



Request for Applications

RFA #A378

Reducing Infant Mortality in Communities

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section
Infant and Community Health Branch

ISSUE DATE: August 31, 2022

DEADLINE DATE: October 31, 2022

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

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Applications will be received until 5:00 pm on October 31, 2022

Electronic copies of the application are available at <https://wicws.dph.ncdhhs.gov/>

Send all applications electronically as indicated below:

Email Address:

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IMPORTANT NOTE: Indicate agency/organization name and RFA number in the email subject line, along with the RFA deadline date.

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I. INTRODUCTION

The Reducing Infant Mortality in Communities (RIMC) program (formerly entitled Infant Mortality Reduction program) is an infant mortality reduction program that awards funds to local health departments/districts (LHDs) to implement evidence-based strategies that are proven to lower infant mortality rates. The RIMC program is awarding three-year grants to eligible LHDs through a competitive application process. Grants are administered by the North Carolina Department of Health and Human Services (NC DHHS), Division of Public Health (DPH), Women, Infant, and Community Wellness Section (WICWS), Infant and Community Health Branch (ICH).

ELIGIBILITY

LHDs meeting eligibility criteria outlined in this section may apply to receive funding to implement the RIMC program. LHDs serving counties that rank in the top quartile (i.e., the top 25) for the infant mortality disparity ratio or the infant mortality rate are eligible to apply. The infant mortality disparity ratio compares each county's five-year average infant mortality rates between non-Hispanic Whites and non-Hispanic African Americans during the 2016-2020 time-period. Table 1 lists the top 25 counties that are eligible to apply for funding based upon their infant mortality disparity ratio.

Table 1: Infant Mortality Disparity Ratio¹

Rank	County	2016-2020 Disparity Ratio
1	PENDER	7.10
2	LINCOLN	5.57
3	ORANGE	5.63
4	HERTFORD*	4.88
5	WAKE	4.88
6	PERSON*	4.83
7	DURHAM	4.72
8	WILKES	3.94
9	CHEROKEE*	3.86
10	BLADEN*	3.80
11	FRANKLIN	3.63
12	CARTERET	3.53
13	DAVIE	3.51
14	CALDWELL	3.44
15	UNION	3.41
16	PITT*	3.40
17	SCOTLAND*	3.33
18	MECKLENBURG	3.22
19	HOKE	3.20
20	GUILFORD*	3.11
21	LEE	3.10
22	ROBESON*	3.07
23	WAYNE	3.06
24	STOKES	2.98
25	GRANVILLE	2.92

LHDs serving counties that rank in the top quartile (i.e., the top 25) for infant mortality rates may apply for funding. There are 26 LHDs due to a tie in the infant mortality rate for the 25th and 26th ranked counties. Table 2 lists the top 26 counties that are eligible to apply for funding based upon their five-year average infant mortality rates between 2016-2020.

¹North Carolina infant mortality disparity ratios are based on disparities between infant deaths reported among non-Hispanic White and non-Hispanic African American births. Counties whose infant mortality rates are based on 10 deaths or less are excluded from this list. The State Center for Health Statistics considers rates that are less than 10 deaths unstable. Source: NC DHHS State Center for Health Statistics, 29NOV2021.

Table 2 Infant Mortality Rate²

Rank	County	2016-2020 Infant Mortality Rate
1	WASHINGTON	20.4
2	MARTIN	13.5
3	HERTFORD*	12.0
4	EDGECOMBE	11.8
5	CHEROKEE*	11.4
6	BERTIE	11.4
7	PITT*	11.0
8	RICHMOND	11.0
9	GREENE	10.5
10	HALIFAX	10.5
11	WILSON	10.3
12	MONTGOMERY	10.1
13	ROBESON*	10.1
14	ANSON	9.9
15	RANDOLPH	9.9
16	BEAUFORT	9.6
17	PERSON*	9.5
18	CHATHAM	9.4
19	BLADEN*	9.3
20	SCOTLAND*	9.3
21	VANCE	9.3
22	COLUMBUS	9.1
23	FORSYTH	8.9
24	LENOIR	8.8
25	GUILFORD*	8.7
26	NASH	8.7

Demonstration Need Points

An application that is received from a LHD that serves a county that is in the top quartile (i.e., the top 25) for the infant mortality disparity ratio **and** the infant mortality rate will receive ten (10) demonstration need points. The counties that are highlighted and marked with an asterisk (*) in Tables 1 and 2 are eligible to receive demonstration need points. The demonstration need points shall be added to the application score established by an objective review committee.

² Source: NC DHHS State Center for Health Statistics, 29NOV2021.

FUNDING

Between seven (7) and eight (8) LHDs will receive funding at an award level ranging between \$196,875 - \$225,000 for each state fiscal year (FY). Funding will be available for three (3) FYs contingent upon program performance and the availability of funding. The FYs for funding awarded through this competitive application process will be June 1, 2023 – May 31, 2024, June 1, 2024 – May 31, 2025, and June 1, 2025 - May 31, 2026. Funding for the RIMC program is 100% federal from the Health Resources and Services Administration (HRSA)-Maternal and Child Health Block Grant.

II. BACKGROUND

In 2015, the North Carolina General Assembly appropriated funds in the Maternal and Child Health Block Grant Plan to the NC DHHS, DPH to be allocated to LHDs in counties that experienced the highest infant mortality rates (Session Law 2015-241). Under this program, funding was distributed to LHDs to implement evidence-based programs that have been proven to be an effective means to improve birth outcomes through addressing pregnancy intendedness, preterm birth, and/or infant mortality.

In 2020, the infant mortality rate in North Carolina was 6.9 infant deaths per 1,000 live births.² The disparity ratio between non-Hispanic White and non-Hispanic African American births remained greater than twofold. The RIMC program is focusing on this disparity while addressing the overall infant mortality rate. Elimination of health disparities is a priority for NC DHHS and a key area of emphasis in developing programming.

III. SCOPE OF SERVICES

1. Community Engagement Requirements

Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices.³

In order to expand the RIMC program's impact on infant mortality and the disparities between non-Hispanic Whites and non-Hispanic African Americans, the community must be engaged in the development and delivery of services to reach individuals in the community whether or not they currently receive services at the LHD. All eligible applicants must engage the community in the decision-making process when selecting the evidence-based strategies to implement.

³ Source: Centers for Disease Control and Prevention *Principles of community engagement* (1st ed) Atlanta (GA): CDC/ATSDR Committee on Community Engagement; 1997.

All eligible applicants are encouraged to review a resource on community engagement before submitting an application. All eligible applicants shall include one (1) community engagement component in each selected evidence-based strategy (EBS).

A. Community Engagement Training

All eligible applicants are encouraged to review a community engagement resource before submitting an application for the RIMC program. A list of community engagement resources can be found in this RFA on page 24.

B. Community Engagement Components

All RIMC programs shall include one (1) of the following community engagement components in all EBSs:

i. Partnership - Unfunded

In an unfunded partnership, the LHD will partner with a non-profit/501(c)(3) organization or similar community-based organization with an established relationship working with individuals that the applicant proposes to serve. This organization will be responsible for ensuring that people with lived experienced be engaged in all aspects of the program. This organization will provide guidance, support and/or services for the selected EBS that will impact non-Hispanic African American individuals. This may include, but not limited to, program staff time (service delivery, community outreach and education), referral source, office/meeting space, program advertising, educational materials, facilitative services (transportation, childcare), job skills training, and incentive items. The specific roles and responsibilities for each party must be outlined in a Letter of Commitment. A copy of the Letter of Commitment must be included in **Attachment A** of the application.

ii. Partnership - Funded

In a funded partnership, the LHD will establish a mutually beneficial financial partnership with a non-profit/501(c)(3) organization or similar community-based organization with an established relationship working with individuals that the applicant proposes to serve. This organization will be responsible for ensuring that people with lived experienced be engaged in all aspects of the program. This organization will provide guidance, support and/or services for the selected EBS that will impact non-Hispanic African American individuals. This may include, but not limited to, program staff time (service delivery, community outreach/education), office/meeting space, program advertising, educational materials, facilitative services (transportation, childcare), job skills training, and incentive items. The specific roles and responsibilities for each party must be outlined in a Memorandum of Agreement. A copy of the Memorandum of Agreement must be included in **Attachment A** of the application. For a funded partnership, a subcontractor budget must be included in each yearly budget submitted with the application.

C. Health Equity Impact Assessment

All RIMC programs shall conduct the Health Equity Impact Assessment (HEIA) for each selected EBS during the first two (2) years of the grant. The HEIA provides a structured process to guide the development, implementation and evaluation of policies and programs that impact population health, with a goal of reducing health disparities and inequities. Data and community involvement are central to the tool's success.

The four (4) action steps of the HEIA (listed below) are completed jointly by a diverse group of stakeholders. The group can include, but is not limited to, local decision-makers, civic groups, faith leaders, and directly impacted community members. The success of the HEIA lies in the strong collaboration among these stakeholders, and their work to implement the proposed changes to the policy or program.

- i. **Describe the program or policy** to be assessed including the goals and expected outcomes.
- ii. **Analyze the data profile** to determine potential impacts of policies and programs on health and health disparities.
- iii. **Identify changes** to current or proposed policies or programs to ensure they reduce health disparities and not make them worse.
- iv. **Develop a monitoring plan** for measuring the implementation of recommended changes to policies or programs and the impact they have on communities.

The HEIA Implementation Guide and HEIA Facilitator's Guide can be downloaded from the Women, Infant, and Community Wellness Section's website:

<https://wicws.dph.ncdhhs.gov/>.

2. **Staffing**

The RIMC program shall reallocate an existing staff person or hire a new staff person to serve as the part-time or full-time Program Coordinator. The Program Coordinator will be responsible for providing and/or managing all of the program activities as outlined for each selected EBS; managing the community engagement component selected for the EBS; determining applicable facilitative services for the selected EBSs; collecting and reporting program data as outlined by the grant; developing and administering the program participant satisfaction surveys that are applicable for the selected EBSs; conducting and/or coordinating community outreach and education activities; and submitting program and expenditure reports.

3. **Evidence-Based Strategies**

The RIMC program requires that each funded LHD, in collaboration with the community, select **at least two (2)** out of the five (5) EBSs to implement:

- Breastfeeding Support Services,
- Centering Pregnancy,
- Doula Services,
- Infant Safe Sleep Services, and

- Preconception and Interconception Health Services.

Each EBS is described below, along with its specific program requirements, annual performance outcome measures, and reporting requirements.

A. Breastfeeding Support Services

Breastfeeding is one of the most effective preventive measures a mother can take to protect the health of her infant and herself. It is recommended to exclusively breastfeed during the first six (6) months of life. While a high percentage of mothers initiate breastfeeding, most mothers stop breastfeeding due to the lack of support and rates are significantly lower among African American infants. In order to improve breastfeeding rates, the involvement and support from interventions must be delivered in different settings, and include the involvement and support of clinicians, health systems, family, friends, employers, and the community.

Breastfeeding Support Services will provide women served by the LHD and women in the community with breastfeeding support and education services.

i. Program Requirements

- Program activities shall include: providing breastfeeding support services to pregnant and postpartum women served at the LHD and in the community; partnering with the LHD's WIC Breastfeeding Peer Counselor (BFPC) Program to provide additional support to BFPC program participants; providing Ready, Set, BABY prenatal breastfeeding classes in a community location to pregnant women served at the LHD and in the community; conducting community education and advocacy work which includes participating in community events, increasing the number of breastfeeding-friendly spaces in the community and workplace and increasing the number of employers with breastfeeding-friendly policies, and presenting at faith-based organizations/churches and private provider offices; tracking program participant and program data; and completing program reports.
- Provide the required and recommended contacts to pregnant and postpartum women based upon the Breastfeeding Peer Counselor Contact Calculator (<https://www.nutritionnc.com/wic/bfpc-calc.asp#results>) and conduct at least 25% of all contacts through home visits.
- Collect data on program participants and community education and advocacy work, and report on a biannual basis. Program participant data shall include demographic information, prenatal and postpartum contacts, breastfeeding initiation and duration, and birth outcomes.
- Partner with the WIC (Women, Infants and Children) Program to conduct contacts and home visits with BFPC Program participants. A Letter of Commitment is required from the WIC Program to outline the responsibilities

of each program, and to assure that duplication of services will not occur. The Letter of Commitment must be included in **Attachment A** of the application.

- e. Develop and administer a program participant satisfaction survey to evaluate program services and submit an annual satisfaction survey summary report.

ii. Training Requirements

- a. Complete the multi-day Breastfeeding Peer Counselor Core Training provided regionally at no cost by the NC Division of Child and Family Well-Being, Community Nutrition Services Section. Training and registration information for Level 2: Peer Counselors ONLY training is available online at: <https://www.nutritionnc.com/breastfeeding/bf-curriculum.htm>.
- b. Attend Breastfeeding Peer Counselor Program Quarterly Continuing Education trainings, which are provided at no cost by the NC Division of Child and Family Well-Being, Community Nutrition Services Section. Training and registration information available online at: <https://www.nutritionnc.com/wic/conferences.htm#>.
- c. Complete the two-part online Ready, Set, BABY training provided at no cost by the Carolina Global Breastfeeding Institute (CGBI) at: <https://sph.unc.edu/cgbi/resources-ready-set-baby/>; or training can be provided at no cost by a WIC Regional Breastfeeding Coordinator or WIC Breastfeeding Coordinator. A facilitation practice session with a WIC Regional Breastfeeding Coordinator is also required.
 - 1. Ready, Set, BABY resources are available on CGBI website and are required to conduct the Ready, Set, BABY trainings. Program budgets must include the expenses for printing patient 24-page booklets and creating the do-it-yourself educator flip chart.

iii. Annual Performance Outcome Measures

- a. At least 50 unduplicated women shall receive prenatal and postpartum breastfeeding support contacts by the Breastfeeding Community Support Educator, at least 50% shall represent a minority population (priority given to African American women).
- b. At least six (6) Ready, Set, BABY trainings shall be conducted in a community location to pregnant women served at the LHD and in the community.
- c. At least four (4) community outreach education activities shall be conducted.
- d. At least two (2) new breastfeeding-friendly community spaces or workplaces/employers shall be established.

B. Centering Pregnancy

Centering Pregnancy is a model of group prenatal care where eight to ten (8–10) pregnant women, who are due at the same time, meet with their provider and other pregnant women for ten (10) group sessions over the course of their pregnancy. Group sessions are 90 minutes – two (2) hours in length and consist of health assessments, facilitated group discussion and interactive activities and education on timely health topics. Data supports those women have experienced positive birth outcomes and lower racial disparities for preterm births by participating in the Centering Pregnancy model.

LHDs who want to implement a new Centering Pregnancy program must meet the Centering Healthcare Institute's (CHI) eligibility requirements which include: an obstetric patient volume of 150-200 per year; dedicated meeting space; and program staff typically made up of a clinical provider and a facilitator. The Readiness Assessment found on CHI's website (<https://www.centeringhealthcare.org>) should be completed for CHI to provide a recommended plan for implementation. Basic Facilitator training is required for program staff and provided by CHI. Information on how to get started can be found at: <https://www.centeringhealthcare.org>

LHDs who have an existing Centering Pregnancy program can choose this strategy to provide additional support for the program. Support for the program must include program staff time (clinical provider, facilitator, interpreter). Support can also include Centering Pregnancy training expenses (registration fees, travel); Centering Pregnancy materials (Centering notebooks, facilitator guide); and equipment to facilitate medical assessments and/or telehealth.

i. Program Requirements

a. For a new Centering Pregnancy program, activities shall include:

1. Hiring or reassigning program staff to conduct group sessions (providing health assessments, facilitating interactive group discussions, and providing education and materials on health topics).
2. Coordinating basic facilitator training for program staff provided by CHI.
3. Conducting at least two (2) groups during the first year and at least six (6) to eight (8) groups during subsequent years. Each group will serve eight to ten (8-10) pregnant women and each group will meet for ten (10) sessions, which follows the recommended schedule of prenatal care visits.

b. For an existing Centering Pregnancy program, activities shall include:

1. Supporting existing program staff and/or hiring or reassigning additional program staff to conduct group sessions (providing health assessments, facilitating interactive group discussions, and providing education and materials on health topics).

2. Coordinating basic or advanced facilitator training for program staff provided by CHI (if needed).
 3. Conducting at least eight (8) groups per year serving eight to ten (8-10) pregnant women per group. Each group will meet for ten (10) sessions, which follows the recommended schedule of prenatal care visits.
- c. Collect data on program participants and report on a biannual basis. Program participant data shall include demographic information, prenatal care visits, breastfeeding initiation and duration, delivery outcomes, and birth outcomes.
 - d. Develop and administer a program participant satisfaction survey to evaluate program services and submit an annual satisfaction survey summary report.
- ii. Training Requirements
 - a. Complete two (2) day Centering Pregnancy Basic Facilitator training for all new program staff. The Advanced Facilitator training is an option for facilitators who have taken Basic Facilitator training and have at least 20 hours of facilitating experience. These trainings are provided by CHI. Training information can be found at: <https://www.centeringhealthcare.org/store/workshops>. The costs for registration and travel (if needed) must be included in the program budget.
 - iii. Annual Performance Outcome Measures
 - a. For new Centering Pregnancy program:
 1. At least 16 unduplicated women shall receive Centering Pregnancy services during the first year and at least 48 unduplicated women shall receive Centering Pregnancy services during subsequent years, at least 50% shall represent a minority population.
 2. At least two (2) Centering Pregnancy groups shall be conducted during the first year and at least six (6) Centering Pregnancy groups shall be conducted during subsequent years.
 - b. For an existing Centering Pregnancy program:
 1. At least 64 unduplicated women shall receive Centering Pregnancy services, at least 50% shall represent a minority population.
 2. At least eight (8) Centering Pregnancy groups shall be conducted.
 - c. At least 80% of program participants shall attend all group sessions.
 - d. At least 40% program participants shall initiate breastfeeding.

- e. At least two (2) community outreach and education activities shall be conducted by the Program Coordinator.

C. Doula Services

A doula is a trained professional that provides physical, emotional, and informational support to a woman before, during and after childbirth, including continuous labor support. Evidence supports those women who use a birth doula are less likely to have a cesarean birth; less likely to use Pitocin during labor; and more likely to rate greater satisfaction with her birth experience. Studies also show that doula support can improve preterm birth and low birthweight rates among non-Hispanic Black women and play a role in reducing racial/ethnic disparities in birth outcomes.

- i. Program Requirements
 - a. Program activities shall include: developing policy and procedures for the program; developing educational and advertising materials for the program; establishing collaborative relationships with local birth facilities; conducting outreach and recruitment of community members to be trained as doulas; coordinating the trainings required for community members to serve as doulas; purchasing training and educational materials, and incentive items; conducting community outreach and education; educating local hospitals, LHD staff and maternity patients on the program; providing supervision and support to contracted doulas; matching doulas with pregnant women; conducting three-month follow-up contacts with program participants and completing birth satisfaction surveys; and tracking program data and completing program reports.
 - b. Coordinate two (2) required trainings for the community members recruited to be trained as doulas provided by DONA-certified Birth Doula trainers from a list of available trainers provided by the WICWS. The required trainings include a one (1) day introduction to childbirth education for doulas course and a two (2) day birth doula workshop. Program budgets must include the cost for both trainings. The estimated cost for both required trainings is \$600 per person.
 - c. Develop a written doula services agreement with each trained doula that will include: the responsibilities of both parties, the stipend amount to be paid for providing doula services before, during and after childbirth, and the doula's required time commitment to the program.
 - d. Provide complete doula services for each enrolled participant, which includes a minimum of one (1) prenatal visit, the provision of childbirth education, continuous onsite labor support at the hospital, at least one (1) postpartum visit either in the hospital or within one (1) week after birth, and at least one (1) telephone contact within 30 days after birth.

- e. Collect data on program participants and report on a biannual basis. Program participant data shall include demographic information, prenatal care visits, breastfeeding initiation and duration, delivery outcomes, and birth outcomes.
 - f. Administer a birth satisfaction survey to each Doula Services program participant. All birth satisfaction survey responses shall be entered into an online survey provided by the DPH Contract Administrator. A copy of the Doula Services birth satisfaction survey can be found in Appendix C.
 - g. Develop and administer a program participant satisfaction survey to evaluate program services and submit an annual satisfaction survey summary report.
- ii. Annual Performance Outcome Measures
- a. At least four (4) community members shall be trained as doulas.
 - b. At least 40 unduplicated pregnant women shall receive complete doula services (at least 48 unduplicated pregnant women in years two (2) and three (3)), at least 50% shall represent a minority population.
 - c. At least 90% of program participants shall complete a birth satisfaction survey.
 - d. At least 80% of program participants shall report a positive birth experience.
 - e. At least two (2) community outreach and education activities shall be conducted by the Program Coordinator.

D. Infant Safe Sleep Services

The American Academy of Pediatrics has issued guidelines on safe sleep for infants to reduce the risk of sudden infant death syndrome (SIDS) and other sleep-related causes of infant deaths. The Infant Safe Sleep Services strategy provides current safe sleep education to pregnant women and their family members/support persons. For pregnant women/families who are in need, the program may provide a safe sleep space for their baby (i.e., cribs, play yards, portable cribs) after receiving safe sleep education.

- i. Program Requirements
 - a. Program activities include: completing safe sleep education training; providing current infant safe sleep education, to pregnant women and family members/support persons, through individual and group sessions; conducting three (3) month follow-up safe sleep education surveys; developing program and advertising materials; conducting community outreach and education activities; partnering with hospitals to implement infant safe sleep practices; tracking and reporting program data; and submitting program reports.

- b. Conduct the infant safe sleep education three (3) month follow-up survey with all program participants three (3) months after giving birth. Enter survey responses into an online survey provided by the DPH Contract Administrator. A copy of the infant safe sleep education three (3) month follow-up survey can be found in Appendix C.
 - c. Collect demographic data on pregnant women and report on a biannual basis.
 - d. Develop and administer a program participant satisfaction survey to evaluate program services and submit an annual satisfaction survey summary report.
- ii. Training Requirements
 - a. Complete the one (1) hour online Safe Sleep NC Champions training provided at no cost by the UNC Center for Maternal and Infant Health.
 - b. Training information and educational materials can be found at: <https://safesleepnc.org/healthcare-providers/trainings/>. The cost for printing educational materials must be included in the program budget.
- iii. Annual Performance Outcome Measures
 - a. At least 200 pregnant women shall receive infant safe sleep education, at least 50% shall represent a minority population.
 - b. At least 75% of pregnant women shall complete an infant safe sleep education three (3) month follow-up survey.
 - c. At least four (4) community outreach education activities shall be conducted by the Program Coordinator.

E. Preconception and Interconception Health Services

The Centers for Disease Control and Prevention (CDC) defines preconception health as: “Preconception health refers to the health of women and men during their reproductive years, which are the years they can have a child. It focuses on taking steps now to protect the health of a baby they might have sometime in the future. all women and men can benefit from preconception health, whether or not they plan to have a baby one day.”

The Preconception and Interconception Health Services (PIHS) strategy supports the Reproductive Justice Framework where all people can create self-determined reproductive lives. Services provided under this strategy support the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. Preconception health is important for individuals whether or not they plan to have a baby. The overall health of individuals can affect fertility, fetal development, and birth outcomes.

Poor preconception health and interconception health, as well as unintended pregnancies, can result in adverse birth outcomes such as preterm births and low birthweight births, creating a greater risk of infant death. Obesity and diabetes are among the maternal risk factors that are directly related to infant mortality, and the prevalence is higher among minority populations. In 2019, the prevalence of self-reported obesity among non-Hispanic Black adults was 47.7% compared to 30.0% among non-Hispanic Whites in North Carolina (2019 NC Behavioral Risk Factor Surveillance System). In 2019, the percentage of adults 18 years or older who were told they had diabetes by a doctor, nurse or other health professional was higher for non-Hispanic American Indians (23.3%) and non-Hispanic Blacks (14.2%) compared to 11.4% of non-Hispanic Whites (2019 NC Behavioral Risk Factor Surveillance System). PIHS includes comprehensive contraceptive education and reproductive life plan assessments; weight management services; and diabetes management services.

i. Program Requirements

Activities under this EBS shall include:

- a. Allocating a percentage of time for an existing provider or new provider to conduct reproductive life planning services to uninsured or underinsured clients.
- b. Providing all clients with the CDC's Preconception Health Checklist. All clients can benefit from preconception health whether they plan to have a baby or not. The checklist helps clients stay healthy throughout all stages of life. The CDC's Preconception Health Checklist can be downloaded from the Women, Infant, and Community Wellness Section's website: <https://wicws.dph.ncdhhs.gov/>.
- c. Providing all clients with a reproductive life plan assessment by asking questions such as: "do you have any children now?"; "do you want to have (more) children?"; and "how many (more) children would you like to have and when?". All individuals of reproductive age should be engaged in conversation about a reproductive life plan.
- d. Providing contraceptive counseling and education to all clients, which includes using a tiered approach by presenting information on all methods available from the most effective birth control methods to the less effective methods.
- e. Providing training to LHD providers and staff, and community providers on reproductive justice and reproductive life planning.

f. Providing one (1) of the following preconception health services:

1. Weight Management Services

Weight Management Services will focus on health services for individuals of reproductive age served at the LHD and/or at a community-based organization.

- i. Activities include providing education on nutrition and physical activity and personalized nutrition treatment plans to individuals of reproductive age; conducting monthly follow-up contacts; tracking program participant demographic and outcome data; submitting program reports; and conducting community activities (walking groups, community gardens), outreach and education.

OR

2. Diabetes Management Services

Diabetes Management Services will focus on health services for individuals of reproductive age served at the LHD and/or at a community-based organization.

- i. Activities include: providing diabetes self-management and support to individuals of reproductive age, which includes creating individual self-management plans; educating on diet and nutrition and blood glucose testing; coordinating care; monitoring medications, blood glucose levels and other lab work (blood pressure, non-HDL); conducting monthly/as needed follow-up contacts; tracking program participant demographic and outcome data; submitting program reports; conducting community activities (walking groups, community gardens, cooking classes) and community outreach and education.
- g. Collect data on program participants and service deliverables and report on a biannual basis. Program data shall include demographic information on clients receiving reproductive life planning services, and demographic data on clients receiving weight management or diabetes management services.
- h. Develop and administer a program participant satisfaction survey to evaluate program services and submit an annual satisfaction survey summary report.
- ii. Annual Performance Outcome Measures
 - a. At least 300 clients shall receive a reproductive life plan assessment, at least 50% (150) shall represent a minority population and at least 25% (75) shall be men.

- b. At least two (2) trainings shall be provided to LHD providers and staff, and community providers on reproductive justice and/or reproductive life planning.
- c. Weight Management Services (if chosen)
 - 1. At least 30 clients shall receive weight management services provided by a Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN), at least 50% (15) shall represent a minority population and at least 25%, eight (8) shall be men.
 - 2. At least two (2) community outreach and education activities shall be conducted by the Program Coordinator.
- d. Diabetes Management Services (if chosen)
 - 1. At least 50 clients shall receive diabetes management services provided by a Certified Diabetes Educator, at least 50% (25) shall represent a minority population and at least 25% (12-13) shall be men.
 - 2. At least two (2) community outreach and education activities shall be conducted by the Program Coordinator.

4. Annual Reporting Requirements

A. Program Reporting

- i. Each program shall submit biannual program reports that provide detailed information on program deliverables, performance outcome measures, community-level activities, and program participant data for each evidence-based strategy. Program report templates will be provided by the DPH Contracts Administrator. Program report submission dates will be determined by the DPH Contracts Administrator.
- ii. Each program shall administer a program participant satisfaction survey to obtain programmatic feedback for each evidence-based strategy. A summary of the satisfaction survey responses shall be submitted to the DPH Contracts Administrator annually. The submission dates will be determined by the DPH Contracts Administrator.

B. Expenditure Reporting

- i. Each program shall submit a monthly itemization report outlining the previous months line-item expenditures. The monthly submission dates will be determined by the DPH Contracts Administrator. A copy of the monthly itemization report will be provided by the DPH Contracts Administrator.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by (12/09/2022).

2. Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

3. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

8. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

10. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

13. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

14. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

15. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

16. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

17. Agreement Addendum

The Division will issue an Agreement Addendum to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed Agreement Addendum.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **Wednesday, August 31, 2022**:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://wicws.dph.ncdhhs.gov/> and may be sent via email to interested agencies and organizations beginning **Wednesday, August 31, 2022**.

3. **Mandatory Pre-Application Webinar**

All prospective applicants are **required** to participate on a pre-application webinar on **Tuesday, September 13, 2022 at 10:00 – 11:00 am**. Zoom link:

<https://www.zoomgov.com/j/1604639088?pwd=N0Zwd1JZa3NqV0Q1T1BReExzQVFLOQT09>

4. **Technical Assistance Call (optional)**

An optional technical assistance conference call will be held on **Tuesday, September 20, 2022 at 10:00 – 11:00 am**. The call-in phone number is **919-501-4272**.

5. **RFA Consultation Period**

Written questions concerning the specifications in this RFA will be received until **4:30 pm on Thursday, October 13, 2022** by email to renee.jackson@dhhs.nc.gov. As an addendum to this RFA, a summary of all questions and answers will be e-mailed to all eligible applicants on **Thursday, October 20, 2022**. Eligible applicants are those agencies who participated on the mandatory pre-application webinar and submitted the mandatory notice of intent.

6. **Mandatory Notice of Intent**

All prospective applicants are **required** to submit a non-binding notice of intent no later than **5:00 pm on Thursday, October 13, 2022**. Confirmation of receipt will be provided in response. Agencies that do not submit a notice of intent by the deadline shall not be eligible to respond to this RFA. The link to submit a notice of intent is:

<https://www.surveymonkey.com/r/RIMCRFAA378>

The following information will be requested in the notice of intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
- County(ies) where services will be provided.

7. Resources for Community Engagement Training

Applicants are encouraged to review an educational material on community engagement before submitting an application. Below are two recommended community engagement resources:

- i. Washington State Department of Health Community Engagement Guide – a comprehensive guide for public health programs to develop consistent approaches to engage communities. Please refer to pages 5 – 14.

<https://www.doh.wa.gov/Portals/1/Documents/1000/CommEngageGuide.pdf>

- ii. Community Engagement in Public Health – a paper on community engagement practices at a local health department in Contra Costa County, California.

https://cchealth.org/public-health/pdf/community_engagement_in_ph.pdf

8. Applications

Applicants shall email a PDF version of the full application to renee.jackson@dhhs.nc.gov. Faxed applications will not be accepted.

9. Format

The application must be typed, single side on 8.5” x 11” paper with margins of 1”. Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

10. Space Allowance

Page limits are clearly marked in each section of the application. Points will be deducted from the score of each application if page limits are exceeded.

11. Application Deadline

All applications must be received by **5:00 pm on Monday, October 31, 2022**. Faxed applications **will not** be accepted in lieu of the emailed PDF version.

12. Receipt of Applications

Applications from each responding agency and organization will be logged with the date and time received. Applicants will receive an email confirmation that the application has been received.

13. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers. The committee will review each application for completeness, content, and quality of responses to each item on the application. The committee uses a standardized set of criteria based on various factors to establish a score for each application and provides recommendations for funding. Any application missing required components or not following instructions (including going over page limits) will have points deducted from the score as determined by the review committee. The award of a grant to one (1) agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application

was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

14. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

15. Audit

G.S. 159-34 states that each unit of local government and public authority must have its accounts audited as soon as possible after the close of each fiscal year.

16. Application Process Summary Dates

Dates	Application Process Items
08/31/2022	RFA released and consultation period begins.
09/13/2022	Mandatory pre-application webinar - 10:00 am - 11:00 am
09/20/2022	Technical assistance call (optional) - 10:00 am - 11:00 am at
10/13/2022	Mandatory notice of intent due at 5:00 pm - https://www.surveymonkey.com/r/RIMCRFAA378
10/13/2022	RFA consultation period ends at 4:30 pm.
10/20/2022	Question and answer addendum emailed to all eligible applicants.
10/31/2022	Application deadline by 5:00 pm.
12/09/2022	Successful applicants will be notified.
06/01/2023	Agreement Addendum begins.

VI. COMPLETING THE APPLICATION

Cover Letter

A cover letter on agency letterhead must be signed and dated by an individual authorized to legally bind the Applicant.

APPLICATION FORM

The complete application form can be downloaded from the WICWS website at <https://wicws.dph.ncdhhs.gov/> on August 31, 2022. The application form in Appendix B is for reference only.

Application Face Sheet

The Application Face Sheet serves as the cover page for the application. It provides basic information about the applicant and the proposed project with Reducing Infant Mortality in Communities, including the signature of the individual authorized to sign “official documents” for the agency. Complete the application face sheet with all the information requested. The name and contact information of the person best suited to answer questions about the proposed project should be included on the face sheet.

Applicants must enter their Unique Entity Identifier (UEI) number, which is developed and regulated by the federal government. If your agency does not have a UEI number, please go to <https://sam.gov/> to register and receive one free of charge.

SECTION 1: NEEDS ASSESSMENT

In order to implement the evidence-based strategies (EBSs) that are proven to lower infant mortality rates and reduce the disparity ratio between non-Hispanic White and non-Hispanic African American births in their counties, the applicants must: 1) understand the factors that contribute to high infant mortality rates, specifically among minority populations; 2) understand the factors that contribute to poor maternal health and infant birth outcomes; and 3) understand the factors that affect preconception health among individuals.

Selection of the Evidence-Based Strategies

Applicants are required to state which EBSs they have selected to implement for the RIMC program. **At least two (2)** of the five (5) available EBSs must be selected. Applicants must provide a rationale for how each EBS was selected and use recent data to support the need for the services in their county/district. Applicants must describe how the community was involved in the EBS selection process.

Evidence of Need

While all applicants are deemed eligible to apply due to their high disparity ratios and high infant mortality rates, all applicants must convincingly describe and document the need for the EBSs they selected to implement in their county/district. A written description that includes appropriate and **recent data** should be provided as evidence to support the need for each selected EBS. Qualitative data is also encouraged, which includes feedback from key informant interviews with community members, and survey and focus group information from individuals who may utilize the services. The five (5) EBSs are: Breastfeeding Support Services (BF),

Centering Pregnancy (CP), Doula Services (Doula), Infant Safe Sleep Services (ISSS), and Preconception and Interconception Health Services (PIHS). Please refer to **Appendix D** for a list of recommended data resources. Provide the following required data for each selected EBS as listed in the table below.

Required Data	Evidence-Based Strategies				
Provide recent <u>county and state</u> data, by race and ethnicity (when available), if marked by an “X” under the EBS for the following:	BF	CP	Doula	ISSS	PIHS
Infant mortality rates	X	X	X	X	X
Percentages for low birthweight births	X	X	X	X	X
Preterm birth rates	X	X	X	X	X
Percentages for trimester prenatal care initiation		X	X		
Percentages for mother smoked during pregnancy				X	X
Percentages for breastfeeding at discharge	X		X	X	
Percentages for method of delivery		X	X		
Percentages for maternal pre-pregnancy body mass index (BMI)					X
Percentages for adult obesity					X
Percentages for gestational diabetes					X

Population to Be Served

Applicants must describe the specific population(s) to be served within the county for each selected EBS. This description should include factors that have an impact on birth outcomes, such as: race/ethnicity, age, educational level, income level, and housing. Please note that it is not sufficient to state that potential program participants are at “high risk.” Applicants must clearly describe how the community will be engaged in reaching the specific population(s) to be served for each selected EBS.

Additional relevant data can be included beyond these requirements. Applicants are encouraged to present data in tables or graphs as appropriate.

Citations

Appropriate data sources must be cited in the needs assessment. One way this can be done is by using endnotes. If you use endnotes, the citation list can be included on a separate page **at the end of the needs assessment section**. The citation page will not count against the page limit for this section. For further information on citing references using endnotes, please refer to the handout entitled “Endnote Citation Guidance” posted on the Women, Infant and Community Wellness Section website at: <https://wicws.dph.ncdhhs.gov/>.

SECTION 2: PROGRAM PLAN

Applicants must describe in detail their plan for implementing each selected EBS. Please refer to the Scope of Services section III of this RFA for details on program requirements, training requirements, annual performance outcome measures, and reporting requirements for each EBS. Applicants will describe how they will meet each program requirement, and describe the specific activities involved to meet these program requirements. Applicants will describe which

community engagement component was chosen for each selected EBSs and outline the specific roles and responsibilities the non-profit/501(c)(3) organization will have in the program. Applicants will describe how the training requirements will be met for program staff to meet deliverables outlined for the selected EBS. Applicants will describe how the performance outcome measures will be met under each selected EBS. Applicants will describe how they plan to address issues that affect meeting program requirements and annual performance outcome measures such as: loss of contact with program participants, no shows for home visits, recruitment and retention issues, and low attendance or no shows at education or counseling sessions.

SECTION 3: DATA COLLECTION, EVALUATION AND REPORTING

Applicants must describe who will be responsible for collecting data for each selected EBS. Applicants will describe who will be responsible for submitting program reports that provide data and detailed information on program deliverables and performance outcome measures to the DPH Contract Administrator on a biannual basis. Applicants will describe how they will evaluate the guidance, support and/or services provided by the non-profit/501(c)(3) organization(s) under the unfunded or funded partnerships. Applicants that selected the EBSs: Doula Services and the Infant Safe Sleep Services, will describe who will be responsible for administering the birth satisfaction survey and the infant safe sleep education three-month follow-up survey, and entering survey responses online. Applicants will describe who will be responsible for administering the program participant satisfaction surveys for each selected EBS; who will collect and review the feedback from the surveys; how will the feedback be used for program improvement; and who will submit the annual survey summary to the DPH Contract Administrator. Applicants will be required to describe how participant information will be kept confidential. Applicants will describe how they will meet the expenditure reporting requirements.

SECTION 4: AGENCY ABILITY

Agency Overview

Applicants must describe their agency's mission, background, and services and how these relate to the RIMC program. Applicants should describe their experience working with minority communities and implementing programs serving individuals and families in the community. Applicants will describe their experience collaborating with community and faith-based organizations. The agency's organizational chart must be included in **Attachment B**.

Agency Capacity

Applicant will describe who will be responsible for managing grant funds, budgeting, purchasing, tracking program expenses, and submitting monthly itemization reports. Applicants will describe the program staff positions needed to implement and support each selected EBS; the process for recruiting and hiring program staff if they are not currently in place; and the plan for training program staff for selected EBSs with required trainings. If program staff is already in place, please provide a job description and resume for each program staff position in Attachment B. If program staff is not in place, please provide a job description for each program staff position in Attachment B.

Staff Turnover

The development and ultimate success of a program can be thwarted by frequent staff turnover, which is often caused in part by salaries that are not comparable to similar professional positions in the county. Applicants are expected to propose a competitive salary. Applicants will be required to describe their recent history of staff turnover and how they will minimize staff turnover during the grant period.

SECTION 5: COMMUNITY ENGAGEMENT

In order to expand the RIMC program's impact on infant mortality and infant mortality disparities between non-Hispanic Whites and non-Hispanic African Americans, the community must be engaged in the development and the delivery of services to reach individuals in need of services within and outside of the LHD. In RIMC programs, the services that are implemented must directly impact historically marginalized populations. RIMC programs are seeking to increase opportunities for accessing services that impact the health of individuals, infants, and families aiming to lower the infant mortality disparity ratio and the overall infant mortality rate. Applicants will describe how the community was engaged in the process for selecting the evidence-based strategies to implement for the RIMC program.

Community Engagement Training

All eligible applicants are encouraged to review a community engagement resource before submitting an application for the RIMC program. The suggested resources for community engagement are listed in the RFA on page 24.

Community Engagement Components

Applicants will describe which community engagement component was selected for each EBS. The community engagement components are described in the Scope of Services section III of this RFA. The community engagement components are: 1) Unfunded Partnership - the LHD will partner with a non-profit/501(c)(3) organization or similar community-based organization to provide guidance, support and/or services for the selected EBS; and 2) Funded Partnership – the LHD will subcontract with a non-profit/501(c)(3) organization or similar community-based organization to provide guidance, support and/or services for the selected EBS.

For an unfunded partnership, the applicant must provide the name of the organization, a justification/rationale for why the organization was selected as a partner for the selected EBS, what guidance, support and/or services will be provided in collaboration with the organization, and how will the guidance, support and/or services impact the population to be served, how will the organization ensure that people with lived experience are engaged in all aspects of the program, and how will the organization help the applicant reach the population to be served. The roles and responsibilities of the applicant and the organization must be outlined in a Letter of Commitment. A copy of the signed Letter of Commitment must be included in **Attachment A**.

For an unfunded partnership, the applicant must provide the name of the organization, a justification/rationale for why the organization was selected as a subcontractor for the selected EBS, how will the subcontracted organization implement services for the selected EBS, how will the work of the subcontracted agency impact the population to be served, how will the

organization ensure that people with lived experienced are engaged in all aspects of the program, and how will the organization help the applicant reach the population to be served. The roles and responsibilities of the applicant and the organization must be outlined in a Memorandum of Agreement. A copy of the signed Memorandum of Agreement must be included in **Attachment A**. A subcontractor budget must be included in the budget submitted with the application.

SECTION 6: PROGRAM BUDGET

Budget and Narrative Justification for Expenses

Applicants must complete and submit a line-item budget for year one (1) in the **Open Window Budget Form** for the selected EBSs. A narrative justification must be included for every line-item expense listed in the budget. Each narrative justification must show how the total amount for each line-item expense was calculated, and it should be clear how each expense relates to the selected EBSs. The correct total amount of each line item should be included in the written justification, but only whole numbers are entered in the amount column of the budget (no cents). The **Open Window Budget Form and Instructions** can be downloaded from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/> on August 31, 2022.

Training and Educational Materials Expenses

Applicants must include training expenses for program staff for required trainings that include registration fees and/or travel expenses. Registration fees are included in the staff development line item of the budget and travel expenses (mileage, airfare, hotel lodging, meals) are included in the Travel/Contractor Staff line item. Educational materials for distributing to program participants or program staff trainings are included in the Supplies and Materials/Other line item. Please refer to the **Open Window Budget Form Instructions** for more information.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is \$0.625 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo.

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$13.00	\$13.00
Lunch	\$14.00	\$14.00
Dinner	\$23.00	\$23.00
Total Meals Per Diem Per Day	\$50.00	\$50.00
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$96.00	\$96.00
Total Travel Allowance Per Day	\$146.00	\$146.00
Mileage	\$0.625 per mile	

Indirect Cost

Federal-Maternal and Child Health Block Grant (MCHB-Health Resources and Services Administration-with Indirect Cost/Administrative Restrictions)

Indirect costs are allowed on the portion of the sub-award funded by the Maternal and Child Health Block Grant (MCHB-Health Resources and Services Administration). The Maternal and Child Health Block Grant (MCHB-Health Resources and Services Administration) award limits administrative cost to 10 percent.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limits of 10%, regardless of the applicant's recognized rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

Estimated portion of subaward funded by Maternal and Child Health Block Grant (MCHB-Health Resources and Services Administration) is as follows for each year:

<u>Year</u>	<u>Maternal and Child Health Block Grant (MCHB-Health Resources and Services Administration) Funding Estimate-</u>
1	\$1,575,000
2	\$1,575,000
3	\$1,575,000

VII. EVALUATION CRITERIA

The application is worth a total of 100 points. The page limit for the narrative sections of the application, including the cover letter, is 40 pages. The budget and citation pages are not counted in the total page limit. The total point value for each section is marked on the cover page for each section of the application form and is listed below. The point value for each question is marked at the end of each question. A multi-disciplinary team will review all applications for completeness, content and quality of responses to each question on the application.

1. Cover Letter (2 points)
2. Needs Assessment (20 points)
3. Program Plan (30 points)
4. Data Collection and Reporting (12 points)
5. Agency Ability (14 points)
6. Community Engagement (14 points)
7. Budget (8 points)

VIII. APPLICATION

Application Checklist

Please be sure that all of the items below are included or completed in your application. Use a binder clip at the top left corner on each copy of the application. The original application should be clearly marked “Original” and the four copies should be marked “Copy” on the cover letter.

Do not include the Application Checklist with your application. Assemble the application in the following order:

1. ☐ **Cover Letter** (template in Appendix A)
2. ☐ **Complete Application Form** (Appendix B)
Download from the Women, Infant and Community Wellness Section website at: <https://wicws.dph.ncdhhs.gov/>
3. ☐ **Open Window Budget Forms (Year 1, 2, and 3)**
Include detailed budgets with justifications in the format provided.
Download from the Women, Infant and Community Wellness Section website at: <https://wicws.dph.ncdhhs.gov/>
4. ☐ **Attachment A – Memorandum of Agreement/Letter of Commitment**
5. ☐ **Attachment B – Agency Information**
6. ☐ Application meets all page limit requirements
7. ☐ All signatures are “original” on the original application and marked “Original”
8. ☐ Four (4) copies of the original application are submitted and marked “Copy”

Appendix A

Cover Letter

Total Point Value: 2

**Page Limit:
2 single-spaced**

The form in this attachment is for **reference only**.

The cover letter must be on **agency letterhead** and signed and dated by the individual authorized to legally bind the applicant. The cover letter must include:

- Legal name of the applicant agency.
- Applicant agency's federal tax identification number.
- Applicant agency's UEI number.
- The RFA number.
- The RFA deadline date.
- A clear understanding of and strong commitment to implementing and meeting the program requirements of the selected evidence-based strategies for the Reducing Infant Mortality in Communities program.
- The contact information for the person who may be contacted during the RFA process.
- The signature and date of the individual authorized to legally bind the applicant.

Cover Letter Template
(This Must be Printed on Agency Letterhead)

Date

Dear Renee D. Jackson,

Describe your agency's mission, background and current services. How does implementing the Reducing Infant Mortality in Communities program fit within your agency?

Provide description of your commitment to meeting the program requirements, and your agency's capacity to implement the selected evidence-based strategies.

Executive Director:

Phone #:

Email:

Board President:

Phone #:

Email:

Provide the person who knows and understands the program and program plan written in the RFA. This person may be contacted any time during the RFA process by the DPH Contract Administrator.

Name:

Phone #:

Email:

Address of the agency where the program will be conducted.

Appendix B

Application Form

The forms in this attachment are **for reference only**.

The complete application form can be downloaded on August 31, 2022 from the Women, Infant, and Community Wellness Section website at: <https://wicws.dph.ncdhhs.gov/>.

Application Face Sheet
Reducing Infant Mortality in Communities
RFA #A378

This form provides basic information about the applicant and the proposed program with Reducing Infant Mortality in Communities, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A378 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency UEI Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

Section 1

Needs Assessment

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:
20

Page Limit:
6 single-spaced
(excluding citation page)

- 1-1. Provide a written description that includes which evidence-based strategies (EBSs) were selected for the Reducing Infant Mortality in Communities (RIMC) program, and how the community was involved in the EBS selection process. **At least two (5)** of the five (5) available EBSs must be selected. The five (5) EBSs are: Breastfeeding Support Services (BF), Centering Pregnancy (CP), Doula Services (Doula), Infant Safe Sleep Services (ISSS), and Preconception and Interconception Health Services (PIHS). (5 points)
- 1-2. Provide a written description for the need of each selected EBS. Provide appropriate and **recent data** to support the need for each selected EBS. Please include qualitative data if available. Please refer to **Appendix D** for a list of recommended data resources. Provide the following required data for each selected EBS as listed in the table below. (8 points)

Required Data	Evidence-Based Strategies				
Provide recent <u>county and state</u> data, by race and ethnicity (when available), if marked by an “X” under the EBS for the following:	BF	CP	Doula	ISSS	PIHS
Infant mortality rates	X	X	X	X	X
Percentages for low-birth-weight births	X	X	X	X	X
Preterm birth rates	X	X	X	X	X
Percentages for trimester prenatal care initiation		X	X		
Percentages for mother smoked during pregnancy				X	X
Percentages for breastfeeding at discharge	X		X	X	
Percentages for method of delivery		X	X		
Percentages for maternal pre-pregnancy body mass index (BMI)					X
Percentages for adult obesity					X
Percentages for gestational diabetes					X

- 1-3. Describe the specific population to be served within the county for each selected EBS. This description should include factors that have an impact on birth outcomes, such as: race/ethnicity, age, educational level, income level, and housing. Please note that it is not sufficient to state that potential program participants are at “high risk.” Describe how the community will be engaged in reaching the specific population to be served. (6 points)
- 1-4. Appropriate data sources must be cited in the needs assessment. One way this can be done is by using endnotes. If you use endnotes, the citation list can be included on a separate page at the end of the needs assessment section. The citation page will not count against the page limit for this section. (1 point)

Section 2

Program Plan

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

30

Page Limit:

18 single-spaced

- 2-1. Describe how your agency will implement each selected evidence-based strategy (EBS). Describe, in detail, how your agency will meet each program requirement and the specific activities involved to meet these program requirements (who is responsible, when, where and how will activities occur). Describe the community engagement component chosen for each EBS and the specific guidance, support and/or services the non-profit/501(c)(3) organization will provide under each EBS. Please refer to the Scope of Work in section III of the RFA, pages 7-20. NOTE: For Breastfeeding Support Services, include the Letter of Commitment from the WIC program in Attachment A. (14 points)
- 2-2. Describe how the training requirements will be met for program staff under each selected EBS. (4 points)
- 2-3. Describe how your agency will meet each performance outcome measure under each selected EBS. (8 points)
- 2-4. Describe how your agency will address issues that affect meeting program requirements and performance outcome measures (loss of contact with program participants, no shows for home visits or counseling sessions, recruitment and retention issues, and low attendance at education or program sessions). (4 points)

Section 3

Data Collection, Evaluation and Reporting

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

12

Page Limit:

5 single-spaced

- 3-1. Describe who will be responsible for collecting program data for each EBS. (2 points)
- 3-2. Describe who will be responsible for submitting biannual program reports that include program data and detailed information on program deliverables and annual performance outcome measures. (2 points)
- 3-3. Describe how you will evaluate the guidance, support and/or services provided by the non-profit/501(c)(3) organization(s) under the unfunded and/or funded partnerships. (3 points)
- 3-4. For each selected EBS, describe who will be responsible for administering the program participant satisfaction surveys. (4 points)
 - a. For agencies that chose the Doula Services strategy, describe who will be responsible for administering the birth satisfaction survey and entering survey responses online.
 - b. For agencies that chose the Infant Safe Sleep Services strategy, describe who will be responsible for administering the infant safe sleep education three (3) month follow-up survey.
 - c. How will you use participant feedback to improve each selected EBS?
 - d. Who will be responsible for collecting and reviewing feedback from the surveys?
 - e. Who will be responsible for submitting the annual survey summary?
- 3-5. Describe how participant information will be kept confidential. (1 point)

Section 4

Agency Ability

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

14

Page Limit:

4 single-spaced

- 4-1. Describe your agency's mission, background and services and how these relate to the Reducing Infant Mortality in Communities program. Describe your agency's experience working with minority communities and implementing programs serving men, women, and families in the community. Describe your agency's experience collaborating with non-profit/501(c)(3) organizations. Include the agency's organizational chart Attachment B. (4 points)
- 4-2. Describe who will be responsible for managing grant funds, budgeting, purchasing, tracking program expenses, and submitting monthly expenditure reports. (2 points)
- 4-3. Describe the process for recruiting and hiring program staff if they are not currently in place. Describe the plan for training program staff for selected EBSs with required trainings. (2 points)
- 4-4. Using the chart below, list each staff position title that is necessary to implement and support each selected EBS. Include the employee's name if already hired, or if not hired list as vacant. Please insert additional rows if needed. Include copies of job descriptions and resumes for staff positions already hired, and copies of job descriptions for staff positions that are not hired in Attachment B. (4 points)

Position Title	Employee Name	Full-Time Equivalency (FTE) %	Evidence-Based Strategy	Check the items attached for each position
				<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume
				<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume
				<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume
				<input type="checkbox"/> Job Description and/or <input type="checkbox"/> Resume

- 4-5. Describe your agency's history of staff turnover over the past four (4) years. Describe how you will minimize staff turnover during the grant period. (2 points)

Section 5

Community Engagement

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

14

Page Limit:

5 single-spaced

- 5-1. Describe how the community was engaged in the process for selecting each evidence-based strategy (EBS). (2 points)
- 5-2. Describe the community engagement component you chose (unfunded or funded partnership) for each selected EBS. Describe the non-profit/501(c)(3) organization that was selected for each selected EBS. Provide a justification/rationale for why the non-profit/501(c)(3) organization was selected for an unfunded or funded partnership for each selected EBS. For a funded partnership, a subcontractor budget must be included in the year one (1) budget submitted with the application. (4 points)
- 5-3. Describe how the guidance, support and/or services provided by the non-profit/501(c)(3) organization will impact the population to be served for each selected EBS. (2 points)
- 5-4. Using the table below, briefly describe the guidance, support and/or services that will be provided by the non-profit/501(c)(3) organization under an unfunded or funded partnership. Include a copy of the signed Letter of Commitment (LOC) and/or Memorandum of Agreement (MOA) that outlines the roles and responsibilities for both parties in Attachment A. (2 points)

Brief Description of Support/Services	Name of the Organization	LOC/MOA Attached?
	<input type="checkbox"/> Unfunded Partnership <input type="checkbox"/> Funded Partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Unfunded Partnership <input type="checkbox"/> Funded Partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Unfunded Partnership <input type="checkbox"/> Funded Partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 5-5. Describe how your agency will continue to engage the community to meet the needs of individuals being served, and how the non-profit/501(c)(3) organization will ensure that people with lived experience are engaged in all aspects of the program for each selected EBS. (2 points)
- 5-6. Describe how and when the Health Equity Impact Assessment (HEIA) will be conducted for each selected EBS. (2 points)

Section 6

Budget

Total Point Value:
8

Page Limit:
Not Applicable

Insert Open Windows Budget Form

Applicants must complete the Open Window Budget Form for Year 1 (6/1/2023 – 5/31/2024). Applicants must ensure that all worksheet cells are expanded to expose the full narrative justification for each line item before printing. The Open Window Budget Form can be downloaded from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/> on August 31, 2022.

A narrative justification must be included for every expense listed in the Year 1 budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how every expense relates to the program. The instructions for completing the Open Window Budget Form can be downloaded from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/> on August 31, 2022.

ATTACHMENT A: Memoranda of Agreement/Letter of Commitment

This attachment includes:

- A Memoranda of Agreement (MOA) is required from a non-profit/501(c)(3) organization that the applicant will subcontract with (funded partnership) to implement services for a selected evidence-based strategy. The MOA must outline the specific roles and responsibilities for each party.
- A Letter of Commitment (LOC) is required from a non-profit/501(c)(3) organization that the applicant will be in partnership with (unfunded partnership) to provide guidance, support and/or services for a selected evidence-based strategy. The LOC must outline the specific roles and responsibilities for each party.
- A Letter of Commitment (LOC) is required from the WIC Program for the Breastfeeding Support Services evidence-based strategy. The LOC must outline the responsibilities of each program and assure that duplication of services will not occur.

ATTACHMENT B: Agency Information

This attachment includes:

- Organizational chart of the applying agency.
- Job descriptions and/or resumes for all staff positions that are necessary to implement and support the selected evidence-based strategies.

Appendix C

Program Surveys

Doula Services Birth Satisfaction Survey

Participant: _____

Date: _____

Baby's Date of Birth: _____

1. Did you prepare a birth plan/wish list to share with your nurse and doctor or midwife?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Did the nurse, doctor, or midwife involve you in the decision-making process during your labor and birth?	<input type="checkbox"/> YES <input type="checkbox"/> NO
1. What comfort measures and coping techniques did you find to be the <u>most helpful</u> while you labored at home and in the hospital?	_____ _____
2. What comfort measures or coping techniques were <u>not helpful</u> to you in labor?	_____ _____
3. Did you use any pain medication during your labor? If YES , please answer questions a and b. a. Which pain medication did you use? b. Did the medication work as you expected?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Epidural <input type="checkbox"/> Narcotics <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other _____
6. Did you experience any complications during your labor? If YES , please describe the complication(s) you experienced.	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
7. Please describe what happened during the first hour after your baby was born. Did you hold your baby directly on your chest? Did you start nursing your baby within the first hour?	_____ _____ _____
8. Did you only feed your baby breastmilk while in the hospital?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are you currently feeding your baby breastmilk or formula?	<input type="checkbox"/> Breastmilk <input type="checkbox"/> Formula <input type="checkbox"/> Both
10. If you are feeding your baby breastmilk, what has been the most helpful to get you started and/or to continue breastfeeding?	_____ _____
11. Please describe your birth experience in 2-3 descriptive words.	_____

12. Describe how your Doula contributed to your birth experience in 1-2 ways.	<hr/>
13. Would you recommend that other women use a Doula during their birth?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. What information do you wish you had known prior to giving birth?	<hr/>
15. Did you receive your postpartum care checkup?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Where/From whom did you learn about what to expect during labor and birth? (Check all that apply)	<input type="checkbox"/> Centering Pregnancy Group <input type="checkbox"/> Childbirth Education Class <input type="checkbox"/> Your Doula <input type="checkbox"/> Prenatal Care Provider <input type="checkbox"/> Did not know what to expect <input type="checkbox"/> Other _____

**Reducing Infant Mortality in Communities
Infant Safe Sleep Education
3-Month Follow-Up Survey**

Participant Name: _____ Date Survey Conducted: _____
Date Education Received: _____ Date of Baby's Birth: _____

- 1. How often do you place your baby down to sleep on his/her back?**
 - a. Always
 - b. Often
 - c. Sometimes
 - d. Rarely
 - e. Never

- 2. How often does your baby sleep in the same bed with you or anyone else?**
 - a. Always
 - b. Often
 - c. Sometimes
 - d. Rarely
 - e. Never

- 3. Have you smoked cigarettes in the last two years?**
 - a. Yes
 - b. No – **Skip to Question #7**

- 4. In the three months before you got pregnant, how many cigarettes did you smoke on an average day? (20 cigarettes in a pack)**
 - a. I didn't smoke then
 - b. Less than 1 cigarette
 - c. 1 to 5 cigarettes
 - d. 6 to 10 cigarettes
 - e. 11-20 cigarettes
 - f. 21 or more cigarettes

- 5. In the last three months of your pregnancy, how many cigarettes did you smoke on an average day?**
 - a. I didn't smoke then
 - b. Less than 1 cigarette
 - c. 1 to 5 cigarettes
 - d. 6 to 10 cigarettes
 - e. 11-20 cigarettes
 - f. 21 or more cigarettes

- 6. How many cigarettes do you smoke on an average day now?**
- I don't smoke now
 - Less than 1 cigarette
 - 1 to 5 cigarettes
 - 6 to 10 cigarettes
 - 11-20 cigarettes
 - 21 or more cigarettes
- 7. Which of the following statements best describes the rules about smoking inside your home, even if no one who lives in your home is a smoker?**
- No one is allowed to smoke anywhere inside my home
 - Smoking is allowed in some rooms or at sometimes inside my home
 - Smoking is allowed anywhere inside my home
- 8. Have you used e-cigarettes or other electronic nicotine products in the past two years?**
(battery-powered devices that produce a vapor instead of smoke - vape pens, Juul, e-hookahs, hookah pens, e-cigars, e-pens)
- Yes
 - No – **Skip to Question #12**
- 9. In the three months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?**
- I did not use e-cigarettes or other electronic nicotine products then
 - 1 day a week or less
 - 2 to 6 days a week
 - Once a day
 - More than once a day
- 10. In the last three months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?**
- I did not use e-cigarettes or other electronic nicotine products then
 - 1 day a week or less
 - 2 to 6 days a week
 - Once a day
 - More than once a day
- 11. How often do you use e-cigarettes or other electronic nicotine products now?**
- I do not use e-cigarettes or other electronic nicotine products now
 - 1 day a week or less
 - 2 to 6 days a week
 - Once a day
 - More than once a day

12. Which of the following statements best describes the rules about using e-cigarettes or other electronic nicotine products inside your home?

- a. No one is allowed to use e-cigarettes or other electronic nicotine products anywhere inside my home
- b. Use of E-cigarettes or other electronic nicotine products is allowed in some rooms or at sometimes inside my home
- c. Use of E-cigarettes or other electronic nicotine products is allowed anywhere inside my home

13. Are you currently breastfeeding or feeding pumped breastmilk to your baby?

- a. Yes
- b. No - **Skip to Question #15**

14. How many weeks have you been breastfeeding or feeding pumped breastmilk to your baby?

- a. _____ weeks – **Skip to Question #17**

15. Did you ever breastfeed or pump breastmilk to feed your baby even for a short period of time?

- a. Yes
- b. No – **Skip to Question #17**

16. How many days or weeks did you breastfeed or pump breastmilk to feed your baby?

- a. 1 to 3 days
- b. 4 to 7 days
- c. _____ weeks

17. Do you offer your baby a pacifier during sleep time?

- a. Yes
- b. No

18. Has your baby received all recommended immunizations (given at birth, 1-month and 2-month well-child visits)?

- a. Yes
- b. No
- c. Not sure

Appendix D

Data Resources

Tracking Maternal and Child Health Data in North Carolina – Data source for: infant mortality rates, preterm birth, low birth weight births, breastfeeding, smoking during pregnancy, infant safe sleep

<https://schs.dph.ncdhhs.gov/data/mch/#cores>

2019 PRAMS – Data source for: infant safe sleep

<https://schs.dph.ncdhhs.gov/data/prams/2019/SLEEPP.html>

2020 Infant Mortality Statistics – Data source for infant mortality rates

<https://schs.dph.ncdhhs.gov/data/vital/ims/2020/>

2022 County Health Data Book - Birth Indicator Tables by County – 2020 Data source by race and ethnicity for: preterm births, low birth weight births, trimester prenatal care began, smoking during pregnancy, breastfeeding at discharge, pre-pregnancy BMI, and gestational diabetes

<https://schs.dph.ncdhhs.gov/data/databook>

County Health Rankings & Roadmaps – Data source that compares state with county data for adult obesity

<https://www.countyhealthrankings.org/app/north-carolina/2021/rankings/outcomes/overall>