FUNDING OPPORTUNITY

Released: August 17, 2020
Funding Amount: Up to $100,000
Project Period: October 1, 2020 – April 30, 2021
Eligibility: Any domestic public or private entity, including an Indian tribe or tribal organization, is eligible to apply. Domestic faith-based and community-based organizations are also eligible to apply.*
Award Mechanism: Awards will be made from the University of North Carolina – Chapel Hill via a sub-contract under the HRSA CARES Act funding

Timeline:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 17, 2020</td>
<td>Request for Applications (RFA) Released: Online Application</td>
</tr>
<tr>
<td>August 20, 2020 @ 12pm ET</td>
<td>Informational Webinar (Optional): Registration Required</td>
</tr>
<tr>
<td>August 24, 2020</td>
<td>Additional FAQ/TIPS released</td>
</tr>
<tr>
<td>September 14, 2020 by 5pm ET</td>
<td>Completed Applications</td>
</tr>
<tr>
<td>By the end of the 1st week in October</td>
<td>Successful Applicants notified</td>
</tr>
<tr>
<td>Around the part of October 2020</td>
<td>Contract begins</td>
</tr>
<tr>
<td>October 5, 2020 at 12pm ET</td>
<td>Welcome Orientation Webinar for successful applicants</td>
</tr>
</tbody>
</table>

OVERVIEW

With funding from the Health Resources and Services Administration (HRSA) through the Supporting Providers and Families to Access Telehealth and Distant Care Services for Maternal Health program, the Maternal Telehealth Access Project is offering a funding opportunity for organizations to strengthen their COVID-19 response by delivering or supporting the delivery of equitable maternal health support and services via telehealth (virtual, online, and/or other types of remote services /online). Funds can support access, development or infrastructure. These funds may be used for telehealth policy support, clinical services, social support, and tele-behavioral health services related to preconception health, prenatal care and pregnancy monitoring, labor and delivery support, and postpartum care.

BACKGROUND

The United States (U.S.) is experiencing an ongoing maternal health crisis. Maternal and infant mortality is higher within Black, Indigenous, and People of Color (BIPOC) communities, and these disparities have been exacerbated by COVID-19. Structural, legal, geographic, political and economic barriers to quality perinatal and postpartum care disproportionately affect BIPOC communities, rural communities, incarcerated people, people with disabilities, people with substance use disorders, people lacking access to health care due to immigration status or lack of health insurance, and people with perinatal mental health care needs during the COVID-19 pandemic.

Quality and respectful care throughout pregnancy and the postpartum period (up to one year) are critical to ensuring the health and well-being of families, communities, and populations. However, COVID-19 social-distancing restrictions have disrupted access to essential and wrap-around perinatal and postpartum care services across the U.S. Perinatal and postpartum birth workers including childbirth educators, community health workers, breastfeeding support people, breastfeeding peer counselors, lactation consultants, doulas, and midwives are critical to increasing access, accessibility and quality of maternal health care.
MATERNAL TELEHEALTH ACCESS PROJECT:  
COLLABORATION AND INNOVATION FOR EQUITY AND HEALTHY FAMILIES

Telehealth allows people and health care providers to continue to have medical, behavioral and social support visits before, during, and after pregnancy without increasing the risk of the transmission or exposure to COVID-19. However, there are numerous barriers to telehealth and remote services that include:

- Lack of knowledge about technology
- Lack of access to technologies that are consistent, reliable & secure
- Legal issues & concerns (ICE, incarceration, foster care)
- Communication (basic information about COVID-19, specific information about pregnancy, birth, lactation, 1st year of infancy)
- Policies (barriers to nurse midwives practicing in communities, licensure, reimbursement)
- Maternity care deserts in both urban and rural settings due to redlining and structural racism in health care institutions
- Shortage of mental health providers, particularly in rural and frontier settings

Additionally, certain groups of people are at increased risk for poor maternal and infant health outcomes due to barriers in accessing and using telehealth including:

- Black/African American pregnant and postpartum people
- Native American/Indigenous pregnant and postpartum people; particularly in Indian Country with significant limited access to basic needs to prevent COVID-19 infection, food and water insecurity, shortage of health care providers
- Native Hawaiian/Pacific Islander (NH/PI) communities, especially in areas with high concentration of NH/PI families facing disproportionate burden of COVID-19 (e.g., Los Angeles, Portland, Hawaii)
- Latina/Latinx pregnant and postpartum people, primarily in Spanish-speaking immigrant communities
- Asian American and other communities with a high proportion of recent immigrants and refugees who are not English literate or fluent
- Urban communities where there are severe maternity care deserts for Black/African American patients (e.g., Chicago, Detroit, New York)
- Rural and frontier communities where access to reliable technology and the range of services is less readily available
- Pregnant and postpartum people in Puerto Rico
- People experiencing Intimate Partner Violence/domestic violence
- People with substance use disorders
- People with perinatal mental health disorders
- Currently or recently incarcerated people

FUNDING

Maternal Telehealth Access Project will provide awards of up to $100,000, inclusive of indirect costs, to fund telehealth supports and services for maternal telehealth before, during or after pregnancy. Due to the time-limited funding, applicants are encouraged to use the funds for one-time supports and services. For examples of supports and services that could be funded, RFA Sample Activities for Funding

ELIGIBILITY

Any domestic public or private entity, including an Indian tribe or tribal organization, is eligible to apply. Domestic faith-based and community-based organizations are also eligible to apply. Additionally, organizations whose mission is to serve, support, and empower equitable trauma-informed maternal health supports and services that reduce maternal mortality and morbidity disparities are encouraged to apply.

Additional funding opportunities for maternal telehealth during COVID-19 are available from:

NBEC link: https://birthequity.org/
ROSE link: http://BreastfeedingROSE.org/VIPScohort
AMCHP link: http://www.amchp.org/
MATERNAL TELEHEALTH ACCESS PROJECT:
COLLABORATION AND INNOVATION FOR EQUITY AND HEALTHY FAMILIES

REQUIREMENTS
Selected applicants must agree to:

• Provide a Federal DUNS number
• Make their organization’s financial records available for review or audit upon request of the Health Resources and Services Administration, the University of North Carolina at Chapel Hill or the Government Accountability Office
• Enter into a sub-contractual relationship with the University of North Carolina at Chapel Hill, who will establish the schedule of funds distribution (funds reimbursed after expenditure in most cases)
• Designate one individual to serve as the main point of contact for all project deliverables and financial requirements, as well as be responsible for submitting regular reports and participating in conference calls upon request
• Permit UNC-Chapel Hill and the Health Resources and Services Administration to share project successes, lessons learned and tangible products as part of a broader dissemination strategy
• Participate in project evaluation activities
• Register for a SAM Number when the contract begins if your agency is not already registered.

The University of North Carolina at Chapel Hill will provide selected grantees with:

• Specified amount of funds
• Technical support for billing and other contractual questions
• Implementation support for activities such as capacity building, coaching, programmatic support, etc.

PROGRAM PERFORMANCE ACCOUNTABILITY
Successful applicants will be required to submit information on their efforts and the impact of the work. Requested information may include but not be limited to the following types of questions:

• How much did we do? (i.e. People served, and activities implemented)
• How well did we do it? (i.e. Quality of service delivery)
• What are the impacts and outcomes for the recipients from the implemented support and services?

Performance measures will be related to activities that (1) increase access to services and supports via telehealth and (2) that increase capacity of maternity care providers to provide maternal health and wrap-around services via telehealth. Examples of performance measure for activities are noted below:

• How much: # of providers who offered maternal health care via telehealth.
• How much: # of people served by month by services or supports (by race/ethnicity).
• Better off: #/% of people who were able to continually access services or supports.
• How much: # of tele-health workers trained
• Better off: #/% of trainees with targeted pre- and post-test increase in skills & knowledge

SCORING AND EVALUATION CRITERIA
Applications will be reviewed by a multi-disciplinary team of maternal health and community experts. Each application will be scored based on the following criteria:

1. Demonstrated knowledge of the needs for services or supports for maternal health via telehealth during COVID-19
2. Demonstration of proven track record of experience working with the identified maternal health population(s)
3. Demonstrated understanding of how equity is centered in the organization’s current and proposed work
4. Identified strategies that are likely to increase and improve the uptake and utilization of maternal telehealth supports or services
5. Completeness and quality of the proposal

9/3/2020
MATERNAL TELEHEALTH ACCESS PROJECT:
COLLABORATION AND INNOVATION FOR EQUITY AND HEALTHY FAMILIES

APPLICATION PROCESS*
1. Participate in the optional pre-application webinar. Registration Required
2. Complete the online application: Online Application
   - Word Version of the RFA
3. Complete the Budget Template: HRSA Budget Form
   - HRSA Budget Form Instructions
4. Complete the HRSA Letter of Intent, remember to sign it
5. Complete HRSA Attachment 3B form

No applications will be accepted by fax or postal mail. Maternal Telehealth Access Project shall confirm the receipt of all applications.

Maternal Telehealth Access Project will not answer any questions or provide any information that may provide an unfair advantage to any applicants.

*Contact Folami Cook folami_cook@med.unc.edu or (919) 966-1410 if you are not able to complete the online application and need to request a MS Word document to submit by email.