U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

Healthy Start Initiative: Eliminating Disparities in Perinatal Health Supplement: Action Plans for Infant Health Equity

Funding Opportunity Number: HRSA-21-120
Funding Opportunity Type(s): Competing Supplement
Assistance Listings (CFDA) Number: 93.926

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: June 23, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: May 20, 2021

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Authority: 42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Healthy Start Initiative: Eliminating Disparities in Perinatal Health Supplement: Action Plans for Infant Health Equity. The purpose of the Healthy Start (HS) program is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. The purpose of this HS supplement is to support the development of action plans that include innovative data-driven policy and systems level strategies to address the social and structural determinants of health that impact infant mortality (IM) disparities in HS communities.

Funding Opportunity Title:	Healthy Start Initiative: Eliminating Disparities in Perinatal Health Supplement: Action Plans for Infant Health Equity.
Funding Opportunity Number:	HRSA-21-120
Due Date for Applications:	June 23, 2021
Anticipated Total Available FY 2021 Funding:	Approximately $2,500,000
Estimated Number and Type of Award(s):	Up to 30 grants
Estimated Award Amount:	Up to $80,000
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2021 through March 31, 2022 (aligns with the base awards funded under HRSA-19-049 Healthy Start Initiative: Eliminating Disparities in Perinatal Health) This is a one-time funding opportunity with no expectation of additional Federal funds after the performance period ends.
Eligible Applicants:	Eligible applicants include all current recipients of the Healthy Start Initiative: Eliminating Disparities in Perinatal Health grant (funded under NOFO HRSA-19-049) (start date of April 1, 2019). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, May 26, 2021
Time: 2 – 3:30 p.m. ET
Call-in Number: 1-833-568-8864
Participant Code: 49944457
Weblink: https://hrsa-gov.zoomgov.com/j/1603692749?pwd=MnA5dXdVL1kzRUtlaWVNNU54czNKQT09
The webinar recording will be posted on the MCHB website: https://mchb.hrsa.gov/fundingopportunities/default.aspx

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for supplemental funding under the Healthy Start Initiative: Eliminating Disparities in Perinatal Health, also known as the Healthy Start (HS) program. The purpose of the HS program is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. **The goal of this supplement is to reduce disparities in infant mortality (IM) within HS service area counties[1] that have the highest numbers of excess annual non-Hispanic Black or non-Hispanic American Indian/Alaska Native (AI/AN) infant deaths.** Excess non-Hispanic Black and non-Hispanic AI/AN infant deaths[2] are those that occur due to higher mortality rates relative to non-Hispanic White infants, and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity in IM rates. High excess deaths are the product of large disparities in IM rates and larger populations at risk (i.e., non-Hispanic Black and non-Hispanic AI/AN births). HRSA's analysis of excess infant deaths shows that counties with the highest excess infant deaths have ≥15 Black and/or ≥4 AI/AN excess infant deaths per year - at least 1.5 times the county-level average for their respective populations.[3]

In order to reduce racial disparities in infant mortality (IM) during the project period, HS award recipients will need to examine and address the social determinants or root causes of the disparities, such as the impact of public policies, systemic racism and discrimination, and institutional practices on their communities. The purpose of this HS supplement is to support the development of action plans that include innovative data-driven policy and systems level strategies to address the social and structural determinants of health that impact IM disparities in HS communities. Development of the action plans will require cross-sector state, Tribal, and local partnerships and engagement with community members or people from the groups that are most affected by IM. Action plans should go beyond solely addressing barriers to clinical care and improving the local system of care. They should address the environmental, social, and economic conditions, and/or structural (institutions and policies) or systemic barriers that contribute to disparities in IM in their HS communities. The action plans should include targeted strategies that will reduce disparities among non-Hispanic Black or non-Hispanic American Indian/Alaska Native (AI/AN) infants from a policy and/or systems-level.

In order to achieve this goal, recipients should meet the following program objectives by March 31, 2022:

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[1] County-level data are used throughout this NOFO due to the nature of the required activities and purpose, which is to address broader structural and social determinants of health contributing to IM disparities. HRSA recognizes that HS recipients may currently only serve portions of a county, but policy and systems-level solutions often require county- or state-level action in order to effect meaningful change.

[2] **Excess Black or AI/AN infant deaths** are defined as deaths in excess of the number of White infant deaths, or the additional number of deaths that would not occur among Black or AI/AN populations if they had the same infant mortality rate as Whites. (e.g., [Black IMR – White IMR] * NH Black births per 1,000).

[3] Calculated using the latest 3-year linked birth/infant death data (2016-2018) for counties with reportable infant mortality rates (≥10 infant deaths).

[4] Lorch SA, Enlow E. The role of social determinants in explaining racial/ethnic disparities in perinatal outcomes. Pediatr Res. 2016 Jan; 79 (1-2):141-7. doi: 10.1038/pr.2015.199.

1. Recipients will engage their Community Action Network (CAN) and other cross-sector state and local partners, including individuals with lived experience, to inform and collaboratively develop the plan.
2. Recipients will identify and prioritize underlying root causes of disparities in IM within their HS communities, which they will share with HRSA through their progress report and use to inform their action plan.
3. Recipients will develop and disseminate a plan for preventive action, including policy and systems change strategies.

This supplement activity aligns with the current purpose of the Healthy Start program and adds to the current approaches, which have generally focused on individual and behavioral interventions. HS recipients should use the data and information collected as part of this supplement, and the action plan that is developed, beyond the project period and integrate it into your overall HS program work plan or activities. This supplement also aligns with the following mission-critical goals in HRSA's FY2019-2022 Strategic Plan: Goal 3: Achieve Health Equity and Enhance Population Health.

For specific program activities, see Section IV: Program-Specific Instructions.

2. Background

This program is authorized by 42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act). The HS program provides grants to high-risk communities with infant mortality (IM) rates at least 1.5 times the United States (U.S.) national average and high rates of other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality). HS works to reduce the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups. Structural inequities in access to health-promoting resources contribute to racial/ethnic disparities in perinatal health. Such inequities include, education, employment, housing, and health care, as well as interpersonal racism and stress.[4,5]

A Community Action Network (CAN) is required of all HS recipients funded under HRSA-19-049, and defined in the HS program NOFO as "an existing, formally organized partnership, advisory board, coalition or consortia of organizations and individuals representing consumers, appropriate agencies at the State, Tribal, county, city government levels, public and private providers, churches, local civic/community action groups, and local businesses which identify themselves with the project's target project area, and who unite in an effort to collectively apply their resources to the implementation of one or more common strategies for the achievement of a common goal within that project area."[6] The use of a CAN maximizes opportunities for community action to address social determinants of health (SDOH), including coordination with key leaders in the community and the state. CANs represent one HS approach to facilitate systems change.

[4] Lorch SA, Enlow E. The role of social determinants in explaining racial/ethnic disparities in perinatal outcomes. Pediatr Res. 2016 Jan; 79 (1-2):141-7. doi: 10.1038/pr.2015.199.
[5] Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E, Wallace M. Social and Structural Determinants of Health Inequities in Maternal Health. J Womens Health (Larchmt). 2021 Feb;30(2):230-235. doi: 10.1089/jwh.2020.8882.
[6] Healthy Start Initiative: Eliminating Disparities in Perinatal Health NOFO (HRSA-19-049)

As a nation, IM rates remain high compared to other well-resourced countries. While the U.S. rate has trended downward since 1995, and has declined 17% since 2005[7], racial/ethnic disparities in IM rates have persisted. The highest IM rates in the country are among non-Hispanic Black infants and non-Hispanic American Indian/Alaska Native (AI/AN) infants (10.8 and 8.6 infant deaths per 1,000 live births in 2018, respectively) with rates that are more than double that of non-Hispanic Whites (4.6 infant deaths per 1,000 live births in 2018). Healthy People (HP) 2030 has established a target of 5.0 infant deaths per 1,000 live births for all race/ethnic groups–a target already achieved for non-Hispanic Whites. The stark differences in mortality across racial and ethnic groups reveal inequities that must be addressed. Achieving equity will require maintaining declines in the IM rate of non-Hispanic White, non-Hispanic Asian, and Hispanic infants, and accelerating the rate of decline among non-Hispanic Black and non-Hispanic AI/AN infants. Nationally, approximately 3,600 non-Hispanic Black infant deaths and 135 non-Hispanic AI/AN infant deaths would need to be prevented to achieve equity on an annual basis.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $2.5 million to be available in Fiscal Year 2021 to fund up to 30 recipients. The budget period for this supplement is the same as the base award April 1, 2021 through March 31, 2022. This is a one-time funding opportunity with no expectation of additional Federal funds after the performance period ends.

You may apply for a ceiling amount of up to $80,000 total cost (includes both direct and indirect, facilities and administrative costs).

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include all current recipients of the Healthy Start Initiative: Eliminating Disparities in Perinatal Health grant (funded under NOFO HRSA-19-049) (start date of April 1, 2019).

[7] https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the page limit referenced in Section_IV non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of **20 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an "attachment" that counts in the page limit. The abstract is SF form "Project_Abstract Summary" and it will not count in the page limit. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-120, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 20 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 5-10: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 (Need)*

  Briefly describe the purpose of your proposed project. Include a discussion that exhibits knowledge of racial disparities in IM and adverse perinatal outcomes, and the socioeconomic factors and root causes that contribute to high rates of disparities in IM. State whether there is a population of focus (e.g., non-Hispanic Black infants, non-Hispanic AI/AN infants) that will be addressed within your proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)*

  Describe the priority population of focus (e.g., non-Hispanic Black and/or non-Hispanic AI/AN) in your HS project service area(s) county(ies), including:
  - their IM rate (based on 10 or more deaths; use multiple years if needed),
  - the absolute gap compared to non-Hispanic Whites (group IM rate – White IM rate),
  - their average annual number of births (total births/# of years used), and
  - excess annual deaths (absolute gap x average annual births ÷ 1,000).

  County-level data should be used, even though service areas may not cover an entire county, given the focus of this supplement on broader structural and policy-level solutions. **Alternatively, applicants can use Appendix A and/or Appendix B to report their number of non-Hispanic Black or non-Hispanic AI/AN excess infant deaths for the counties in which their service area(s) are located (see Appendix C for the list of grantee service counties used in the calculations). Please explicitly state if you are using the data provided in the Appendices.

  Identify any known SDOH and causes believed to drive health inequity for the selected population in your HS project service area(s) county(ies). Describe currently available services and state and local resources intended to reduce infant mortality for the selected population. Discuss known barriers and challenges related to reducing the disparity in IM in your HS project service area(s) county(ies).

  Use and cite data whenever possible to support the information provided. Applicants providing their own estimates of excess death (i.e. not form the HRSA-provided table) should cite the year(s) and source(s) for their data.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Resources/Capabilities)*

  Propose methods for engaging your Healthy Start Community Action Network (CAN) and any other cross-sector state and local partners, including individuals with lived experience, to inform and develop an action plan to reduce IM disparities within the selected priority population in your HS community. In addition, describe how you will forge and sustain meaningful support from and collaboration with key stakeholders involved in the development of the action plan.

Describe your proposed approach/methodology for conducting an environmental scan or assessment to identify and prioritize underlying root causes[8] of disparities in IM in your HS community to inform your action plan. Describe how you will identify existing resources (funding, services, policies, partnerships, health equity framework, etc.) that address infant mortality disparities.

Propose a plan/methodology to use the findings from the environmental scan or assessment to develop an action plan to reduce IM disparities within the selected priority population in your HS service area. The action plan should go beyond addressing barriers to care and improving the local system of care. Instead, it should address the environmental, social, and economic conditions, and structural and systemic barriers that are contributing to disparities in IM in your HS communities. The action plan should include targeted policy and/or systems-level strategies that will reduce IM disparities among non-Hispanic Black or non-Hispanic American Indian/Alaska Native (AI/AN) infants. Also describe how you will consider, and incorporate where appropriate, any existing state and/or local efforts/plans to achieve equity in infant and maternal health.

Describe the roles of key stakeholders and staff in developing the action plan. In particular, note plans for engaging racial/ethnic minority community members and community members with lived experience at all phases of plan development.

Describe a plan for disseminating the action plan to stakeholders and partners, including community members.

Describe how you will collect data on the following process measures:

- Number of state level partners engaged in the development of the plan
- Number of county level partners engaged in the development of the plan
- Number of community level partners engaged in the development of the plan
- Number of consumers/families/community members participating in the development of the plan.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Resources/Capabilities)*

  Develop a work plan that details the activities and steps that you will use to achieve each of the required objectives in the Methodology section during the entire period of performance. Provide a timeline with dates for completing key tasks. Identify responsible staff or other parties.

[8] **Root Causes** are the underlying reasons that create the differences seen in health outcomes. They are the conditions in a community that determine whether people have access to the opportunities and resources they need to thrive. https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides/understand-and-identify-root-causes-of-inequities#/

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria 3 (Impact) and 5 (Support Requested)*

  Briefly discuss any challenges that may be encountered in implementing the activities described in your work plan and in developing the action plan for reducing IM disparities in the selected priority population. Describe approaches that you will use to resolve such challenges.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 (Support Requested)*

  Discuss the capacity of your organization to carry out the proposed project (staff, in-kind support, related projects) and to obligate funds by the end of the project period, March 31, 2022.

  Describe your organization's experience in convening and engaging cross-sector state and local partners, community members and individuals with lived experience to address infant mortality and socioeconomic factors that impact perinatal outcomes. Describe the organization's proven and successful leadership role in the development of action plans or strategic plans.

  Describe your current CAN, including: types of partner organizations, sectors represented, community members, and the racial/ethnic breakdown of membership. Indicate whether your CAN includes representatives from state or local government, program participants, community members, community-based organizations, community health centers (CHCs), private agencies or organizations (not community-based), other service providers, or other partners.

  Provide a staffing plan for the proposed project describing current experience, expertise, skills, and knowledge of staff, contractors, and partners.

ii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The current Executive Level II

salary is $199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law. The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's SF-424 Application Guide for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iii. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (3) Impact
Resolution of Challenges	(2) Response
Organizational Information	(4) Resources/Capabilities
Budget and Budget Narrative	(5) Support Requested

iv. Program-Specific Forms

Program-specific forms are not required for application.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachments 5–10: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this Notice of Funding Opportunity (NOFO). If not registered at time of award, HRSA requires the recipient to obtain a unique entity identifier (i.e., DUNS) and complete SAM registration within 30 days of the Federal award date.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not

fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *June 23, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Healthy Start Initiative: Eliminating Disparities in Perinatal Health Supplement: Action Plans for Infant Health Equity is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 8 months, at no more than $80,000 per year (inclusive of direct **and** indirect costs).

Funding restrictions placed under HRSA-19-049 apply. See most recent Notice of Award for detail.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Healthy Start Initiative: Eliminating Disparities in Perinatal Health Supplement: Action Plans for Infant Health Equity Program has five review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's INTRODUCTION and NEEDS ASSESSMENT

The extent to which the application demonstrates:

- A substantial/high number of excess annual non-Hispanic Black or non-Hispanic AI/AN infant deaths in the county(ies) in which the HS project service area(s) is located. *(5 points)*

- A comprehensive understanding and knowledge of disparities that exist in infant mortality and adverse perinatal outcomes for the target population (e.g., non-Hispanic Black infants and/or non-Hispanic AI/AN infants) in your HS project service area(s) county(ies). *(5 points)*

- Knowledge of the SDOH and causes of the disparities in infant mortality among the target population in your HS project service area(s) county(ies). *(5 points)*

- Thorough knowledge and awareness of the state,Tribal, and local resources intended to reduce infant mortality for the target population including any current and proposed infant/maternal health equity plans or frameworks. *(5 points)*

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's METHODOLOGY, WORKPLAN and RESOLUTION of CHALLENGES

The extent to which the proposed project responds to the "Purpose" included in the program description.

- The quality and reasonableness of the plan to engage the Healthy Start Community Action Network (CAN) and any other cross-sector state and local partners, including individuals with lived experience, to collaboratively develop the action plan to reduce IM disparities. *(7 points)*

- The strength and feasibility of the collaboration plan with key stakeholders involved in the development of the action plan, including those who may already be working on infant/maternal health equity efforts in a county or state. *(5 points)*

- The feasibility and strength of the proposed approach/methods to assess, identify and prioritize underlying root causes of disparities in IM in the HS community. *(7 points)*

- The strength, completeness and feasibility of the proposed plan/methodology to use findings from the scan/assessment to develop an action plan to reduce IM disparities within the selected priority population in your HS community by addressing environmental, social, and economic conditions, and/or structural (institutions and policies) or systemic barriers. *(7 points)*

- The strength and completeness of the dissemination plan to stakeholders and partners, including community members. *(5 points)*

- The strength of the plan for collecting data on the required process measures. *(3 points)*

- Sufficient identification and understanding of the possible challenges that may be encountered in implementing the activities described in the work plan and the development of the action plan for reducing IM disparities in the selected priority population, and the reasonableness of the approaches to successfully resolve identified challenges. *(6 points)*

Criterion 3: IMPACT (10 points) – Corresponds to Section IV's WORKPLAN

The extent to which the proposed project appears likely to be completed in a manner that could result in a positive public health impact. This may include, the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's ORGANIZATIONAL INFORMATION

The extent to which the organization has a fully operational CAN that is representative of the community and has a diverse set of organizations/sectors represented that can influence disparities in IM. *(5 points)*

The quality and reasonableness of staffing plan and the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. *(5 points)*

The extent to which the recipient demonstrates experience in convening and engaging cross-sector state, Tribal, and local partners, community members and individuals with lived experience to address infant mortality and socioeconomic factors that impact perinatal outcomes. *(5 points)*

The extent to which the recipient demonstrates successful leadership in the development of action plans or strategic plans. *(5 points)*

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's BUDGET and BUDGET NARRATIVE

The reasonableness of the proposed budget for the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to September 30, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

The recipient must submit a status report of their supplement activities and the action plan in their progress report narrative to HRSA during the period of performance. The status report should address the process measures indicated under *METHODOLOGY* in Section IV and the status of the action plan. Further information will be available in the award notice and the progress report instructions.

Submission of your final action plan developed through this supplement will be required by the end of the performance period (March 31, 2022).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Tonya Randall
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 594-4259
Email: trandall@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Melodye Watson, LCSW-C
Public Health Analyst, Healthy Start Branch, Division of Healthy Start and Perinatal Services
Attn: Funding Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-23
Rockville, MD 20857
Telephone: (301) 443-1607
Email: MCHBHealthyStart@hrsa.gov

Benita Baker, MS
Acting Branch Chief, Healthy Start Branch, Division of Healthy Start and Perinatal Services
Telephone: (301) 443-0543
Email: MCHBHealthyStart@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, May 26, 2021
Time: 2 - 3:30 p.m. ET
Call-in Number: 1-833-568-8864
Participant Code: 49944457
Weblink: https://hrsa-gov.zoomgov.com/j/1603692749?pwd=MnA5dXdVL1kzRUtlaWVNNU54czNKQT09
The webinar recording will be posted on the MCHB website: https://mchb.hrsa.gov/fundingopportunities/default.aspx

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in Section VII. Agency Contacts.

Appendix A: Table 1 – Annual Excess non-Hispanic Black Infant Deaths by HS Grantee Service County(ies)

Source for Excess Infant Death Calculations: National Center for Health Statistic' Linked Birth/Infant Death File, 2016-2018
Source for HS Service County(ies): Grantee reporting of service site locations and service areas by ZIP code linked to county
Suppressed if births or deaths ≤10; state-level NH White IMR substituted in cases of suppression

Grantee Name	Service State(s)	NH White Births	NH White Deaths	NH White IMR	NH Black Births	NH Black Deaths	NH Black IMR	Absolute Gap (NH Black IMR - NH White IMR)	Annual Excess NH Black Deaths (Absolute Gap x NH Black Births/1,000/3)
Access Community Health Network	IL	69,793	249	3.57	48,318	606	12.54	8.97	144
Alameda County Health Care Services Agency	CA	14,341	42	2.93	5,110	35	6.85	3.92	7
Albert Einstein College Of Medicine	NY	4,739	14	2.95	18,107	131	7.23	4.28	26
Albert Einstein Healthcare Network	PA	18,366	79	4.3	26,340	276	10.48	6.18	54
Baltimore City Healthy Start, Inc.	MD	6,385	27	4.23	14,343	168	11.71	7.48	36
BCFS Health And Human Services	TX	8,341	32	3.84	2,144	31	14.46	10.62	8
Ben Archer Health Center, Inc.	NM	2,925	20	6.84	223	Suppressed	Suppressed	Suppressed	≤1
Birmingham Healthy Start Plus Inc	AL	11,524	68	5.9	11,645	158	13.57	7.67	30
Boston Public Health Commission	MA	10,505	26	2.48	5,908	43	7.28	4.8	9
Center For Black Women's Wellness, Inc.	GA	11,928	24	2.01	19,705	201	10.2	8.19	54
Centerstone Of Indiana, Inc.	IN	8,274	62	7.49	224	Suppressed	Suppressed	Suppressed	≤1
Centerstone Of Tennessee, Inc.	TN	3,805	28	7.36	125	Suppressed	Suppressed	Suppressed	≤1
Central Mississippi Civic Improvement Association, Inc.	MS	1,800	11	6.11	7,088	65	9.17	3.06	7
Charles Drew Health Center, Inc.	NE	15,053	76	5.05	3,836	59	15.38	10.33	13
Children's Futures, Inc	NJ	4,128	Suppressed	2.61	2,856	39	13.66	11.05	11
Children's Hospital Medical Center	OH	18,266	106	5.8	10,580	168	15.88	10.08	36
Children's Service Society Of Wisconsin	WI	14,703	69	4.69	14,852	219	14.75	10.06	50
City Of New Orleans	LA	3,905	11	2.82	8,467	73	8.62	5.8	16
Clayton, County Of	GA	808	Suppressed	5.07	7,972	95	11.92	6.85	18
Cleveland Department Of Public Health	OH	21,455	95	4.43	16,540	243	14.69	10.26	57
Cobb County Board Of Health	GA	13,469	62	4.6	11,145	108	9.69	5.09	19

Colorado Non Profit Development Center	CO	41,892	144	3.44	6,999	55	7.86	4.42	10
Columbus Health Department	OH	30,122	177	5.88	17,219	222	12.89	7.01	40
Community Foundation Of Greater New Haven	CT	12,890	43	3.34	4,350	41	9.43	6.09	9
Community Health Center Of Richmond, Inc.	NY	8,558	27	3.15	1,934	15	7.76	4.61	3
Community Health Centers, Inc.	OK	19,077	110	5.77	6,577	83	12.62	6.85	15
Community Service Council Of Greater Tulsa	OK	15,333	81	5.28	4,130	77	18.64	13.36	18
Cook, County Of	IL	69,793	249	3.57	48,318	606	12.54	8.97	144
Corporation Of Mercer University, The	GA	3,645	24	6.58	2,322	19	8.18	1.6	1
County Of Fresno	CA	8,742	43	4.92	2,239	30	13.4	8.48	6
County Of Ingham, Health Department	MI	6,333	31	4.89	1,943	23	11.84	6.95	5
County Of Sedgwick	KS	13,551	95	7.01	2,605	37	14.2	7.19	6
Crescent City Family Services, Inc.	LA	6,965	40	5.74	5,455	34	6.23	0.49	1
Dallas County Hospital District	TX	25,358	90	3.55	26,086	261	10.01	6.46	56
Dc Department Of Human Services	DC	9,293	23	2.47	13,914	172	12.36	9.89	46
Delta Health Alliance, Inc.	MS	590	Suppressed	6.72	2,665	25	9.38	2.66	2
Family Road Of Greater Baton Rouge, Inc.	LA	6,038	22	3.64	9,555	143	14.97	11.33	36
Family Tree Information Education & Counseling Center	LA	14,887	73	4.9	8,401	87	10.36	5.46	15
Five Rivers Health Centers	OH	12,789	65	5.08	5,558	72	12.95	7.87	15
Fund For Public Health In New York, Inc.	NY	51,545	112	2.17	26,652	200	7.5	5.33	47
Genesee County Health Department	MI	9,339	50	5.35	4,198	54	12.86	7.51	11
Gift Of Life Foundation	AL	2,204	Suppressed	5.87	6,136	68	11.08	5.21	11
Great Plains Tribal Chairmen's Health Board	NE, ND, SD	10,446	49	4.69	166	Suppressed	Suppressed	Suppressed	≤1
Hamilton Health Center, Inc.	PA	5,463	29	5.31	2,476	31	12.52	7.21	6
Health & Hospital Corp Of Marion County	IN	19,555	118	6.03	14,136	182	12.87	6.84	32

Health Care Coalition Of Southern Oregon, Inc.	OR	5,115	29	5.67	48	Suppressed	Suppressed	Suppressed	≤1
Health, Florida Department Of	FL	16,187	74	4.57	13,678	174	12.72	8.15	37
Healthier Moms And Babies, Inc.	IN	10,695	60	5.61	2,490	35	14.06	8.45	7
Healthy Start, Inc	PA	27,005	95	3.52	7,984	99	12.4	8.88	24
Indiana Rural Health Association	IN	4,268	23	5.39	55	Suppressed	Suppressed	Suppressed	≤1
Institute For Population Health, Inc.	MI	30,029	154	5.13	31,580	459	14.53	9.4	99
Inter-Tribal Council Of Michigan, Inc. Consortium Of Michigan's Federal Tribes	MI	116,208	561	4.83	45,775	631	13.78	8.95	137
Johns Hopkins All Children's Hospital, Inc.	FL	15,443	81	5.25	4,638	46	9.92	4.67	7
Kalamazoo County Health And Community Services Department	MI	6,523	36	5.52	1,931	21	10.88	5.36	3
Laurens County Board Of Health	GA	2,704	17	6.29	1,919	32	16.68	10.39	7
Little Dixie Community Action Agency, Inc.	OK	1,670	10	5.99	239	Suppressed	Suppressed	Suppressed	≤1
Los Angeles, County Of	CA	70,106	188	2.68	26,083	228	8.74	6.06	53
Louisville/Jefferson County Metro Government	KY	16,976	90	5.3	7,913	70	8.85	3.55	9
Lucas, County Of	OH	10,061	50	4.97	4,478	64	14.29	9.32	14
Maricopa County Department Of Health	AZ	67,941	327	4.81	11,450	117	10.22	5.41	21
Maternity Care Coalition	PA	36,454	134	3.68	28,972	304	10.49	6.81	66
Missouri Bootheel Regional Consortium, Inc.	MO	3,259	21	6.44	1,018	18	17.68	11.24	4
Multnomah County Dept. Of Human Services	OR	16,682	66	3.96	2,159	23	10.65	6.69	5
Nashville & Davidson County, Metropolitan Government Of	TN	15,151	74	4.88	8,357	100	11.97	7.09	20
Nc Department Of Health & Human Services	NC	5,056	29	5.74	6,262	83	13.25	7.51	16
Newark Community Health Centers Inc	NJ	6,801	15	2.21	12,660	108	8.53	6.32	27
Northeast Florida Healthy Start Coalition	FL	18,194	104	5.72	14,287	187	13.09	7.37	35

Northern Manhattan Perinatal Partnership, Inc.	NY	23,325	40	1.71	5,891	42	7.13	5.42	11
Nurture Kc	KS, MO	17,743	93	5.24	9,752	109	11.18	5.94	19
Onondaga County Health Department	NY	10,364	47	4.53	2,961	34	11.48	6.95	7
Pee Dee Healthy Start Inc	SC	5,569	41	7.36	6,594	83	12.59	5.23	11
Philadelphia Public Health Department	PA	18,366	79	4.3	26,340	276	10.48	6.18	54
Piedmont Health Services And Sickle Cell Agency	NC	13,268	77	5.8	11,378	152	13.36	7.56	29
Prisma Health-Midlands	SC	6,719	36	5.36	9,654	84	8.7	3.34	11
Project Concern International	CA	42,708	115	2.69	6,019	43	7.14	4.45	9
Public Health Solutions	NY	19,499	55	2.82	13,310	108	8.11	5.29	23
Public Health, Georgia Department Of	GA	5,766	32	5.55	6,565	108	16.45	10.9	24
Reach Up, Inc.	FL	21,756	97	4.46	10,958	135	12.32	7.86	29
San Antonio City Department Of Finance	TX	19,313	120	6.21	5,913	61	10.32	4.11	8
SGA Youth & Family Services NFP	IL	74,622	277	3.71	49,849	628	12.6	8.89	148
Shields For Families Project Inc.	CA	70,106	188	2.68	26,083	228	8.74	6.06	53
South Carolina State Office	SC	1,032	Suppressed	5.22	2,307	32	13.87	8.65	7
Southern Illinois Healthcare Foundation	IL	5,010	31	6.19	3,816	55	14.41	8.22	10
Southern New Jersey Perinatal	NJ	8,535	27	3.16	3,760	52	13.83	10.67	13
Spectrum Health	MI	17,417	79	4.54	3,809	31	8.14	3.6	5
State Of Connecticut Department Of Public Health	CT	13,389	37	2.76	4,732	50	10.57	7.81	12
The Center For Health Equity, Inc.	FL	310	Suppressed	4.79	996	14	14.06	9.27	3
The Foundation For Delaware County	PA	10,920	39	3.57	5,417	48	8.86	5.29	10
Tougaloo College	MS	1,200	Suppressed	6.72	5,092	69	13.55	6.83	12
Tulsa City-County Health Department	OK	15,333	81	5.28	4,130	77	18.64	13.36	18
Union Hospital, Inc.	IN	4,341	40	9.21	299	Suppressed	Suppressed	Suppressed	≤1
University Of Arkansas System	AR	14,038	99	7.05	622	Suppressed	Suppressed	Suppressed	≤1
University Of Houston System	TX	48,148	201	4.17	41,534	466	11.22	7.05	98

University Of Illinois	IL	69,793	249	3.57	48,318	606	12.54	8.97	144
University Of Miami	FL	15,192	41	2.7	18,000	210	11.67	8.97	54
University Of North Carolina At Pembroke	NC	971	Suppressed	5.28	1,113	13	11.68	6.4	2
University Of North Texas Health Science Center At Fort Worth	TX	32,261	167	5.18	16,317	161	9.87	4.69	26
Urban Strategies Llc	PR	259	Suppressed	Suppressed	10	Suppressed	Suppressed	Suppressed	≤1
Virginia State Department Of Health	VA	6,631	42	6.33	9,076	116	12.78	6.45	20
Visiting Nurse Services	IA	13,953	71	5.09	2,461	26	10.56	5.47	4
West Virginia University Rsch Corp	WV	10,459	85	8.13	347	Suppressed	Suppressed	Suppressed	≤1

Appendix B: Table 2 – Annual Excess non-Hispanic AI/AN Infant Deaths by HS Grantee Service County(ies)

Source for Excess Infant Death Calculations: National Center for Health Statistic' Linked Birth/Infant Death File, 2016-2018
Source for HS Service County(ies): Grantee reporting of service site locations and service areas by ZIP code linked to county
Suppressed if births or deaths ≤10; state-level NH White IMR substituted in cases of suppression

Grantee Name	Service State(s)	NH White Births	NH White Deaths	NH White IMR	NH AI/AN Births	NH AI/AN Deaths	NH AI/AN IMR	Absolute Gap (NH AI/AN IMR - NH White IMR)	Annual Excess NH AI/AN Deaths (Absolute Gap x NH AI/AN Births/1,000/3)
Access Community Health Network	IL	69,793	249	3.57	112	Suppressed	Suppressed	Suppressed	≤1
Alameda County Health Care Services Agency	CA	14,341	42	2.93	123	Suppressed	Suppressed	Suppressed	≤1
Albert Einstein College Of Medicine	NY	4,739	14	2.95	43	Suppressed	Suppressed	Suppressed	≤1
Albert Einstein Healthcare Network	PA	18,366	79	4.3	139	Suppressed	Suppressed	Suppressed	≤1
Baltimore City Healthy Start, Inc.	MD	6,385	27	4.23	37	Suppressed	Suppressed	Suppressed	≤1
BCFS Health And Human Services	TX	8,341	32	3.84	39	Suppressed	Suppressed	Suppressed	≤1
Ben Archer Health Center, Inc.	NM	2,925	20	6.84	265	Suppressed	Suppressed	Suppressed	≤1
Birmingham Healthy Start Plus Inc	AL	11,524	68	5.9	20	Suppressed	Suppressed	Suppressed	≤1
Boston Public Health Commission	MA	10,505	26	2.48	34	Suppressed	Suppressed	Suppressed	≤1
Center For Black Women's Wellness, Inc.	GA	11,928	24	2.01	22	Suppressed	Suppressed	Suppressed	≤1
Centerstone Of Indiana, Inc.	IN	8,274	62	7.49	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Centerstone Of Tennessee, Inc.	TN	3,805	28	7.36	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Central Mississippi Civic Improvement Association, Inc.	MS	1,800	11	6.11	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Charles Drew Health Center, Inc.	NE	15,053	76	5.05	247	Suppressed	Suppressed	Suppressed	≤1
Children's Futures, Inc	NJ	4,128	Suppressed	2.61	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Children's Hospital Medical Center	OH	18,266	106	5.8	56	Suppressed	Suppressed	Suppressed	≤1
Children's Service Society Of Wisconsin	WI	14,703	69	4.69	224	Suppressed	Suppressed	Suppressed	≤1
City Of New Orleans	LA	3,905	11	2.82	12	Suppressed	Suppressed	Suppressed	≤1
Clayton, County Of	GA	808	Suppressed	5.07	10	Suppressed	Suppressed	Suppressed	≤1
Cleveland Department Of Public Health	OH	21,455	95	4.43	65	Suppressed	Suppressed	Suppressed	≤1
Cobb County Board Of Health	GA	13,469	62	4.6	39	Suppressed	Suppressed	Suppressed	≤1

Colorado Non Profit Development Center	CO	41,892	144	3.44	444	Suppressed	Suppressed	Suppressed	≤1
Columbus Health Department	OH	30,122	177	5.88	92	Suppressed	Suppressed	Suppressed	≤1
Community Foundation Of Greater New Haven	CT	12,890	43	3.34	39	Suppressed	Suppressed	Suppressed	≤1
Community Health Center Of Richmond, Inc.	NY	8,558	27	3.15	17	Suppressed	Suppressed	Suppressed	≤1
Community Health Centers, Inc.	OK	19,077	110	5.77	1,705	19	11.14	5.37	3
Community Service Council Of Greater Tulsa	OK	15,333	81	5.28	1,725	14	8.12	2.84	2
Cook, County Of	IL	69,793	249	3.57	112	Suppressed	Suppressed	Suppressed	≤1
Corporation Of Mercer University, The	GA	3,645	24	6.58	Suppressed	Suppressed	Suppressed	Suppressed	≤1
County Of Fresno	CA	8,742	43	4.92	271	Suppressed	Suppressed	Suppressed	≤1
County Of Ingham, Health Department	MI	6,333	31	4.89	21	Suppressed	Suppressed	Suppressed	≤1
County Of Sedgwick	KS	13,551	95	7.01	70	Suppressed	Suppressed	Suppressed	≤1
Crescent City Family Services, Inc.	LA	6,965	40	5.74	58	Suppressed	Suppressed	Suppressed	≤1
Dallas County Hospital District	TX	25,358	90	3.55	200	Suppressed	Suppressed	Suppressed	≤1
DC Department Of Human Services	DC	9,293	23	2.47	44	Suppressed	Suppressed	Suppressed	≤1
Delta Health Alliance, Inc.	MS	590	Suppressed	6.72	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Family Road Of Greater Baton Rouge, Inc.	LA	6,038	22	3.64	17	Suppressed	Suppressed	Suppressed	≤1
Family Tree Information Education & Counseling Center	LA	14,887	73	4.9	53	Suppressed	Suppressed	Suppressed	≤1
Five Rivers Health Centers	OH	12,789	65	5.08	57	Suppressed	Suppressed	Suppressed	≤1
Fund For Public Health In New York, Inc.	NY	51,545	112	2.17	77	Suppressed	Suppressed	Suppressed	≤1
Genesee County Health Department	MI	9,339	50	5.35	33	Suppressed	Suppressed	Suppressed	≤1
Gift Of Life Foundation	AL	2,204	Suppressed	5.87	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Great Plains Tribal Chairmen's Health Board	NE, ND, SD	10,446	49	4.69	5,083	43	8.46	3.77	6
Hamilton Health Center, Inc.	PA	5,463	29	5.31	24	Suppressed	Suppressed	Suppressed	≤1
Health & Hospital Corp Of Marion County	IN	19,555	118	6.03	59	Suppressed	Suppressed	Suppressed	≤1

Health Care Coalition Of Southern Oregon, Inc.	OR	5,115	29	5.67	98	Suppressed	Suppressed	Suppressed	≤1
Health, Florida Department Of	FL	16,187	74	4.57	34	Suppressed	Suppressed	Suppressed	≤1
Healthier Moms And Babies, Inc.	IN	10,695	60	5.61	19	Suppressed	Suppressed	Suppressed	≤1
Healthy Start, Inc	PA	27,005	95	3.52	35	Suppressed	Suppressed	Suppressed	≤1
Indiana Rural Health Association	IN	4,268	23	5.39	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Institute For Population Health, Inc.	MI	30,029	154	5.13	137	Suppressed	Suppressed	Suppressed	≤1
Inter-Tribal Council Of Michigan, Inc. Consortium Of Michigan's Federal Tribes	MI	116,208	561	4.83	1,154	Suppressed	Suppressed	Suppressed	≤1
Johns Hopkins All Children's Hospital, Inc.	FL	15,443	81	5.25	36	Suppressed	Suppressed	Suppressed	≤1
Kalamazoo County Health And Community Services Department	MI	6,523	36	5.52	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Laurens County Board Of Health	GA	2,704	17	6.29	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Little Dixie Community Action Agency, Inc.	OK	1,670	10	5.99	675	Suppressed	Suppressed	Suppressed	≤1
Los Angeles, County Of	CA	70,106	188	2.68	578	Suppressed	Suppressed	Suppressed	≤1
Louisville/Jefferson County Metro Government	KY	16,976	90	5.3	50	Suppressed	Suppressed	Suppressed	≤1
Lucas, County Of	OH	10,061	50	4.97	19	Suppressed	Suppressed	Suppressed	≤1
Maricopa County Department Of Health	AZ	67,941	327	4.81	3,481	30	8.62	3.81	4
Maternity Care Coalition	PA	36,454	134	3.68	167	Suppressed	Suppressed	Suppressed	≤1
Missouri Bootheel Regional Consortium, Inc.	MO	3,259	21	6.44	11	Suppressed	Suppressed	Suppressed	≤1
Multnomah County Dept. Of Human Services	OR	16,682	66	3.96	217	Suppressed	Suppressed	Suppressed	≤1
Nashville & Davidson County, Metropolitan Government Of	TN	15,151	74	4.88	24	Suppressed	Suppressed	Suppressed	≤1
Nc Department Of Health & Human Services	NC	5,056	29	5.74	101	Suppressed	Suppressed	Suppressed	≤1
Newark Community Health Centers Inc	NJ	6,801	15	2.21	25	Suppressed	Suppressed	Suppressed	≤1
Northeast Florida Healthy Start Coalition	FL	18,194	104	5.72	55	Suppressed	Suppressed	Suppressed	≤1

Northern Manhattan Perinatal Partnership, Inc.	NY	23,325	40	1.71	21	Suppressed	Suppressed	Suppressed	≤1
Nurture Kc	KS, MO	17,743	93	5.24	148	Suppressed	Suppressed	Suppressed	≤1
Onondaga County Health Department	NY	10,364	47	4.53	170	Suppressed	Suppressed	Suppressed	≤1
Pee Dee Healthy Start Inc	SC	5,569	41	7.36	111	Suppressed	Suppressed	Suppressed	≤1
Philadelphia Public Health Department	PA	18,366	79	4.3	139	Suppressed	Suppressed	Suppressed	≤1
Piedmont Health Services And Sickle Cell Agency	NC	13,268	77	5.8	120	Suppressed	Suppressed	Suppressed	≤1
Prisma Health-Midlands	SC	6,719	36	5.36	42	Suppressed	Suppressed	Suppressed	≤1
Project Concern International	CA	42,708	115	2.69	538	Suppressed	Suppressed	Suppressed	≤1
Public Health Solutions	NY	19,499	55	2.82	46	Suppressed	Suppressed	Suppressed	≤1
Public Health, Georgia Department Of	GA	5,766	32	5.55	19	Suppressed	Suppressed	Suppressed	≤1
Reach Up, Inc.	FL	21,756	97	4.46	50	Suppressed	Suppressed	Suppressed	≤1
San Antonio City Department Of Finance	TX	19,313	120	6.21	95	Suppressed	Suppressed	Suppressed	≤1
SGA Youth & Family Services NFP	IL	74,622	277	3.71	124	Suppressed	Suppressed	Suppressed	≤1
Shields For Families Project Inc.	CA	70,106	188	2.68	578	Suppressed	Suppressed	Suppressed	≤1
South Carolina State Office	SC	1,032	Suppressed	5.22	20	Suppressed	Suppressed	Suppressed	≤1
Southern Illinois Healthcare Foundation	IL	5,010	31	6.19	30	Suppressed	Suppressed	Suppressed	≤1
Southern New Jersey Perinatal	NJ	8,535	27	3.16	18	Suppressed	Suppressed	Suppressed	≤1
Spectrum Health	MI	17,417	79	4.54	104	Suppressed	Suppressed	Suppressed	≤1
State Of Connecticut Department Of Public Health	CT	13,389	37	2.76	29	Suppressed	Suppressed	Suppressed	≤1
The Center For Health Equity, Inc.	FL	310	Suppressed	4.79	Suppressed	Suppressed	Suppressed	Suppressed	≤1
The Foundation For Delaware County	PA	10,920	39	3.57	27	Suppressed	Suppressed	Suppressed	≤1
Tougaloo College	MS	1,200	Suppressed	6.72	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Tulsa City-County Health Department	OK	15,333	81	5.28	1,725	14	8.12	2.84	2
Union Hospital, Inc.	IN	4,341	40	9.21	Suppressed	Suppressed	Suppressed	Suppressed	≤1
University Of Arkansas System	AR	14,038	99	7.05	307	Suppressed	Suppressed	Suppressed	≤1
University Of Houston System	TX	48,148	201	4.17	224	Suppressed	Suppressed	Suppressed	≤1

University Of Illinois	IL	69,793	249	3.57	112	Suppressed	Suppressed	Suppressed	≤1
University Of Miami	FL	15,192	41	2.7	28	Suppressed	Suppressed	Suppressed	≤1
University Of North Carolina At Pembroke	NC	971	Suppressed	5.28	2,316	26	11.23	5.95	5
University Of North Texas Health Science Center At Fort Worth	TX	32,261	167	5.18	215	Suppressed	Suppressed	Suppressed	≤1
Urban Strategies LLC	PR	259	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	≤1
Virginia State Department Of Health	VA	6,631	42	6.33	61	Suppressed	Suppressed	Suppressed	≤1
Visiting Nurse Services	IA	13,953	71	5.09	51	Suppressed	Suppressed	Suppressed	≤1
West Virginia University Rsch Corp	WV	10,459	85	8.13	14	Suppressed	Suppressed	Suppressed	≤1

Appendix C: Table 3 – HS Grantees' Service Area Counties

Grantee Name	**Service State(s)**	**Counties in which the service area is located** (may not include entire county but focus is to work on broader structural determinants)
Access Community Health Network	IL	Cook County
Alameda County Health Care Services Agency	CA	Alameda County
Albert Einstein College Of Medicine	NY	Bronx County
Albert Einstein Healthcare Network	PA	Philadelphia County
Baltimore City Healthy Start, Inc.	MD	Baltimore city
BCFS Health And Human Services	TX	Taylor County, Smith County
Ben Archer Health Center, Inc.	NM	Doña Ana County, Luna County, Otero County, Sierra County
Birmingham Healthy Start Plus Inc	AL	Jefferson County
Boston Public Health Commission	MA	Suffolk County
Center For Black Women's Wellness, Inc.	GA	Fulton County
Centerstone Of Indiana, Inc.	IN	Fayette County, Henry County, Jackson County, Jefferson County, Rush County, Scott County, Union County, Wayne County
Centerstone Of Tennessee, Inc.	TN	Fentress County, Jackson County, Marshall County, Moore County, Van Buren County, Warren County, Wayne County
Central Mississippi Civic Improvement Association, Inc.	MS	Hinds County
Charles Drew Health Center, Inc.	NE	Douglas County
Children's Futures, Inc	NJ	Mercer County
Children's Hospital Medical Center	OH	Hamilton County
Children's Service Society Of Wisconsin	WI	Milwaukee County
City Of New Orleans	LA	Orleans Parish
Clayton, County Of	GA	Clayton County
Cleveland Department Of Public Health	OH	Cuyahoga County
Cobb County Board Of Health	GA	Cobb County, Douglas County
Colorado Non Profit Development Center	CO	Adams County, Arapahoe County, Denver County, Douglas County
Columbus Health Department	OH	Franklin County
Community Foundation Of Greater New Haven	CT	New Haven County
Community Health Center Of Richmond, Inc.	NY	Richmond County
Community Health Centers, Inc.	OK	Oklahoma County, Pottawatomie County

Community Service Council Of Greater Tulsa	OK	Tulsa County
Cook, County Of	IL	Cook County
Corporation Of Mercer University, The	GA	Appling County, Bulloch County, Candler County, Emanuel County, Jenkins County, Tattnall County, Toombs County
County Of Fresno	CA	Fresno County
County Of Ingham, Health Department	MI	Ingham County
County Of Sedgwick	KS	Sedgwick County
Crescent City Family Services, Inc.	LA	Jefferson Parish
Dallas County Hospital District	TX	Dallas County
Dc Department Of Human Services	DC	District of Columbia
Delta Health Alliance, Inc.	MS	Holmes County, Humphreys County, Leflore County, Yazoo County
Family Road Of Greater Baton Rouge, Inc.	LA	East Baton Rouge Parish
Family Tree Information Education & Counseling Center	LA	Acadia Parish, Evangeline Parish, Iberia Parish, Lafayette Parish, St. Landry Parish, St. Martin Parish, Vermilion Parish
Five Rivers Health Centers	OH	Montgomery County
Fund For Public Health In New York, Inc.	NY	Kings County
Genesee County Health Department	MI	Genesee County
Gift Of Life Foundation	AL	Montgomery County
Great Plains Tribal Chairmen's Health Board	NE, ND, SD	NE: Dawes and Sheridan; ND: Adams, Benson, Eddy, Emmons, Grant, Morton, Nelson, Ramsey, Richland, Rolette, Sargent, and Sioux; SD: Bennett, Brule, Buffalo, Campbell, Codington, Corson, Custer, Day, Dewey, Fall River, Grant, Haakon, Hand, Hughes, Hyde, Jackson, Marshall, Meade, Oglala-Lakota, Pennington, Perkins, Potter, Roberts, Sully, Walworth, and Ziebach.
Hamilton Health Center, Inc.	PA	Dauphin County
Health & Hospital Corp Of Marion County	IN	Marion County
Health Care Coalition Of Southern Oregon, Inc.	OR	Douglas County, Josephine County
Health, Florida Department Of	FL	Orange County
Healthier Moms And Babies, Inc.	IN	Allen County
Healthy Start, Inc	PA	Allegheny County
Indiana Rural Health Association	IN	Daviess County, Dubois County, Greene County, Martin County
Institute For Population Health, Inc.	MI	Wayne County
Inter-Tribal Council Of Michigan, Inc. Consortium Of Michigan's Federal Tribes	MI	Alcona County, Allegan County, Alpena County, Antrim County, Baraga County, Barry County, Benzie County, Berrien County, Calhoun County, Cass County, Charlevoix County, Cheboygan County, Chippewa County, Delta County, Emmet County, Grand Traverse County, Iosco County, Isabella County, Leelanau County,

		Luce County, Mackinac County, Macomb County, Manistee County, Menominee County, Midland County, Montmorency County, Oakland County, Otsego County, Ottawa County, Presque Isle County, Schoolcraft County, Van Buren County, Wayne County
Johns Hopkins All Children's Hospital, Inc.	FL	Pinellas County
Kalamazoo County Health And Community Services Department	MI	Kalamazoo County
Laurens County Board Of Health	GA	Bleckley County, Dodge County, Johnson County, Laurens County, Montgomery County, Pulaski County, Telfair County, Treutlen County, Wheeler County, Wilcox County
Little Dixie Community Action Agency, Inc.	OK	Atoka County, Choctaw County, McCurtain County, Pushmataha County
Los Angeles, County Of	CA	Los Angeles County
Louisville/Jefferson County Metro Government	KY	Jefferson County
Lucas, County Of	OH	Lucas County
Maricopa County Department Of Health	AZ	Maricopa County
Maternity Care Coalition	PA	Philadelphia County, Montgomery County
Missouri Bootheel Regional Consortium, Inc.	MO	Dunklin County, Mississippi County, New Madrid County, Pemiscot County, Scott County
Multnomah County Dept. Of Human Services	OR	Multnomah County
Nashville & Davidson County, Metropolitan Government Of	TN	Davidson County
NC Department Of Health & Human Services	NC	Edgecombe County, Halifax County, Nash County, Pitt County
Newark Community Health Centers Inc	NJ	Essex County
Northeast Florida Healthy Start Coalition	FL	Duval County
Northern Manhattan Perinatal Partnership, Inc.	NY	New York County
Nurture Kc	KS, MO	Wyandotte County, KS; Jackson County, MO
Onondaga County Health Department	NY	Onondaga County
Pee Dee Healthy Start Inc	SC	Chesterfield County, Darlington County, Dillon County, Florence County, Marion County, Marlboro County, Williamsburg County
Philadelphia Public Health Department	PA	Philadelphia County
Piedmont Health Services And Sickle Cell Agency	NC	Forsyth County, Guilford County
Prisma Health-Midlands	SC	Richland County, Sumter County
Project Concern International	CA	San Diego County
Public Health Solutions	NY	Queens County
Public Health, Georgia Department Of	GA	Muscogee County, Brooks County, Echols County, Lowndes County
Reach Up, Inc.	FL	Hillsborough County

San Antonio City Department Of Finance	TX	Bexar County
Sga Youth & Family Services Nfp	IL	Cook County, Sangamon County
Shields For Families Project Inc.	CA	Los Angeles County
South Carolina State Office	SC	Allendale County, Bamberg County, Orangeburg County
Southern Illinois Healthcare Foundation	IL	St. Clair County
Southern New Jersey Perinatal	NJ	Camden County
Spectrum Health	MI	Kent County
State Of Connecticut Department Of Public Health	CT	Hartford County
The Center For Health Equity, Inc.	FL	Gadsden County
The Foundation For Delaware County	PA	Delaware County
Tougaloo College	MS	Bolivar County, Coahoma County, Quitman County, Sunflower County, Tallahatchie County, Tunica County, Washington County
Tulsa City-County Health Department	OK	Tulsa County
Union Hospital, Inc.	IN	Fountain County, Parke County, Vigo County
University Of Arkansas System	AR	Benton County, Carroll County, Madison County, Washington County
University Of Houston System	TX	Harris County
University Of Illinois	IL	Cook County
University Of Miami	FL	Miami-Dade County
University Of North Carolina At Pembroke	NC	Robeson County
University Of North Texas Health Science Center At Fort Worth	TX	Tarrant County
Urban Strategies Llc	PR	Ciales, Jayuya, Ponce, Juana Diaz, Santa Isabel, Salinas, Guayama, Arroyo
Virginia State Department Of Health	VA	Norfolk city, Portsmouth city, Petersburg city, Hopewell city
VISITING NURSE SERVICES	IA	Polk County
West Virginia University Rsch Corp	WV	Barbour County, Harrison County, Lewis County, Marion County, Monongalia County, Preston County, Randolph County, Taylor County, Upshur County

Appendix D: Resources

AMCHP Infant Mortality Toolkit
http://www.amchp.org/programsandtopics/data-assessment/InfantMortalityToolkit/Documents/Framework%20for%20IM%20Assessment.pdf

Bay Area Regional Health Inequities Initiative (BARHII) Framework for Reducing Health Inequities
https://www.barhii.org/barhii-framework

County Health Rankings & Roadmaps Action Learning Guide: Understand and Identify Root Causes of Inequities
https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides/understand-and-identify-root-causes-of-inequities#/1/0

National Academies of Sciences, Engineering, and Medicine Report: Communities in Action-Pathways to Health Equity
https://www.nationalacademies.org/news/2017/01/new-report-identifies-root-causes-of-health-inequity-in-the-us-outlines-solutions-for-communities-to-advance-health-equity

Racism as a Root Cause Approach: A New Framework
https://pediatrics.aappublications.org/content/147/1/e2020015602