Request for Applications (RFA)
Every Mother Initiative – Cohort 2

RFA Released: July 14, 2014
RFA Q&A Call: July 29, 2014, 12-1 PM ET
Deadline for Application Submissions: August 22, 2014
Project Start Date: October 1, 2014

Maternal Mortality background

Every Mother Initiative overview

Eligibility Requirements

What is Included in Participation?

What Teams Can Expect of AMCHP

Every Mother Initiative Project Timeline

Application Procedure (including application components and selection criteria)

Appendix A Example Team Roster

For questions regarding the RFA or selection process, please join us for a
RFA Q&A* call on July 29, 2014 at 12pm EST.
*Please note attendance on this call is not required to submit an application.

Pre-registration for the call is not required.
Call in Number: 1-888-850-4523; Passcode: 907161#
Join the meeting in Adobe Connect: http://amchp.adobeconnect.com/everymotherfa2/

For questions about the Every Mother RFA please contact Andria Cornell at acornell@amchp.org; 202-266-3043
Maternal Mortality

In the United States, pregnancy-related mortality is a rare but troubling event – data suggest approximately 1,000 women die per year (more than two women a day) due to pregnancy-related causes.\textsuperscript{1} However, the overall rate masks the approximately 52,000 severe maternal morbidity events that occur annually. Recent estimates indicate that for every 10,000 delivery hospitalizations in the United States each year, more than 120 women experience these severe complications.\textsuperscript{2} Even more concerning are reports that U.S. maternal mortality rates may be rising and disparities between racial groups widening.\textsuperscript{3} Identifying cases, reviewing the factors that may have contributed to maternal deaths and analyzing and interpreting the findings to stimulate action offer an important means of improving maternal health by facilitating systems change at all levels within the state.

The AMCHP Every Mother Initiative

With support from Merck for Mothers, AMCHP launched the Every Mother Initiative in 2013 to help states take specific and focused steps to reduce maternal mortality and maternal morbidity. Beginning in August 2013, six states (CO, DE, GA, NC, NY, and OH) formed multi-disciplinary teams to identify and implement strategies to strengthen and enhance their maternal mortality surveillance systems, anchored in their maternal mortality reviews, and use the data from the reviews to take action in developing and implementing population-based strategies and policy change to prevent maternal death and improve maternal health outcomes. This first cohort of the Every Mother Initiative used a 15-month Action Learning Collaborative (ALC) format. ALCs are multidisciplinary learning communities that analyze a public health problem and implement program and policy solutions. Core components of the Every Mother ALC include in-person and virtual technical assistance, peer to peer site visits between teams, and a Translation Support Sub-award to help fund implementation of maternal mortality review recommendations. The first cohort will conclude October 2014.

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\textsuperscript{3} Amnesty International, 2010. Deadly delivery: The maternal health care crisis in the USA. London, UK
In addition to engaging in activities associated with the ALC, the six states in the first cohort had the opportunity to serve as beta-testers for a new maternal mortality review data system. This data system, created by the Centers for Disease Control and Prevention, Division of Reproductive Health, is designed to store abstracted data elements, support the development of case summaries, store committee review determinations, and produce an analytic file. Each of the six states in the first cohort chose to serve as beta-testers, and as of June 2014, had participated in a process to identify core variables for maternal mortality reviews that should be required for collection and that could allow for comparability and aggregation of case information across states and regions. States participating in the second ALC cohort will have the opportunity (though not required) to continue to advance the design and implementation of the standardized data system, and work closely with CDC personnel on key issues of data collection and use to support maternal mortality reviews.

This RFA is for participation in the second ALC cohort of the *Every Mother Initiative*, to launch in October 2014 and conclude in December 2015. The second cohort will build upon the successes of the first cohort and maximize opportunities for peer learning. The six selected awardees will work together as one learning cohort, with opportunity for mentorship from states that participated in the first ALC cohort, as well as one another.

**Eligibility requirements**

States selected to participate in the first *Every Mother Initiative* ALC cohort are not eligible to apply for the second ALC cohort.
The primary applicant is the state or territory MCH program. States or territories are eligible to apply to the *Every Mother Initiative* if they meet the following requirements: 1) the state or territory has a maternal mortality review committee in place, 2) currently reviews maternal deaths on a regular basis, and 3) has completed at least one year of reviews of maternal deaths.

A desired outcome for states or territories participating in the *Every Mother Initiative* is to improve coordination and collaboration across public health and health care systems as a part of their data to action translation projects. Therefore, teams applying to the *Every Mother Initiative* must include multidisciplinary representatives from the following areas within the team (please note that an individual may serve in more than one of the below roles):

1) Title V/MCH program staff
2) MCH epidemiology
3) Maternal Mortality Review Committee leadership
4) Maternal Mortality Review Committee member (case abstractor, specialty expertise, etc.)
5) At least one clinical organizational representative (ACOG, AWHONN, SMFM, ACNM, etc.)

Other professionals teams may wish to engage include (optional):
6) Quality improvement or performance management staff at labor and delivery sites
7) A representative from the statewide Perinatal Quality Collaborative, if established
8) Staff or leadership from one or more Regional Perinatal Centers

**What is included in participation?**

Six teams will work together from October 2014 through December 2015 and are expected to participate in the following activities:

1. Identify a data-to-action activity that aligns with priority recommendations of the state Maternal Mortality Review Committee and can be implemented and achieved by the conclusion of the ALC cohort (December 2015). Teams can apply for up to $40,000 in translation support (please see more on the support below).
2. Team level action planning: In the first months of the ALC, AMCHP will facilitate targeted and universal dialogue on developing an action plan to implement the data-to-action activity. Please note that applicants are required to submit an initial proposal with their application. Upon acceptance into the ALC, state teams will be required to craft and submit an action plan after the first two months of the project.
3. Monthly distance learning events, which will alternate between an instructional webinar from state and national experts to address cross-ALC needs and group-led peer-to-peer sharing and learning about translation activities (approximately 14 learning events in the 15 month ALC cycle)
4. Attend one in-person kick off meeting in early November 2014 (location TBD). AMCHP will fund up to five team members to travel to the kick off meeting. This funding is in
addition to (not a part of) the translation funding support. State teams can choose to fund up to two additional team members to attend the meeting (seven in total).

5. **Attend up to two** site visits to ALC peer states, and **host one** site visit for ALC peer states. AMCHP will fund up to two team members to attend site visits. The same team members do not need to attend each site visit. This funding is in addition to (not a part of) the translation funding support.

6. Ongoing and on-demand peer-to-peer mentor collaboration across the six teams in the cohort, and access to teams that participated in the first cohort.

7. Opportunity to receive training and support in using the CDC Maternal Mortality Review Data System to support case abstraction, data collection and analysis for the maternal mortality review (not required but available to interested teams).

8. Host regularly scheduled internal Every Mother team meetings (that will take place in addition to regularly scheduled maternal mortality review committee meetings) to ensure forward movement in proposed activities and integration of activities into ongoing state or territory priorities in reducing maternal mortality and improving maternal health.

9. Submit one interim progress report approximately halfway through the ALC (Spring 2015) to share progress and feedback on the ALC, which also includes a report of expenditures to date.

10. Submit quarterly invoices to AMCHP for expenditures associated with the translation award (please see more information on page 8).

11. Complete a final report on activities, successes, and challenges from the ALC.

12. During the course of the program, teams will be required to provide AMCHP with information that Merck reasonably needs in order to fulfill its reporting obligations under any federal, state or local law, including without limitation the information described in regulations promulgated under the federal Physician Payment Sunshine Act, codified at 42 C.F.R. Part 403.

### What can teams expect from AMCHP?

Teams can expect full support from AMCHP, including facilitation of the entire process from start to finish. Specific support AMCHP will offer teams includes:

- Technology (conference call lines and online meeting technology) for virtual technical assistance delivery.
- Travel funding for 5 members of the team to attend the in-person kick-off meeting.
- Travel funding for 2 members of the team to attend each of two peer site visits.
- Support in facilitating peer relationships and identification of common interests across the cohort (and connecting to expertise in the previous cohort).
- Support of up to $40,000 to help fund translation of maternal mortality review recommendations into public health actions.
• A forum to network, share ideas and problem solve with colleagues nationwide working on maternal mortality.
• Information from and access to leading national experts in the field of maternal mortality.

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

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<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>RFA Released</td>
<td>July 10, 2014</td>
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<tr>
<td>RFA Orientation Call</td>
<td>July 29, 2014</td>
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<td></td>
<td>12:00-1:00 pm ET</td>
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<tr>
<td>Applications Due</td>
<td>August 22, 2014</td>
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<td></td>
<td>11:59 pm ET</td>
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<tr>
<td>Teams Announced</td>
<td>September 22, 2014</td>
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<td>Project Start Date</td>
<td>October 1, 2014</td>
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<tr>
<td>Team Orientation Call</td>
<td>October 8, 2014</td>
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<td>2:00-3:00 pm EST</td>
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<tr>
<td>In-Person Kick Off Meeting</td>
<td>November 2014</td>
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<td></td>
<td><em>1.5 day meeting to take place between November 3-14, 2014</em></td>
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**Application procedure**

Submit all required application materials by email by 11:59 PM August 22, 2014 to Andria Cornell at acornell@amchp.org

- Applications must address Components I-VI (described below).
- The page limit for Components I-IV is 6 single spaced pages in Times New Roman, 12 pt font and one inch margins; Components V & VI are stand-alone documents and do not count towards the total page limit.
- To be considered eligible, applicants are required to complete and submit all required components.
- Applications received after the deadline will not be considered.

**Please Note:** You will receive notification of receipt of application via email within three days following submission. If you do not receive a notification of receipt, please contact Andria Cornell at acornell@amchp.org.

**APPLICATION COMPONENTS**

**I. CAPACITY**

- To the extent possible, please share the maternal mortality rate in your state or territory.
- Share any findings (preliminary, anecdotal, or published) from your maternal mortality review efforts and if appropriate, a link to any reports generated by the committee.
- Include a description of current activities related to maternal mortality and maternal health within your state and specifically within the convening health department. Please include the partnerships or stakeholder groups involved in these activities. Specific to your maternal mortality efforts, please indicate at which stage(s) of the Maternal Mortality Action Cycle your activities have focused. For more information, please visit: [http://www.seminperinat.com/article/S0146-0005%2811%2900149-2/pdf](http://www.seminperinat.com/article/S0146-0005%2811%2900149-2/pdf)
- Characterize the strength of current collaborations and coordination between public health and clinical care stakeholders in your state or territory, as well as other stakeholders deemed important for your application. Please consider the history of collaboration, leadership that facilitated collaboration, openness and frequency of communication, the
political climate that may influence your collaboration as well as policies, laws, or regulations, and the catalysts and resources for your collaboration.

- Please note that the strength of your current collaborations will not count against the applicant. This space is intended to provide contextual information for the work you propose. In fact, proposing a clear vision for strengthening collaboration, coordination, and communication between public health and clinical stakeholders as an outcome of this project will only strengthen your application.

II. EXPECTED BENEFITS

- **Added value:** Include specific ideas on the impact participation in the Every Mother Initiative 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 the convening health department.

- **Translation activities:** Provide an initial proposal (1-2 paragraphs) of how your program will use the up to $40,000 in translation funding to support one or more activities that translate recommendations or findings of the maternal mortality review committee into population health interventions. Please note that this funding is not intended to simply address a leading cause of maternal mortality in your state, but is an opportunity to engage with and carry out the recommendations of the review committee.

  - Please note that translation funding cannot be applied to the purchase of equipment, including medical supplies or products.
  
  - Further, translation funding should not be used as salary for a project team member, however it can be used to fund contract hours for expertise or short-term data entry staff, for example.
  
  - While more than one activity can be proposed, please be focused and specific.

  - The $40,000 in translation funding will be provided as a reimbursement and not in advance of activities. Teams selected to participate will be expected to submit quarterly invoices for activities, in addition to financial and expenditure updates as a part of the interim and final reporting process. AMCHP will review and approve all invoices and provide payment in the form of a mailed check within 60 days of receipt the approved invoice. If receiving reimbursement for expenses poses a significant hardship, please describe this hardship in writing as a supplement to the application.

III. OBSTACLES

- **Barriers:** Identify challenges the overall team might experience and how these obstacles will be mitigated by the convening organization and/or the overall team. Please be specific.

IV. TEAM OPERATIONS PLAN

- Describe in a few paragraphs how your team will work together to complete the team requirements of the initiative. Include the following:
  
  - The rationale for the selection of team members
    
    - Please note that not all team members need to participate at the same level. Some team members may participate infrequently, and work on the translation activities can extend to individuals beyond the team. The team
members should be considered the “brain trust” behind the project, coordinating the Every Mother Initiative activities among those initiatives happening within the state or territory.

- The distribution of work among team members
- Ensuring team representation and participation in learning events
  - Please note that not all team members must participate in virtual learning events, but it is expected that at least two team members will be represented. State teams should encourage team members with related experience, skills, or interests in the content that will be presented in individual learning events to participate.
- How the team will convene to achieve the project activities, including methods and frequency of communication to the entire team, as well as other individuals engaged in different aspects of the project.

V. COMMITMENT
- Letters of support: Two letters of support are required, 1) from the convening health department leadership, acknowledging the members of team, which clearly indicates a commitment to the team requirements (e.g. staff time, travel) throughout the duration of the project, and 2) from maternal mortality review committee leadership (non-health department entity) or other external entity critical to the completion of translation activities. Additional letters of commitment from other organizations included on the team roster are encouraged.

VI. TEAM ROSTER
- Clearly identify a team roster of no more than 8 team members, including team co-leads. Co-leads will be the primary point of contact between AMCHP and the teams. Co-leads will also be responsible for on-time submission of team action plans, progress reports, and any financial reports related to the funding support. Co-leads will also be expected to facilitate and develop a coordination structure for all activities occurring within a team. One co-lead must be with the convening health department and Title V/MCH program staff.
- Clearly identify how your team meets the following requirements:
  Teams applying to the Every Mother Initiative must include multidisciplinary representatives from the following areas (the same individual may serve more than one required role, but no more than two roles):
  1) Title V/MCH program staff
  2) MCH epidemiology
  3) Maternal Mortality Review Committee leadership
  4) Maternal Mortality Review Committee member (case abstractor, specialty expertise, etc.)
  5) At least one clinical organizational representative (ACOG, AWHONN, SMFM, ACNM, etc.)

Other professionals that teams may wish to engage include (optional):
6) Quality improvement or performance management staff at labor and delivery sites
7) A representative from the statewide Perinatal Quality Collaborative, if established
8) Staff or leadership from one or more Regional Perinatal Centers

- Provide detailed contact information of each team member and their expertise (see appendices A & B for examples and template).

APPLICATION CHECK LIST

☐ Does your application have the following required pieces?

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. TITLE V/MCH PROGRAM STAFF
II. MCH EPIDEMIOLOGY
III. MATERNAL MORTALITY REVIEW COMMITTEE LEADERSHIP
IV. MATERNAL MORTALITY REVIEW COMMITTEE MEMBER (CASE ABSTRACTOR, SPECIALTY EXPERTISE, ETC.)
V. AT LEAST ONE CLINICAL ORGANIZATIONAL REPRESENTATIVE (ACOG, AWHONN, SMFM, ACNM, ETC.)
SELECTION PROCESS – Applications will be judged on the following evaluation criteria:

Capacity – 35 points
• (5 points) The inclusion of findings from maternal mortality review activities, or in the event not included, a clear justification for why the information was not included
• (10 points) Extent to which applicant identified a current commitment (in the form of activities) to reducing maternal mortality among partners within the state.
• (15 points) Extent to which the applicant has demonstrated good will and intent for collaboration between public health and health care stakeholders. Sources for evaluation include:
  o Description of the strengths of current collaborations and coordination of activities, or plans to strengthen collaborations between public health and clinical stakeholders
  o Strong representation of clinical stakeholders in team composition (among other multidisciplinary partners)
  o Letters of support from key clinical stakeholders
• (5 points) Successful alignment of current maternal mortality review activities with the Maternal Mortality Action Cycle

Readiness - 30 points
• (10 points) Inclusion of clear and logical justification for the selection of potential translation activity or activities
• (10 points) Extent to which applicant identifies and offers effective ways to overcome barriers to participation in the Every Mother Initiative.
• (10 points) Extent to which applicant proposes a feasible team operations plan

Added Value – 20 points
• (10 points) Extent to which applicant addresses the added value of participation in the Every Mother Initiative
• (10 points) Extent to which the applicant describes a clear need for funding for a data-to-action effort or efforts, and the potential to contribute to the sustainability of these efforts

Team roster and commitment - 15 points
• *Yes/No Extent to which applicant includes all required team members.
• *Yes/No Extent to which applicant includes all required information on various team members.
• (10 points) Extent to which team roster represents a multidisciplinary team.
*Failure to include all required team members and required information, without justification, could penalize the applicant of up to 5 points per missing piece of information.
• (5 points) Extent to which applicant provides letters of support for team members. All points will be awarded if two letters are submitted: one from health department leadership and one from maternal mortality review committee leadership (non-health department entity)
Appendix A: Example of chart detailing team composition. Please include the information you think best communicates why you have assembled your team. Please limit your overall team to 8 members total.

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Overall Team Composition</th>
<th>Contact Information</th>
<th>Relevant Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Co-lead 1. Jane Smith, MPH</strong></td>
<td>Title V/MCH Program Staff</td>
<td>Agency</td>
<td>Jane is the manager of the maternal death review under the Title V program at the state health department.</td>
</tr>
<tr>
<td>State Maternal Death Review Coordinator</td>
<td>Epidemiology Staff</td>
<td>Address</td>
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<tr>
<td></td>
<td>Maternal Mortality Review Committee Leadership</td>
<td>Email</td>
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<td></td>
<td>Maternal Mortality Review Committee Member</td>
<td>Phone</td>
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<tr>
<td></td>
<td>Clinical Organizational Representative</td>
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<td></td>
<td>Other</td>
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<tr>
<td><strong>Co-lead 2. John Smith, PhD</strong></td>
<td>Title V/MCH Program Staff</td>
<td>Agency</td>
<td>John manages data and surveillance of MCH issues within the state. He holds an appointment at the State University in the Epidemiology Program.</td>
</tr>
<tr>
<td>MCH Epidemiologist at Health Department</td>
<td>Epidemiology Staff</td>
<td>Address</td>
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<td></td>
<td>Maternal Mortality Review Committee Leadership</td>
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<td></td>
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<td></td>
<td>Clinical Organizational Representative</td>
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<td>Other</td>
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<td><strong>3. Joe Smith, MD</strong></td>
<td>Title V/MCH Program Staff</td>
<td>Agency</td>
<td>Joe is a practicing OB-GYN and also serves at the ACOG representative for the state.</td>
</tr>
<tr>
<td>ACOG Member Representative</td>
<td>Epidemiology Staff</td>
<td>Address</td>
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<td></td>
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<td>Clinical Organizational Representative</td>
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<td><strong>4. Jen Smith, PhD</strong></td>
<td>Title V/MCH Program Staff</td>
<td>Agency</td>
<td>Jen is the Nursing Manager at a major birthing hospital in the area.</td>
</tr>
<tr>
<td>Nursing Manager at Hospital</td>
<td>Epidemiology Staff</td>
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<td><strong>5. Jess Smith, Behavioral Health Specialist</strong></td>
<td>Title V/MCH Program Staff</td>
<td>Agency</td>
<td>Jess is a Behavioral Health Specialist. She has been practicing for twenty years.</td>
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<td>Epidemiology Staff</td>
<td>Maternal Mortality Review Committee Leadership</td>
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