

Promoting Health Equity and Improved Maternal and Infant Health Outcomes through Community-Based Activities Concept Paper

Purpose of the Concept Paper and Program Background

The work of the New York City Department of Health and Mental Hygiene (DOHMH) to promote health equity includes a comprehensive approach to improving maternal and infant health outcomes. The Improving Health Equity and Maternal and Infant Health Outcomes (MIH) Collaborative was developed and implemented in 2016 to work with Community Based Organizations (CBOs) to ensure their capacity to advance health equity outcomes and collect data on New York City neighborhoods that are significantly impacted by the social determinants of health.

Currently, there is one contracted Citywide Coordinator for the MIH Collaborative providing technical support, training, and has created data collection methods for evaluation. Currently, there are 21 community-based organizations located in each borough of New York City participating in the MIH Collaborative to engage community residents and provide education and support in five topics areas: (1) Breastfeeding, (2) Family Planning, (3) Safe Sleep, (4) Toxic Stress & Trauma and (5) Women's Health using the following approaches:

- Case Management
- Community Engagement
- Exercise/Activity Class
- One-to-One Sessions
- Outreach
- Referrals
- Screenings
- Support Groups
- Workshop/Educational Sessions

MIH CBOs are achieving their deliverables as intended and look for opportunities to improve service delivery. Each month MIH CBOs collect demographic information of the number of participants who received services in the afore mentioned topic areas, on the type of activities implemented and, number of resources distributed to evaluate process measures. These measures were used to create a citywide monitoring and evaluation (M&E) plan with the MIH CBOs to share best practices. To date, MIH has reached over 7,000 participants through encounters and workshop sessions (Cicatelli Associates, Inc., (2020, July)).

In response to COVID-19, MIH strategies were modified to provide virtual and/or remote facilitation of activities. The challenges and opportunities for virtual and/or remote activities presents a unique

opportunity to build capacity around technology and social media use needed to support community residents; and to emphasize the impact of (1) Emergency Preparedness, (2) Chronic Disease Prevention, and (3) Mental Health Services on groups most impacted who live and work, in these vulnerable communities.

According to Clark (2009), in the era of social media and technology, health education practice in the future will be helping people learn how to identify and create their own solutions to their needs. In short, creating programming to deliver a multi-level approach (home visiting, education, case management and support groups) through means such as telehealth, virtual and remote options in lieu of in-person services to promote better health outcomes in maternal and infant health among groups that are impacted most by racial, political, socioeconomic, and cultural constructs is the way of the future.

Program Objectives

The New York City DOHMH proposes to issue an RFP to procure services from community-based organizations to provide home visiting services to expand existing community-based initiatives that increase community residents' knowledge and influence behaviors to improve maternal and infant health outcomes throughout New York City. These activities would be in alignment with other NYC DOHMH initiatives such as Newborn Home Visiting Program, Maternal Health Quality Improvement Network Initiative (MHQIN), as well as the work of the DOHMH's Sexual and Reproductive Health Unit (SRHU) and the Center for Health Equity and Community Wellness (CHECW). The overarching goal of this funding is to make progress towards two key DOHMH priorities: 1) advancing health equity and 2) reducing poor maternal and child health outcomes.

In recent years, public health emergencies such as natural disasters (Hurricane Sandy 2012), disease outbreaks (COVID-19 and Zika), and man-made disasters (Northeast Blackout 2003) has significantly impacted marginalized neighborhoods when compared to affluent neighborhoods in New York City. These events effect access to medical services, mental health services and social supports in (1) Breastfeeding, (2) Family Planning, (3) Safe Sleep, (4) Toxic Stress & Trauma and (5) Women's Health. Considering the current activities MIH provides, expanding the community-based engagement strategy to incorporate a larger role for Home Visiting and Community Health Worker (CHW) programs can create a new infrastructure that builds on evidence-based practices, standardize health message delivery, and improve quality and service efficiency.

Home visiting programs have demonstrated beneficial impacts on early childhood health and development beginning in infancy. Positive interplay between early experiences and brain development is essential for children to thrive. Key points are included below to highlight the critical role of home visiting in promoting early childhood health and development, as well as in improving family health and social outcomes. The evolving impact of the COVID-19 pandemic on NYC families, with a disproportionate impact on Black and Brown people, and the lack of any additional public funding requires us to change our approach. At a time of fiscal uncertainty, we must continue to center expectant and parenting families and apply a health equity lens. Focusing on the people, communities

that are most in need and leveraging existing relationships with community and clinical partners as well as aligning with existing initiatives like the MHQIN will provide us with system and population level impact change we are seeking.

Program Information and Approach

In the emerging landscape of COVID-19's impact on communities of color, the MIH Collaborative seeks new methods to enhance and/or expand existing community-based initiatives to promote maternal and child health. To achieve these objectives working in partnership with Federally Qualified Health Centers (FQHC) and hospital systems, CBOs will be better positioned to generate more positive experiences of care and engagement in health that serve marginalized populations ((NACHC), October 2010). This partnership can leverage opportunities that exist through the corresponding objectives:

- Improve access to care.
- Support the delivery of comprehensive, patient-centered medical homes.
- Integrate health services and programming and create healthier communities.
- Coordinate services to ensure efficient connection to resources.

The program is divided into two (2) operational components. Component A will seek one (1) Contractor/Vendor (the "Coordinator"), to provide technical assistance; collect and analyze data; evaluate and report on all activities and outcomes of the vendors selected to conduct the community-level activities under this initiative.

Component B will seek three (3) to six (6) Contractors/Vendors (Community Based Organizations) in each of the five boroughs that provide community-level activities that directly support residents that live in underserved communities within New York City through referrals, home visiting, case management, outreach, education and more. The focus would be to submit data on target neighborhoods with poorest maternal-child health outcomes.

Citywide Coordinator Component A

The Coordinator will have at minimum of five years' experience in: program evaluation and research in improving the quality of social services delivered to marginalized populations; experience providing diversity, equity, and inclusion strategies and practices; and experience in providing program development, training, and technical assistance to community-based organizations. DOHMH anticipates that the scope of work for the Coordinator will include the following:

1. Provide program oversight and management of Component B (CBO) contractors.
2. Develop and implement technology infrastructure, including hardware and software, for system operations and data management and tracking.
3. Ensure effective and consistent practices through uniform standards and metrics to standardize evidence-based/evidence informed home visiting practices and service delivery.

4. Provide technical assistance, which include site visits, webinars, conference calls for CBOs.
5. Provide training and learning sessions using a collaborative model.
6. Create an evaluation plan to organize, collect, analyze, and utilize data to sustain quality improvement.
7. Implement an equity, and inclusion strategies and practices that create and sustain an equitable, and culturally sensitive service delivery.
8. Serve as liaison to the Community Based Organizations on behalf of DOHMH.

Community Based Activities Component B

DOHMH anticipates that between three (3) and up to six (6) contracts will be awarded in each of the five boroughs of New York City, for a maximum of 20 contracts for Component B citywide. The selected community-based qualified proposers for Component B will only be eligible to receive a contract to provide services in one borough. DOHMH anticipates that providers may propose to provide services in a geographically defined service area (neighborhoods) within the selected borough to conduct activities. However, DOHMH can elect to assign target neighborhoods. Proposers must demonstrate that the proposed service area (neighborhoods), are among those that are facing the significant social, economic, and health challenges, and have a disproportionate burden of poor maternal and infant outcomes as compared with other NYC neighborhoods. Proposers would also have experience collaborating effectively with other health and human services providers on behalf of low-income families and would demonstrate strong linkages to such providers in the boroughs and communities they serve through their contracts.

Proposers must have at least three years of experience providing community-level activities in underserved communities of New York City to improve maternal child health outcomes. Experience in implementing evidence informed and/or evidenced based programming in home visiting, community outreach and education, case management and clinical infrastructure for mental health support is also required. Proposers must demonstrate how their proposed work would be accomplished and how it aligns with DOHMH goals and objectives. The scope of work for community-level contractors will conduct activities in the topic areas as follows:

- Emergency preparedness for pregnant and parenting families.
- Women's health chronic disease prevention and management.
- Toxic stress and trauma interventions that support family/intimate partner violence prevention, stress reduction activities, and mental health services.
- Family planning interventions that support preconception, prenatal, and inter-conception health, and sexual reproductive justice to reduce maternal deaths.
- Breastfeeding support to increase the rate of initiation, duration, and exclusivity.
- Safe sleep practices and child immunizations strategies that decrease infant mortality.

Additionally, it is anticipated that all community-level service providers would:

- Employ standardized DOHMH public health messages on the key topic areas described above.
- Utilize the appropriate clinical and/or social standards when screenings families to address social determinants of health (e.g., housing, ACS involvement, food security, financial challenges) and promotes mental health and wellbeing.
- Submit monthly data on key measures such as demographics, mode of service, and outcomes in topics areas listed to identify gaps in services to improve health outcomes using technology designated by DOHMH.
- Establish a Memorandum of Understanding (MOU) with Hospital or Federally Qualified Health Center (FQHC) that provides clinical and/or social services within geographic area services are provided.
- Participate in mandatory MIH Collaborative trainings on best practices in equity, reproductive justice, home visiting, collective impact, and other maternal child health topics.
- Participate in mandatory and routine meetings citywide and borough wide as scheduled by Coordinator including calls with DOHMH, other community stakeholders.

DOHMH will expect that all contractors maintain full compliance with HIPPA rules and regulations and ensure patient confidentiality is protected in all communications. DOHMH also expects that selected contractors have experience collaborating with communities as well as application of community engagement strategies and practices.

DOHMH anticipates that in the RFP, proposers will be permitted to propose to provide the community-level activities and to serve as the Coordinator. However, a proposer would only be selected for one of these roles - either community-level provider or the Coordinator. It is anticipated that the maximum number of contracts awarded to an individual entity through this RFP will be one (1).

DOHMH Responsibilities

DOHMH anticipates that it will be responsible for the following:

- Providing data outcomes measures and data reporting requirements
- Supporting evaluation and quality improvement efforts
- Providing guidance to the development of MIH curricula
- Providing guidelines for home visiting models standards
- Providing the template for the following:
 - Policy and Procedure Manual
 - Data use agreement
 - Partnership agreement
 - Marketing Agreement
 - Professional development plan (including curriculum staff training)
 - Data use agreement
 - Partnership agreement
 - Marketing agreement
 - Professional development plan (including curriculum for staff training)



Use of HHS Accelerator & PASSPort

HHS Accelerator and PASSPort are web-based systems maintained by the City of New York to manage procurement. To become eligible to submit a proposal to the upcoming RFP and all other client and community services (CCS) within PASSPort, vendors must first complete and submit an electronic prequalification application using the City's HHS Accelerator System. Please visit <http://www.nyc.gov/hhsaccelerator> to submit a Business and Service Application. Only organizations with approved Business Application and Service Applications for at least one of the following services will be eligible to propose to this RFP:

1. Family Planning
2. Women's Health
3. Case Management
4. Parenting Services
5. Child Care
6. Outreach Services
7. Preventive Services

To apply to the upcoming RFP and all other CCS within PASSPort, all vendors must also create an account within the PASSPort system. Please visit <http://www.nyc.gov/passport> to create an account in PASSPort.

Proposed Term of the Contract

It is anticipated that the term of the contract awarded for the forthcoming RFP will be six years in duration, contingent on the availability of funding. DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and option to renew, if any.

Funding information and Proposed Payment Structure

It is anticipated that the available annual funding amount for the procurement will be approximately (\$2,307,223.22) per year for (6 years), contingent upon the availability of funds. DOHMH expects that the payment structure of the resulting contract would be deliverable based.

Planned Methods of Evaluating Proposal

DOHMH anticipates that proposals will be evaluated based on proposer's relevant experience; approach to the scope of services; approach to program monitoring, data management, and reporting; organizational capacity, including proposed staffing plan; and proposed approach to budget management.



Provider Conferences

DOHMH will hold a conference for interested providers to obtain feedback and input from the provider community to gain additional information about citywide community-based organizations. Agenda topics will be further specified at the conference.

The meeting will take place on **Thursday, July 8, 2021, from 1:00 p.m. – 2:30 p.m.** via WebEx. In order to obtain access to the meeting, vendors must RSVP via email to RFP@health.nyc.gov on or before **July 6, 2021** with the attendee name(s) and e-mail contact(s) and indicate **“MIH RSVP”** in the subject line.

Procurement Timeline

It is anticipated that the RFP issuance date would be in Fall/Winter 2021, with an approximate proposal due date in (TBD) and expected award decision by Spring 2022. The anticipated contract start date is 7/1/2022.

Contact Information/Deadline for Questions/Comments

Comments on this Concept Paper are invited by August 9, 2021. Please email RFP@health.nyc.gov and indicate **“MIH Concept Paper”** in the subject line of the email.

References

(NACHC), N. A. (October 2010). *Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community-Based System of Care*.

Cicatelli Associates, Inc. ((2020, July)). Improving Health Equity and Maternal (Report 4th Quarter).

Disparate, N. Y. (2018, March). *Recommendations to the Governor to Reduce Maternal Mortality and Racial Disparities*. Retrieved from https://www.health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/maternal_mortality_report.pdf

Lucero, J. W.-M. (2018). Development of a Mixed Methods Investigation of Process and Outcomes of Community Based Participatory Research. *Journal of Mixed Methods Research*, 12(1), 55-74. Retrieved from <https://journals.sagepub.com/doi/10.1177/1558689816633309>

M.Clark, N. (2009). Health Educators and the Future: Lead, Follow and Get out the Way. In J. Black, S. Furney, H. Graf, & A. Nolte, *Philosophical Foundations of Health Education* (pp. 55-67). John Wiley & Sons.

Wallerstein, N. B. (2006). Using Community-Based Participatory Research to Address Health Disparities. *Health Promotion Practice*, 7(3), 312–323. doi:<https://doi.org/10.1177/1524839906289376>