which clearly indicates a commitment to the team requirements (e.g. staff time, travel) throughout the duration of the project. Additional letters of commitment from other organizations included on the team roster are encouraged.

VI. TEAM ROSTER

a. Clearly identify a team roster, including two team co-leads.

b. Provide detailed contact information of each team member, their expertise relevant to your proposed ALC work, and their role(s) and responsibility(s) on the team (Sample team chart attached in Appendix A).

APPLICATION CHECK LIST

☐ Does your application have the following required pieces and meet the criteria?

I. CAPACITY
II. EXPECTED BENEFITS
III. OBSTACLES
IV. TEAM OPERATIONS PLAN
V. COMMITMENT
VI. TEAM ROSTER

☐ Does your team include all the necessary team members included as required team members?

I. MCH POLICY OR PROGRAM STAFF REPRESENTATIVE
II. STATE MEDICAID REPRESENTATIVE
III. COMMUNITY PARTNER REPRESENTATIVE
SELECTION PROCESS

Applications will be rated on the following evaluation criteria:

**Capacity – 30 points**
- How well does the applicant address current related efforts to improve birth outcomes and collaborations?
- How well does the applicant address current opportunities related to these issues?

**Readiness – 30 points**
- Extent to which applicant addresses the added value of participation in the ALC project.
- Extent to which applicant identifies and offers effective ways to overcome barriers to participation in the ALC project.
- Extent to which applicant describes a feasible, preliminary team operations plan.

**Team roster – 30 points**
- Extent to which applicant includes all required team members including a representative from the state Medicaid agency.
- Extent to which applicant includes all required information on various team members.
- Extent to which team roster represents a multidisciplinary team.

**Commitment – 10 points**
- Extent to which applicant provides letters of support for team members.
Appendix A: Example of chart detailing team composition.
Please include the information you think best communicates why you have assembled your team.

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Overall State Team Composition</th>
<th>Contact Information</th>
<th>Relevant Expertise</th>
<th>Travel Team</th>
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<tr>
<td><strong>Co-lead</strong></td>
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<tr>
<td>1. Jane Smith, MPH</td>
<td>MCH Policy or Program Staff</td>
<td>Agency</td>
<td>Jane is the manager of Title V programs at the state health department, including all preconception and interconception health initiatives and the new home visiting program.</td>
<td>Yes</td>
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<tr>
<td>MCH Program Manager</td>
<td>State Medicaid Staff</td>
<td>Address</td>
<td></td>
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<td>at State Health Department</td>
<td>Community Partner</td>
<td>Email</td>
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<td></td>
<td>Additional State Team member</td>
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<td><strong>Co-lead</strong></td>
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<td>2. John Smith, MA</td>
<td>MCH Policy or Program Staff</td>
<td>Agency</td>
<td>John manages the reproductive health division for the state Medicaid Program.</td>
<td>Yes</td>
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<tr>
<td>State Health Authority</td>
<td>State Medicaid Staff</td>
<td>Address</td>
<td></td>
<td>No</td>
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<td></td>
<td>Community Partner</td>
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Please limit your overall state team to **eight members total**. Consider including team members from additional state agencies, state Medicaid agencies, and community partners such as: children and youth with special health care needs, adolescent health, chronic disease programs, preconception or life course programs, home visiting programs, and/or academic programs.
Appendix B: Team Roster Template.

Please include the information you think best communicates why you have assembled your team. Please limit your overall state team to **eight members total**. Consider including team members from additional state agencies, state Medicaid agencies, and community partners such as: children and youth with special health care needs, adolescent health, chronic disease programs, preconception or life course programs, home visiting programs, and/or academic programs.

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□ State Medicaid Staff  
□ Community Partner  
□ Additional State Team member | Agency  
Address  
Email  
Phone | | Travel Team?  
□ Yes  
□ No |
| **Co-lead** 2. | □ MCH Policy or Program Staff  
□ State Medicaid Staff  
□ Community Partner  
□ Additional State Team member | Agency  
Address  
Email  
Phone | | Travel Team?  
□ Yes  
□ No |
| 3. | □ MCH Policy or Program Staff  
□ State Medicaid Staff  
□ Community Partner  
□ Additional State Team member | Agency  
Address  
Email  
Phone | | Travel Team?  
□ Yes  
□ No |
| 4. | □ MCH Policy or Program Staff  
□ State Medicaid Staff  
□ Community Partner  
□ Additional State Team member | Agency  
Address  
Email  
Phone | | Travel Team?  
□ Yes  
□ No |
| 5. | □ MCH Policy or Program Staff  
□ State Medicaid Staff  
□ Community Partner  
□ Additional State Team member | Agency  
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□ Yes  
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