

Preventing Maternal Mortality: Supporting Maternal Mortality Review Committees

CDC-RFA-DP24-0053

March 26th, 2024, 3-4 pm ET

DP24-0053, Informational Conference Call

March 26th, 2024 (Tuesday) 3-4 pm ET

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Welcome – Abel Assefa

Hello, and welcome to the Notice of Funding Opportunity or NOFO DP24—0053 – **Enhancing Reviews and Surveillance to Eliminate Maternal Mortality** informational conference call for prospective applicants. This session will provide information about the NOFO and will answer questions pertinent to preparing and submitting applications in response to this NOFO.

My name is **Abel Assefa**, and I am a Senior Public Health Advisor and CDC Project Officer on the Maternal Mortality Prevention Team in the Division of Reproductive Health, CDC Atlanta, and I will moderate the call today. I'd like to review the agenda for our call.

- **Tegan Callahan**, the Maternal Mortality Prevention Team Program Deputy in the Division of Reproductive Health, CDC Atlanta will provide an overview of the NOFO and the review process.
- **Lakeasha Thrasher**, a Senior Public Health Advisor and CDC Project Officer, will discuss the collaborations, the evaluation and performance measurement approach and organizational capacity.
- **Natasha Jones**, Grants Management Officer with the CDC Office of Financial Resources, Office of Grants Services, will discuss the process of submitting a proposal through Grants.gov.
- Next/And last, we will open for a question/answer period.

Let me take this opportunity to provide some additional information on the structure of this call. During this conference call, all participants will be muted to minimize any background noise or interruption. Once the presentation has been completed, an opportunity will be made available for attendees to ask questions. If we do not get to your specific question by the end of the call, please reach out to us at NOFODP24-0053@cdc.gov. We will respond to any questions directed to that mailbox promptly. Additionally, the information in the NOFO can be found on the NOFO website at <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/fofo/CDC-DP24-0053.html>; we will post all questions and answers received today and received through email on the FAQ page linked to that page.

Now, I will turn the call over to **Tegan** to provide an overview of the NOFO.

NOFO Overview – Tegan Callahan

As we are all aware,

Background

- The death of a person during pregnancy, at delivery, or in the year after delivery is a tragedy for their family and for society as a whole.
- For over a decade, the United States has not observed improvement in the burden of deaths each year because of pregnancy or delivery complications, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
- Further, considerable racial and ethnic disparities exist. Non-Hispanic Native Hawaiian and other Pacific Islander, Black, and American Indian/Alaska Native people have pregnancy-related mortality ratios 2 to 4 times higher than non-Hispanic White people.
- Maternal Mortality Review is a process by which a multidisciplinary committee at a jurisdiction-level identifies and reviews potentially pregnancy related deaths that occur during pregnancy and up to a year after the end of pregnancy.
- This multidisciplinary approach encourages collaboration with clinical and non-clinical partnerships to improve quality of care and address social determinants of health to reduce health inequities.
- This NOFO will support the capacity for developing and implementing data-informed strategies via Maternal Mortality Review Committees (or MMRCs) to prevent pregnancy-related deaths and reduce disparities among disproportionately impacted populations by improving data availability and quality to better identify and characterize pregnancy-related deaths and related health inequities.

Purpose of NOFO

I will now give a brief overview of the funding opportunity announcement, highlighting some key information.

- This NOFO will support increases in the overall timeliness, comprehensiveness, and availability of information on strategies for prevention of pregnancy-related deaths and reduction of disparities in pregnancy-related mortality nationally.

- via support to agencies and organizations that coordinate and manage MMRCs to identify, characterize, and disseminate information on pregnancy-related deaths and opportunities for prevention.

Program Outcomes

Next, I will talk about the intended outcomes for this NOFO. Please review the logic model for this NOFO (beginning on page 5 of the announcement). In it are the strategies and activities, and outcomes for this program.

- The logic model for this NOFO describes strategies and activities, and the expected short-term, intermediate & long-term outcomes for this program.

The **Short-Term** outcomes expected to be accomplished during this project period are as follows:

Short Term

- Increased timeliness, accuracy, and standardization of information available about pregnancy-related deaths, including documented opportunities for prevention.
- Increased engagement and cooperation between MMRCs, partners, and communities to communicate information from data on pregnancy-related deaths.
- Increased availability of MMRC recommendations among communities, clinicians, public health practitioners, and decision makers.

Achievement of the short-term outcomes is expected to set the foundation for achievement of the intermediate outcomes by the end of the project period. The **Intermediate Outcomes** expected to be accomplished during this project period are as follows:

- Increased adoption of clinical and non-clinical policies and programs that reflect the highest standards of care.

- Increased implementation of recommendations that reach or consider the needs of populations disproportionately affected by pregnancy-related mortality.

Through achievement of these short-term and intermediate outcomes during the project period, this NOFO intends to support broader, long-term program outcomes including:

- Reduced maternal complications of pregnancy during pregnancy and in the year after the end of pregnancy.
- The elimination of disparities in complications of pregnancy during pregnancy and in the year after the end of pregnancy.
- Improved population health maternal health outcomes, and -
- Eliminated preventable pregnancy-related deaths.

While these longer-term outcomes reflect the goals and purpose of this opportunity, they are not expected to be fully achieved during the 5-year project period.

Eligibility Criteria

I will now briefly speak to the eligibility criteria of this opportunity.

- This NOFO is open and competitive. A list of eligible entities and additional information on eligibility begins on page 22 of the announcement.
- CDC will fund the recognized authority to implement a MMRC in each State, US territory or Freely Associated State or the District of Columbia.
- CDC will also consider any applications non-responsive, and it will not receive further review, if the following documents are not submitted as specified in the collaboration section of this NOFO
 - Evidence of authorities and protection to implement a MMRC, these files should be uploaded as a PDF with the application named "Auth_Protect_MOU";
 - Evidence of Access to Vital Records Access, these files should be uploaded as a PDF with the application named "Vitals_MOU";
 - Evidence of an ability to share collected data with CDC through the
 - MMRIA MOU; and

- MMRIA Data Sharing Agreement

Funding Strategy

I will now speak a bit further about the funding strategy for this opportunity. Information on the funding strategy begins on page 14 of the NOFO.

- The total project period length is 5 years, and we estimate approximately 59 awards will be funded.
- The recipient funding formula is based on average costs associated with core MMRC functions (i.e., abstraction, analysis, coordination, meeting logistics, dissemination activities, and travel for an annual required reverse site visit), adjusted for the 3-year average of state-level numbers of pregnancy-associated deaths, as indicated by **2019-2021 CDC WONDER** mortality data.
- A reference sheet on using CDC WONDER to identify ICD-10 based estimates of 'pregnancy-associated' deaths, and eligible, state-specific breakdowns are provided for potential applicants at the NOFO website and linked in the NOFO.
 - The funding range, depending on applicant, is intended to be \$295,000 to \$860,000.
 - Only one award will be made within a state, territorial jurisdiction, and/or Freely Associated State, or the District of Columbia.
- Finally, this funding opportunity is a cooperative agreement, meaning there will be substantial CDC involvement during the funding period and CDC Program Support to Recipients, including technical assistance and opportunities for sharing between MMRCs.

I will now turn things back over to my colleague, Lakeasha, who will continue to describe aspects of the opportunity.

Lakeasha: Thank you, **Tegan** for the introduction to the NOFO purpose, desired outcomes, eligibility criteria, and funding strategy. I will now discuss the required and optional

collaborations, the evaluation and performance measurement approach and organizational capacity.

Collaborations

The following collaborations are required for all applicants and can be found beginning on page 9.

- Evidence of an ability to share collected data with CDC. Specifically, two required forms, signed by an authorizing signatory in the agency/organization:
 - MMRIA Memorandum of Understanding (MOU)
 - MMRIA Data Sharing Agreement (DSA)

Please note templates for both of these forms are available on the [cdc.gov](https://www.cdc.gov) DP24-0053 NOFO website and linked in the NOFO.

- Evidence is also required that provides the MMRC program applicant authority to access clinical and non-clinical records; and provides confidentiality protection of data collected, proceedings, and activities. This evidence may be copies of jurisdictional authorities and statutes. This evidence may also be a letter from your legal counsel outlining the evidence of this authority in jurisdictional authorities and statutes.
- Evidence of access to data housed by Jurisdictional Vital Records offices is another required collaboration.
- And finally, a Memoranda of support from the Jurisdictional Medicaid offices.
- Under specific circumstances, evidence of collaboration with state medical examiner and/or coroner offices *OR* state public health agencies is also required. The requirement for this collaboration will depend on the primary applicant agency. Please see page 9 for further detail on these required collaborations under specific circumstances.

Optional Collaborations

In addition to the required collaborations, there are many optional collaborations recommended. When relevant, it is strongly encouraged that the applicant includes a letter of

support as evidence of these optional collaborations that, at a minimum, outlines the roles and responsibilities of the partner related to specific MMRC processes or community engagement strategies.

- A letter of support from the State/Jurisdictional Hospital Association.
- A letter of support from Title V Maternal and Child Health Services Block Grant Programs.
- A letter of support from Health Resources and Services Administration State Maternal Health Innovation Program recipients.
- A letter of support for collaboration with recipients of the CDC Perinatal Quality Collaboratives (PQCs) program if available in the applicant's state/jurisdiction. If your jurisdiction does not have a CDC funded PQC, provide a letter for your jurisdiction's recognized PQC network – if applicable. Applicant should also describe in the narrative how collaboration with PQCs assist in the implementation MMRC recommendations.
- Letters of support from other clinical membership organizations, such as jurisdictional chapters of the American College of Obstetricians and Gynecologists or the Association of Women's Health Obstetric and Neonatal Nurses.
- Other CDC-funded surveillance programs to identify strategies for improving data quality and information available for the MMRC, such as their state [Violent Death Reporting System](#) and the [CDC Pregnancy Mortality Surveillance System](#).
- [CDC state assignees](#) to facilitate working with state and local agencies. These assignees provide epidemiologic research and scientific expertise and information for maternal and child health program and policy development.
- Organizations that are implementing the CDC [Levels of Care Assessment Tool \(LOCATe\)](#) to operationalize a coordinated regional system of risk-appropriate care to ensure that pregnant women at high risk of complications receive care at a birth facility that is best prepared to meet their health needs.

- Other letters of support from community-based organizations or tribes or tribal serving organizations – as applicable to your jurisdictional context.

Evaluation and Performance Measurement

I will speak briefly to the evaluation and performance measurement plan outlined in the NOFO.

- Applicants must provide an evaluation and performance measurement plan that demonstrates how they will fulfill the requirements described in the CDC Evaluation and Performance Measurement Strategy, including:
 - How applicants will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, and
 - How key program partners will participate in the evaluation and performance measurement planning processes.
- Recipients will also be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months award.
- The supplement Evaluation and Performance Measurement Plan that will be submitted within the first 6 months of award will include available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).
- A data management plan is not required for this opportunity. As the MMRIA system is centrally hosted by the CDC, the CDC has developed the required Data Management Plan for the system and will be responsible for keeping it updated throughout the project period.

Organizational Capacity

As a part of the application, the applicant's organizational capacity statement must clearly demonstrate the applicant has the necessary skills and relevant experience to successfully

implement the strategies and activities outlined in the Logic Model and to manage a federal award.

- Applicant should demonstrate required skills including program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. Applicant must demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with grants regulations.
- Applicant must have a financial management system that will allow for funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

On page 37, the announcement provides detailed information on the suggested components of a strong organizational capacity statement. I will share some of that information here.

A strong applicant will:

- Provide evidence of organizational experience to address health inequities, including ability to identify drivers of health inequities (e.g. structural determinants of health) and the ability to engage with review committee members with non-clinical expertise and/or community members.
- Include clear, specific, and referenced descriptions of the applicant's ability to reach a significant, if not all, of a state's population, access to clinical and non-clinical records relevant for case abstraction and preparation for MMRC review. Applicants must identify data sources they have successfully accessed in the past and identify strategies to access new required data sources with solutions to address barriers to access.

- Provide evidence of a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly defines staff and partner roles. The applicant will provide a staffing plan that identifies individuals capable of and/or having experience with abstraction, epidemiologic analysis of public health data, conducting interviews with community members around sensitive issues and program coordination.
- Describe collaborations to address inequities in pregnancy-related deaths and increase MMRC data utilization among communities.

I will now turn things back over to **Tegan** to recap the review process for this cooperative agreement.

Tegan: Thank you, **Lakeasha**.

Review Process

I will now speak to the review process for this opportunity. All applications will be reviewed in 3 phases, as described on page 35 of the NOFO:

Phase I

- In Phase I, all applicants will be initially reviewed for eligibility and completeness. Complete applications will be reviewed for responsiveness, previously described by Tegan and defined on page 23 in the NOFO, by the Grants Management Officials and Program Officials.
- Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

Phase II

- While the applications will not be scored, NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the following criteria; this criteria can also be found beginning on page 35 of the NOFO.

The Phase II Criteria are:

- The Approach criteria considers, in brief, the extent to which the applicant:
 - Has sufficient authorities, protections and management in place to operate a functional MMRC
 - Has sufficient access to vital event records to conduct effective case identification and abstraction
 - Has sufficient ability to share data with CDC and operationalize the use of MMRIA and
 - Has sufficient understanding of disparities in maternal health outcomes
- The Evaluation and Performance Measurement criteria considers, in brief, the extent to which the applicant
 - Provides a plan that support successful measurement of performance measures that align with strategies and activities in the logic model. AND
 - Describes how performance measures and other relevant data will be used to drive quality improvement in MMRC processes and data.
- The Applicant's Organizational Capacity criteria considers, in brief, the extent to which the applicant:
 - Describes experience and organizational capacity to address health inequities;
 - Includes clear, specific, and referenced descriptions of the applicant's access to clinical and non-clinical records to support MMRC case abstraction and review;
 - Describes a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff and partner roles.
- Lastly, the Budget will be reviewed to assure that the applicant's proposed budget aligns with the proposed work plan and CDC policy.

Phase III

- CDC will not fund any application over the funding amount for the jurisdiction indicated in the table funding the "Funding Strategy" section on Page 14 of the NOFO.

- Final Review will verify only the applicant with the specified authorities and protection and vital records access that fully encompass the State, US territory or Freely Associated State, or the District of Columbia is selected for funding.

Review of risk posed by applicants

- Prior to making a Federal award, CDC is required by law to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See page 38 of the NOFO for additional details.

Tegan: We will now pass it on to **Natasha** to discuss process of submitting a proposal through Grants.gov.

Application Submission Process – Natasha Jones

Now I will discuss important dates and steps needed to submit an application. Application and Submission Information can be found beginning on Page 24 of the NOFO.

- Applications are due on **May 20, 2024, at 11:59 pm Eastern Time** at www.grants.gov.
- An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov. PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI
 - Unique Entity Identifier (UEI)
 - All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit

identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds

- System for Award Management (SAM)
 - The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.
- Grants.gov
 - The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov. All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.
- All mentioned websites can be found in the notice of funding opportunity on pages 24-26.

Natasha: I will now turn the call back to Abel.

Q&A Session

Abel: Now we will address any additional questions. Please note:

- If we do not get to your specific question by the end of the call, please reach out to us at **NOFODP24-0053@cdc.gov**. We will respond to any questions directed to that mailbox promptly.

Conclusion of Call – Abel

We have reached the conclusion of our time. Thank you for joining the informational call for **DP24-0053: Enhancing Reviews and Surveillance to Eliminate Maternal Mortality.**

[End of Prepared Remarks]