



Life Course Indicators Intensive Technical Assistance Request for Applications

REQUEST FOR APPLICATIONS RELEASED: AUGUST 8, 2014
REQUEST FOR APPLICATIONS DEADLINE: SEPTEMBER 5, 2014

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For questions about the Life Course Indicators Intensive Technical Assistance RFA, contact
Caroline Stampfel, cstampfel@amchp.org or 202-775-1473

Life Course Indicators – The Next Steps

In response to the need for standardized metrics for the life course approach, AMCHP launched a project designed to identify and promote a set of indicators that can be used to measure progress using the life course approach to improve maternal and child health. This project was funded with support from the [W.K. Kellogg Foundation](#).

In June of 2013, state teams (Florida, Iowa, Louisiana, Massachusetts, Michigan, Nebraska and North Carolina) selected 59 indicators for the final set. The indicators were put out for public comment in July 2013, and the final set was released in the fall of 2013. Following the success of the Life Course Metrics Project, AMCHP has identified several opportunities to promote the use of the indicators for needs assessment, program planning, and policy analysis.

Life Course Indicators – Calculation and Communication

Although the life course indicators have been available for almost a year, AMCHP anticipates that the uptake of the indicators may be limited by a variety of factors. These may include limited staff time to calculate the indicators, analysts being unfamiliar with the data or methods used to calculate some indicators, and the need for a clear vision of how the indicators, once calculated, will inform the work of Title V programs. This intensive technical assistance opportunity aims to address many of these limitations. Teams (state and / or community) will calculate a subset of the indicators as part of the intensive TA. AMCHP will provide expert consultation on the calculation of the indicators, and will connect teams with experts in communication of life course data and implications for health and social equity.

ABOUT AMCHP

The Association of Maternal and Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

AMCHP supports state maternal and child health programs and partners by helping states build successful programs through such efforts as providing capacity building and technical assistance, disseminating best practices, convening leaders to share experiences and ideas, and advising states about involving partners to reach our common goal of healthy children, healthy families, and

Key Components of Intensive Technical Assistance

- Analytic assistance in calculating a subset of the life course indicators
- Virtual learning events that focus on communicating health disparities and social equity issues, including information from leading national experts in the fields of life course, health equity, and communication
- Expert consultation around communication of the implications for equity components of life course indicators
- Peer-to-peer learning network to support each other (SharePoint collaborative site, conference calls)
- Travel funding for 2 team members to attend an in-person meeting to design an analysis and communications plan.
- Individualized feedback to state teams to help identify key messages and design products
- Regular, facilitated check in calls where state teams can share challenges and best practices.
- Creation of at least one communications product (policy or issue brief, fact sheet, needs assessment section, etc.)

State Team Requirements

AMCHP will work collaboratively with **up to eight state or community teams in two eligibility categories** to calculate and communicate a subset of the life course indicators. Ideally, the teams would include multidisciplinary members from MCH program or policy staff, MCH epidemiology staff, and community partners. Depending on the desired communication strategy to be implemented, teams could also include representatives from partner programs and agencies including: children and youth with special health care needs, Medicaid, social services (including housing services, child protective services), chronic disease programs, preconception or life course programs, parent advocates, home visiting programs, and/or academic programs. To keep things manageable, please limit your active *home* team to 10 members. AMCHP will convene **2 members** of the state or community team (the *travel team*) to participate in the design of an analysis and communications plan. Travel will be sponsored by AMCHP with no cost to participants. The *travel team* **should** include an MCH epidemiologist involved in calculation of the indicators for the team and an MCH program or policy staff involved in communication of the indicators to represent the team.

Application Eligibility Categories:

Teams may apply in one of two categories, but will participate in the Intensive Technical Assistance together as one cohort. Regardless of the category of application, teams should include at least one team member with epidemiology or analytic experience to support the calculation portions of the project.

- Category A: State teams that include a CDC MCH Epidemiology Assignee
- Category B: State or community teams that do not include a CDC MCH Epidemiology Assignee but have some other epidemiology or data capacity

Life Course Indicators Intensive Technical Assistance Tentative Timeline

The timeline below has been provided to help state teams develop their proposals. A final timeline and work plan will be developed by the selected teams in partnership with AMCHP.

Applications Released	Friday, August 8, 2014
Applications Due	Friday, September 5, 2014 11:59 pm EST
Teams Announced	Friday, September 12, 2014
Team Orientation / Kick-off Call	Thursday, September 25, 2014 3:00pm eastern
First monthly learning event	October 2014
In-person meeting	Early December 2014
Conclusion of Year 1 of Project	February 2015

Application procedure

Submit all required application materials by email by **11:59 pm EST on September 5, 2014** to **Caroline Stampfel** at cstampfel@amchp.org.

- Applications need to address the application components listed below.
- The page limit for the application is 7 pages, which includes up to 2 pages for the Team Roster.
- To be considered eligible, applicants must complete and submit **all required pieces**.
- Applications received after the deadline, **Friday, September 5, 2014**, will not be considered.

Please Note: If you do not receive a notification of receipt by Saturday, September 6, 2014 please contact, Caroline Stampfel at cstampfel@amchp.org.

APPLICATION COMPONENTS

CATEGORY OF APPLICATION

- Indicate if you are applying under Category A (CDC MCH Epi Assignee Team) or Category B (non CDC MCH Epi Assignee Team)

CAPACITY

- **Current Commitment:** Include a description of current activities related to life course indicators in your state and specifically within the convening state or community health department.
- **Current Collaborations:** Identify and offer examples of existing or potential partnerships for the life course activities highlighted above (**current commitment**).
- **Previous AMCHP projects:** Indicate if you or members of the Title V program have participated in an AMCHP project in the past three years. If yes, include a brief description of the project.

EXPECTED BENEFITS

- **Proposed Project:** Discuss at least one specific idea for what your team could focus on through participation in Life Course Indicators Intensive Technical Assistance. Describe, to the best of your knowledge, what subset of indicators your team would be interested in examining, what issues you are facing in communicating about health disparities and social equity, and how this project would assist your team in moving forward.

OBSTACLES AND COMMITMENT

- **Barriers:** Identify at least one challenge your team might experience and how these obstacles will be addressed to increase the chances for successful completion of a communications product. Please be specific, e.g., if time or money are barriers, discuss specifics about how they are barriers to this work and identify at least one strategy to overcome each.
- **Commitment of the team:** Describe the team's ability to commit time and resources to the project, including participation in the key activities of intensive technical assistance and the anticipated deliverables.

TEAM OPERATIONS PLAN

- **Roles and responsibilities:** Describe in a few paragraphs how your team will work together to complete the analysis and communications product. 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.

TEAM ROSTER

- Provide detailed contact information of each team member and their expertise (Sample Team Roster attached in Appendix A, template for Team Roster attached in Appendix B)

SELECTION PROCESS

Applications will be rated on the following evaluation criteria:

Category of Application – 5 points

- ▶ Did the applicant indicate Category A or Category B?

Capacity – 30 points

- ▶ Extent to which applicant identified current activities with life course indicators in the state.
- ▶ Extent to which applicant has demonstrated current collaborations and partnerships around life course indicator activities.
- ▶ Extent to which applicant has described participation in any previous AMCHP projects (past three years).

Expected Benefits- 20 points

- ▶ Extent to which applicant describes the proposed project, including the value of participating in the Intensive Technical Assistance opportunity.

Obstacles and Commitment – 20 points

- ▶ Extent to which applicant identifies and offers effective ways to overcome barriers to participation in project.
- ▶ Extent to which applicant describes the team's commitment to the activities and deliverables of the project.

Team Operations Plan – 20 points

- ▶ Extent to which applicant describes a feasible, preliminary team operations plan.

Team roster - 5 points

- ▶ Extent to which applicant includes all required team members.

Appendix A: Example of chart detailing team composition.

Please include the information you think best communicates why you have assembled your team.

Name & Title	Overall Team Composition MCH Policy or Program Staff (at least 1 required); Epidemiology Staff (at least 1 required)	Contact Information	Relevant Expertise	Travel Team?
Co-lead 1. Jane Smith, MPH MCH Program Manager at State Health Department	<input checked="" type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone	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.	Travel Team? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Co-lead 2. John Smith, PhD MCH Epidemiologist at State Health Department	<input type="checkbox"/> MCH Policy or Program Staff <input checked="" type="checkbox"/> MCH Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone	John manages data and surveillance of MCH issues within the state. He holds an appointment at the State University in the Epidemiology Program.	Travel Team? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Joe Smith Housing Access Program Manager	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input checked="" type="checkbox"/> Additional State Team member	Agency Address Email Phone	Joe is responsible for the state housing authority's Housing Access program, which advocates for affordable housing throughout the state.	Travel Team? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Jen Smith, MD Director of Children & Youth with Special Health Care Needs Section	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input checked="" type="checkbox"/> Additional State Team member	Agency Address Email Phone	Jen is the Director of the CYSHCN section in the health department.	Travel Team? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Jess Smith, MA State Parent Advisory Council President	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input checked="" type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone	Jess is a father of a child with special health care needs. He is a health care administrator by training and as a background in developing quality measures for a local health care system.	Travel Team? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Etc.				

Please limit your overall state team to **10 members total**. Consider including team members from additional state agencies or community partners such as: children and youth with special health care needs, Medicaid, social services (including housing services, child protective services), chronic disease programs, preconception or life course programs, parent advocates, 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 **10 members total**. Consider including team members from additional state agencies or community partners such as: children and youth with special health care needs, Medicaid, social services (including housing services, child protective services), chronic disease programs, preconception or life course programs, parent advocates, home visiting programs, and/or academic programs.

Name & Title	Overall Team Composition MCH Policy or Program Staff (at least 1 required); Epidemiology Staff (at least 1 required)	Contact Information	Relevant Expertise	Travel Team
Co-lead 1.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Co-lead 2.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff	Agency Address		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Email Phone		
7.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> MCH Policy or Program Staff <input type="checkbox"/> Epidemiology Staff <input type="checkbox"/> Community Partner <input type="checkbox"/> Additional State Team member	Agency Address Email Phone		Travel Team? <input type="checkbox"/> Yes <input type="checkbox"/> No