St. David's FOUNDATION

REQUEST FOR PROPOSALS

Focus on the Fourth:

Postpartum Support for Central Texas Women in the Fourth Trimester

Overview

Executive Summary

St. David's Foundation is pleased to announce the availability of funds to aid low-income and underserved women in Central Texas in receiving timely and effective postpartum support services. The postnatal period represents a vital window to help women and babies reap health benefits that can pay dividends for years to come.

This request for proposals (RFP) marks the Foundation's first major investment in its new women's health focus area. The women's health funding strategy has three pillars:

1) Promoting access to comprehensive, community-based women's preventive services
2) Reducing preterm birth disparities
3) ***Improving postpartum access and outcomes that promote the health of women or that have a two-generation maternal and child health benefit***. This pillar is the focus of this RFP.

St. David's Foundation prioritizes women age 19+ who are low income and/or women of color. Low-income women and women of color are underserved and at increased risk for access and outcome disparities.

The term "postpartum" refers to women who have given birth. The term "postnatal" typically refers to infants, however, "postnatal" is sometimes used in the field as an umbrella term to refer to maternal and child health after delivery. Through this opportunity, the Foundation is interested in improving postpartum access and outcomes for women, and postnatal access and outcomes that have a two-generation health benefit. Proposals that focus solely on infants are outside the scope. The Foundation operationalizes the term "fourth trimester" as the year following delivery. Thus, responses to this RFP should describe activities that would occur in this time period.

This request for proposals is open to 501(c)3 nonprofit organizations and public entities serving Central Texas. The Foundation plans to award up to 15 individual awards of various amounts up to $300,000 over an 18-month funding period. The funding is available for projects, initiatives, programs, and translational research of defined scope and is not intended for ongoing operations.

Grants will be reviewed on a competitive basis by a panel composed of Foundation staff and external women's health subject matter experts. Successful proposals will demonstrate:

1. Responsiveness to the objectives and priority populations of this RFP
2. Strong strategy with a compelling, data-informed rationale for the proposed approach
3. A clear picture about what will be accomplished during the grant period
4. How underserved women will tangibly inform and benefit from the work
5. Potential for scale and sustainability of impact
6. Organizational capacity for success

In making final decisions, St. David's Foundation may consider additional factors such as geographic distribution of awards within its five-county funding area, which includes Bastrop, Caldwell, Hays, Travis, and Williamson County.

Project Goal

This RFP intentionally casts a wide net. As a new women's health funder, St. David's Foundation is open to hearing from experts and leaders in the community with proposals for ways to achieve the funding objectives described within.

By funding a range of projects designed to more effectively increase access and improve outcomes for underserved mothers and babies, the Foundation will learn the landscape and refine its subsequent funding approach.

About St. David's Foundation

St. David's Foundation is one of the largest health Foundations in the United States, funding $70 million annually in a five-county area surrounding Austin, Texas. Through a unique partnership with St. David's HealthCare, a Malcolm Baldrige award-winning hospital system in Central Texas, the Foundation is able to reinvest proceeds from the hospital system back into the community, with a goal of building the healthiest community in the world. St. David's Foundation also operates the largest mobile dental program providing charity care in the country, and runs the largest healthcare scholarship program in Texas.

The Foundation's strategic priorities include:

- Providing Central Texans with the **healthiest care** in the world,
- Creating the **healthiest places** for Central Texans to live, and
- Helping Central Texans become the **healthiest people** they can be.

Women's health is a focus area under the healthiest people priority.

For more information about St. David's Foundation, visit **www.stdavidsfoundation.org**.

Key Information

Questions regarding this RFP may be directed to Elizabeth Krause, senior program officer **ekrause@stdavidsfoundation.org.**

RFP Issue Date	August 28, 2017
Talk by Joia Crear-Perry, MD, President and Founder, National Birth Equity Collaborative	September 14, 2017 11:30 a.m. - 1:00 p.m.: Lunch and Keynote 1:00 p.m. - 2:00 p.m.: RFP Information Session The talk will be followed by an information session for prospective applicants. Come for the talk, application session or both. Registration required: events@stdavidsfoundation.org
RFP Respose date by electronic submission	October 13, 2017 by 5 p.m. Central Time. *Late applications will not be considered.*
Notice of decision	Late December 2017
Grant period	Begins January 2018, spans 18-months

Apply online here.

Background and Opportunities

Having a baby changes everything, as the saying goes, including how health services and programs are accessed and experienced. New mothers often shift from frequent pregnancy-focused health care encounters to sparse encounters with a focus on infant health. Maternal health and wellbeing can fall through the cracks.

Health Insurance Churn

In Texas, more than half of babies born are covered by Medicaid or the Children's Health Insurance Program (CHIP) perinatal program[1]. Medicaid coverage for mothers expires 60 days postpartum and the CHIP perinatal program ends after two postnatal visits, leaving some low-income women uninsured and some with coverage program options that are much less comprehensive; under enrollment and under utilization are common[2]. Texas ranks 50th in the nation for the uninsured rate for non-elderly adult women with one out of every five (21%) uninsured[3]. Among women of reproductive age, one in four (24%) lack health insurance with even higher rates among women of color[4]. While low-income Texas women can temporarily obtain coverage during pregnancy, the care focuses on obstetrics with limited time and capacity to focus on longer-range women's health.

Postpartum Visit and Care Transitions

In theory, the postpartum check-up is an important encounter where the obstetrical care team provides anticipatory guidance and ensures new mothers are recovering after delivery in order to meet the demands of caring for newborns. Ideally, at this visit a woman talks with her provider about postpartum contraception, mental health including postpartum depression, breastfeeding, resuming physical activity, and returning to work if she works outside the home. In practice, what is included in the 15-30 minute postpartum visit is variable, though the American College of Obstetrics and Gynecology is leading a national effort to define minimum standards and change payment incentives for better postpartum care. It is recommended that women who experience a complication during pregnancy, such as gestational diabetes or high blood pressure, also see their primary care provider within the year. Currently, at some safety net clinics in Central Texas, only about half of new moms make it to the visit[5]. Others turn to emergency room care when problems arise. Because of fragmentation and discontinuous coverage, helping low-income women get the right care when and where they need it once the 60-day coverage period lapses is challenging. There is more that can be done to ensure that women receive postpartum care while transitioning them between coverage programs and from obstetrical care to primary care.

Family Planning After Childbirth

Research indicates that women who wait 18-24 months before getting pregnant again are in better physical condition themselves and lower the baby's risk for preterm birth, low birth weight, congenital disorders, schizophrenia, and autism[6]. Pregnancy spacing can also reduce household stress by spacing the mental and financial demands of raising very young children. Women and their partners should have easy access to family planning education and counseling, as well as their contraception of preference. Over half of Texas women, however, report at least one barrier to accessing reproductive health care series[7]. Some women prefer to begin postnatal family planning discussions during the third trimester and some make these decisions postpartum.

Long acting reversible contraceptives ("LARCs") have received increasing focus because they have higher effectiveness rates than other forms of contraception and, while they can last for up to 10 years, can be removed. Private and public payers, including Texas Medicaid and the Healthy Texas Women Program, have included coverage for LARCs in recent years. For uninsured women, the relatively high cost can be a barrier. St. David's Foundation is committed to increasing access to postpartum LARCs as part of the Foundation's overarching commitment to supporting access to the form of contraception that women decide is right for them.

Baby Blues

Postpartum depression and anxiety affects one in six (17%) Texas mothers, which is slightly higher than the national average[8]. The rate has been observed as higher among low-income urban mothers[9]. Poor maternal mental health causes pain and suffering for women and their families. Infant care, bonding, and child development can be affected. These treatable disorders are considered adverse childhood events ("ACEs"). Infants and children who experience multiple ACEs are at increased risk for poor health in adulthood. Furthermore, mood and anxiety disorders are factors in maternal substance abuse and suicide, which are among the causes of maternal mortality. This year through HB 2466 (85th Regular Session), the Texas legislature added reimbursement for postpartum depression screening during well baby visits as a Medicaid covered benefit. This benefit is an innovative step forward in leveraging the pediatric setting where new moms naturally go with their babies. The reimbursement, however, only covers screening and does not include diagnosis and treatment. To maximize this benefit, strong systems must be implemented to be able to effectively respond to positive screens. On the intervention side, both clinical and community solutions for helping these mothers are needed and must be culturally and linguistically competent.

Breastfeeding

For women, breastfeeding helps reduce uterine bleeding and lowers risk for future Type II diabetes, breast, and ovarian cancer[10]. Breastfeeding facilitates bonding between the mother and baby while providing optimal nutrition and an infant immune system boost. Breastfed babies are at reduced risk for sudden infant death syndrome and ear infections, as well as asthma and obesity later in childhood[11]. Many new mothers are surprised to discover that breastfeeding can be more challenging than they expected. Breastfeeding is supported by lactation education, coverage for and affordability of equipment and supplies, community/cultural norms, and systems and policies. The Centers for Disease Control and Prevention (CDC) reports that 78% of Texas babies are ever breastfed, however only 39% of Texas babies are exclusively breastfed at three months and only 17% are exclusively breastfed at six months[12]. There is still work to do in order for Texas to meet the national Healthy People 2020 objectives of 82%, 46%, and 26% respectively[13].

Maternal Death

The CDC defines maternal mortality as "the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy[14]." It has been widely publicized that Texas has the highest maternal mortality rate in the United States and, by extension, the developed world[15]. There was a 79% rate increase between 2010 and 2014, putting the state rate at 34 deaths per 100,000 for 2014[16]. Black families are disproportionately impacted. Black women represent 29% of maternal deaths,[17] despite accounting for only 11% of births. In 2014, while the number of maternal mortalities counted in Central Texas were small, the rates in Bastrop,

Hays, and Travis counties were higher than the state rate[18]. The maternal mortality rate in Williamson County mirrored that of the state. Among the identified causes are heart disease, hypertension, and hemorrhage. Contributing factors include lack of health care access before, during, and after pregnancy and the growing opioid epidemic. The issue, however, is not fully understood and is under ongoing study. While very rare and not a leading cause of death for women, the dramatic increase in maternal mortality signals that something is wrong and likely affecting other women's health issues.

The Five A's of Access

Low-income and underserved populations face a host of health and human services access barriers that have been well documented. Lack of affordability, limited English proficiency, low health literacy, system complexity, social isolation, and churn in and out of program eligibility are just a few of the many examples. These barriers are compounded by the costs, logistics, and sleep deprivation that come with the responsibility of new parenthood. There is a need to touch more underserved women to address the above postpartum issues. Access can be broken down into five dimensions: affordability (e.g., cost to women and families), availability (e.g., ability of a service or program to meet need or demand), accessibility (e.g., location of services, transportation), accommodation (e.g., language services, evening, and weekend hours), and acceptability (e.g., patient and family-centeredness, satisfaction, cultural competence).

Conclusion

The challenges that get in the way of matenal health and wellbeing in Central Texas mirror those faced across the country, yet the issues are generally of greater magnitude in Texas. St. David's Foundation aims to support local solutions that address the local context in which the challenges manifest – even if the local solution is to adapt a practice or model proven elsewhere. There is a need to reach more underserved women with effective postpartum supports and there is a need to develop new approaches to take the place of those that are failing to improve access and outcomes. The Foundation believes that together, our community can transform the fourth trimester for underserved women from a time of risk and fragmentation to a time that sets moms and babies on course for a lifetime of good health.

Proposal Submission Guidelines and Specifications

RFP Objectives

1. All proposals must address one or more of the following:
    a) Increase adherence to the postpartum visit(s) and transition women from obstetrical care to primary care; or increase enrollment and utilization in the transition between coverage programs
    b) Increase postpartum depression/anxiety identification and intervention
    c) Increase postpartum family planning education and contraception access
    d) Improve breastfeeding outcomes
    e) Advance understanding of and solutions to maternal mortality
    f) Engage women and communities
2. Additionally, all proposals must address access barriers that impede women from getting effective postpartum support on one or more of the following dimensions:
    a) Affordability
    b) Availability
    c) Accessibility
    d) Accommodation
    e) Acceptability

Competitive proposals will benefit low-income women and/or women of color. Because women are not monolithic and resources are not unlimited, applicants are encouraged to define their populations of focus with granularity.

Please note that the Foundation is developing plans to release a request for proposals specifically focused on home visiting programs. Programs that meet the state of Texas definition[19] of an evidence-based or promising home visiting program are encouraged to apply under the future opportunity. Programs that have a home or community based component, but that are not on the state list (e.g., working with community health workers, doulas), may apply under this RFP.

Grant Funds

Applicants may request grants of up to $300,000 for an 18-month grant period. The requested amount should be commensurate with the scope, reach, and deliverables of the proposed approach as well as the implementation capacity of the applicant organization.

Applicants proposing a pilot or demonstration project must include external evaluation as part of the proposal.

Allowable Costs (see budget worksheet):

- Direct costs specifically and easily identified with the proposed initiative, service, program, project, translational research, or evaluation (e.g., salaries, wages, fringe, materials/supplies, equipment, travel, consulting, marketing, publications)
- Applicants are encouraged to budget to participate in at least one local or national maternal and child health conference relevant to the project

- Allowable indirect rate may not exceed 15% for costs incurred for an organization's common objectives that cannot be specifically and easily identified with the proposed project (e.g., facilities, administrative support, audit, utilities).

Non-Allowable Costs:

- New staff may not be hired under this grant unless there is an articulated sustainability pathway after funding ends or clear articulation that it is a term-limited grant funded position
- Lobbying or activities to influence the outcome of elections
- Capital projects
- Endowed chairs
- Grants to individuals

Awardee Expectations

Awardees may be convened by the Foundation up to twice a year as a learning community.

The Foundation may strongly encourage awardees to accept third party capacity building or technical assistance.

Awardees will be required to work with the Foundation's learning and evaluation team to define and report on both process and outcomes measures.

Progress reports will be required every six months.

Funding under this opportunity will not be renewable, but learnings are expected to inform the Foundation's future community investment strategy in women's health. Applicants are encouraged to apply for defined projects that can be completed within the funding period. Applicants may apply for program or service expansion, but must be able to sustain operations with other resources or wind them down without negatively impacting those served at the end of the funding period.

Eligibility

Applicants must be a tax exempt 501(c)(3) nonprofit organization or public entity. Unincorporated organizations submitting a proposal must identify a 501(c)(3) organization that has agreed to function as its fiscal sponsor.

This opportunity is open to organizations based in Central Texas (Bastrop, Caldwell, Hays, Travis, and Williamson counties), as well as statewide and national organizations able to demonstrate meaningful partnerships with local organizations and communities. The work must clearly benefit Central Texas residents.

Organizations with existing St. David's Foundation funding may apply.

Collaborations are encouraged, however, a single applicant must serve as the lead organization. The lead organization may subcontract with collaborators.

Organizations that exclude participants or job applicants on the basis of race/ethnicity, religion, or sexual orientation are not eligible for funding.

To Apply
Proposals must be submitted online by 5 p.m. Central Time on October 13, 2017. Late proposals will not be accepted.

To apply, click here.

Contact Rebecca LeBlanc, grants coordinator, if technical challenges with the online application arise, rleblanc@stdavidsfoundation.org.

Required Proposal Information

A. Applicant Organizational Information:
   a. Lead organization name
   b. Executive director/CEO name and contact information
   c. Project director name and contact information
   d. Mission

B. Request:
   a. Project title
   b. Requested amount
   c. Geographic focus
   d. RFP objective alignment
   e. Other St. David's Foundation focus area alignment
   f. Proposal type

C. Summary statement (200 words): Summarize the postpartum issue(s) of focus, the proposed project, and, if successful, the impact at the end of the grant.

D. The issue (400 words): Describe the postpartum women's health issue you propose to work on as you see, understand, or experience it. Likewise, describe the access barriers that get in the way. Why is working on this issue a fit for your organization and how is your organization positioned to be effective in making a difference?

E. Priority populations (500 words): Describe the population(s) that will ultimately benefit from the work (quantify and qualify with specificity: who are they, where are they, how many?). Why have you prioritized this population and how will they benefit? Please articulate how the women and communities affected by the issues you have identified will inform your work and how you would incorporate equity, diversity, and inclusion. If the proposal involves direct services or engagement, how will you reach them?

F. What you propose to do (750 words): Clearly describe your proposed initiative, project, program model, or study. Is it new or established? Provide a rationale, including data and evidence, to support why your approach is likely to impact the postpartum and access issues you identified with the populations you identified in the Central Texas ecosystem. If applying for a pilot or demonstration project, describe your evaluation framework.

G. Collaboration (200 words): If the project is collaboration, list the collaborating entities and their roles in the project. Do these organizations have a history of collaborating with each other? If so, what outcomes have been achieved?

H. High Level Plan (300 words): Describe your strategies and assumptions for how you will achieve desired results. Bullet out key activities and deliverables for the 18-month grant period by quarter (starting January 2018).

I. Measuring effectiveness (150 words): What will be different at the end of the grant? What are your proposed process and outcome indicators?

J. Sustainability (200 words): How do you plan to advance next steps or unfinished business after St. David's Foundation funding ends? How will you sustain impact? If staff will be hired under the grant, how will you sustain or sunset the position(s)?

K. Attachments:

a. Project budget
b. Current profit & loss and balance sheet for lead organization
c. Most recent audit or financial review of lead organization
d. Board list for lead organization
e. Key staff list for this project
f. Signatures from all collaborating entities
g. Organizational diversity chart
h. Letters of participation/commitment (optional)

Sources

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2. http://d31hzlhk6di2h5.cloudfront.net/20170508/c5/6d/0e/8c/2da14decd29fc4aecabb2863/HHSC_Presentation_April_2017__1_.pdf
3. http://www.kff.org/other/state-indicator/nonelderly-adult-women/
4. https://www.census.gov/programs-surveys/acs/
5. Personal communication with clinic leader
6. http://www.mayoclinic.org/healthy-lifestyle/getting-pregnant/in-depth/family-planning/art-20044072
7. https://liberalarts.utexas.edu/txpep/_files/pdf/TxPEP-ResearchBrief_Barriers-to-Family-Planning-Access-in-Texas_May2015.pdf
8. https://hhs.texas.gov/reports/2016/10/postpartum-depression-among-women-utilizing-texas-medicaid
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10. https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#3
11. Ibid
12. https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf
13. Ibid
14. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm
15. https://www.ncbi.nlm.nih.gov/pubmed/27500333
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17. Ibid
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