CityMatCH with funding from The W.K. Kellogg Foundation is pleased to introduce The Institute for Equity in Birth Outcomes, a high-visibility, national movement of urban communities instilling a scientific focus on public health strategies to reduce inequities in birth outcomes. Approaches will be data-driven and their impact thoroughly evaluated, with results of local initiatives and impact of the Equity Institute broadly disseminated.

**BACKGROUND**

Inequities in birth outcomes have persisted far too long in this country. While many cities have improved their overall birth outcomes, few have measurably reduced disparities, much less eliminated them. One reason for this is that science has not produced all the needed answers. Though many public health programs are in place, very few have risen to the level of evidence-based practices, and few of those have been proven to reduce inequities.

CityMatCH developed the Institute for Equity in Birth Outcomes to bring a scientific focus to public health strategies needed to eliminate birth outcome inequities. Each initiative implemented and evaluated under the auspices of the Equity Institute will be designed for a dual purpose (1) to address inequities in birth outcomes, and, (2) over time, to add significantly to the menu of evidence-based practices, programs, and policies for improving equity in birth outcomes.

**KEY FEATURES**

The Institute for Equity in Birth Outcomes is a 3-year collaborative of local public health departments (LHDs) and their multi-sector, community partners. The Equity Institute will help maximize, leverage, and accelerate the transfer and application of science to practice. Additionally, the Equity Institute will assist LHDs and their stakeholders in developing plans, tools, and strategies for implementing non-clinical or a combination of clinical and non-clinical interventions into practice.

The Equity Institute will provide in-person, Equity Institute Trainings (EITs) as well as distance-based trainings, one-to-one technical assistance and site visits to ensure that teams gain both knowledge and skills needed for success. Over the course of the teams’ two-year participation, local teams will select, implement and evaluate initiatives to (1) improve birth outcomes in vulnerable populations (e.g., racial, ethnic, socioeconomic, etc.) in their health department jurisdictions, and (2) improve the evidence-base needed to eliminate disparities in birth outcomes.

Initiatives will be:

- Selected by participating teams with guidance from CityMatCH and national experts
- Based on the best available evidence/promising practices
The Equity Institute and its teams will produce, document, and disseminate tangible products, such as an Equity Institute curriculum, local analyses and assessments, guides for dissemination/uptake, replicable programs, formal evaluations, and policy changes. Efforts will be aimed at producing measurable improvements in local inequities in “birth outcomes” (e.g., infant mortality, early preterm birth, very low birthweight and/or morbidity) or known drivers of inequities.

A high-visibility Equity Institute Summit hosted by CityMatCH and the W.K. Kellogg Foundation will annually showcase results and impacts to the broader field of maternal and child health.

**CURRICULUM**

The curriculum will be delivered over a two year period. The basic curriculum will cover the following content areas:

- **Race, Racism and Birth Outcomes in the U.S.**
  - Race and racism and impacts on birth outcomes
  - The epidemiology of feto-infant mortality, preterm birth, and disparities in outcomes
  - Overview of the existing evidence base
  - Assessing the quality of evidence

- **Leadership and Collaboration**
  - Evidence-based public health
  - Principles of translational leadership and the facilitation of multi-sector collaborative efforts
  - Talking about race and racism, ethnic biases, historical trauma, etc.

- **Assessment and Evaluation**
  - Assessment of community needs
  - Evaluation of practices, programs, and policies
  - Evaluating impact with adjustment for context

Teams will receive individualized technical assistance to supplement the curriculum in areas specific to their chosen initiatives.

**TIMELINE**

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<tr>
<th>Event</th>
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<tr>
<td>Information Call</td>
<td>February 7, 2013 at 12:00pm Eastern</td>
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<td>Applications Due</td>
<td>March 1, 2013</td>
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<tr>
<td>Teams Announced</td>
<td>March 8, 2013</td>
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<td>Orientation Call</td>
<td>Last week of March, 2013 (Exact date TBD)</td>
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<td>First Equity Institute Training (EIT)</td>
<td>April 22-25, 2013 (Exact dates and location TBD)</td>
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<td>Second EIT</td>
<td>January, 2014 (Exact dates and location TBD)</td>
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**INITIATIVES**

During the Equity Institute, teams will select one or more existing evidence-based initiative(s)/program(s) or follow a data-driven approach to develop an innovative practice. All initiatives must be directly aimed at a local birth outcome inequity. Any vulnerable population which has at least a two-fold disparity with respect to a comparison group can be addressed under the Equity Institute.

Eligible initiatives are expected to accomplish at least one of the following:
1. Produce direct, measurable improvements in local inequities in birth outcomes or known drivers of inequities (e.g., decreases in the preterm birth rate, increase in supine sleep, etc.);
2. Improve the evidence-base for an existing strategy or practice that has potential to decrease birth outcome inequities;
3. Develop and evaluate a new or existing strategy or practice with potential to decrease birth outcome inequities;
4. Change local or state policies known to drive inequities in birth outcomes or create new policy known to reduce those inequities.

**ELIGIBILITY**

The Equity Institute is designed for teams from CityMatCH member communities with urban/suburban populations. Teams will apply to participate in the Equity Institute with admittance based on criteria such as need (i.e., magnitude of local birth outcome inequities and size of population affected), appropriate team composition, and capacity/readiness to take on the work.

At a minimum, teams must have a core leadership committee made up of:
- One local health department leader (either the CityMatCH representative or their designee)
- One leader from a community-based organization, and
- One leader from a non-health sector (e.g., education, law enforcement, social services, city planning, housing, etc.)

Full teams should include or have access to people with skills in: data analysis and/or epidemiology; programmatic design, implementation, and evaluation; policy development; disparities; and local feto-infant mortality issues.

Eligible teams will be conveners of, or actively involved in, an existing, functional, local collaborative (e.g., community task force or broad-based stakeholder group with regular meetings) that includes community members.

Finally, eligible teams will include all partners who are critical to the success of their initiatives and will have access to relevant sources of local data and trained analytic personnel with time allocated to support the initiative. Teams are strongly encouraged to include at least one “community member” (based on the inequity being addressed) on their travel teams.
RESPONSIBILITIES OF PARTICIPANTS

Participating teams agree to:
1. Establish and nurture diverse partnerships, across silos, including non-traditional partners
2. Demonstrate willingness to engage in the difficult conversations necessary to address inequities (e.g., racism, historical trauma, socioeconomic biases, etc.)
3. Provide travel support for one team member to attend each EIT
4. Develop and implement an innovative initiative directly aimed at a local birth outcome inequity
5. Create a plan for sustaining efforts
6. Contribute to the development and adaptation of materials and best practices
7. Share results from Equity Institute work with other participating teams and national, state, and local entities
8. Participate fully in sponsored Equity Institute activities
9. Engage in this work with passion, flexibility, courage, and optimism

BENEFITS OF PARTICIPATION

Participating teams will receive:
1. **Equity Institute Curriculum.** A curriculum developed specifically for the Equity Institute will be delivered to enrolled teams by CityMatCH staff, expert national faculty, and guest speakers.
2. **Technical Assistance.** Technical assistance (TA) will be specific to the team’s local initiative, and tailored to the team’s individual needs. The primary purpose of TA is to ensure scientifically sound initiative selection, implementation, evaluation, and dissemination.
   o Initially, TA will assure the team conducts a thorough needs assessment and follows a data-driven process for initiative selection, including the use of evidence-based programs when available.
   o After selecting an initiative, each team will be matched with a TA mentor with pertinent content expertise from among the Equity Institute faculty. Throughout the process, the mentor will help the team think through challenging issues, problem solving to achieve goals.
   o As need arises, the mentor will provide information and/or connect the team with additional experts, including the Equity Institute’s evaluation consultant, to assure team access to the knowledge and skills needed to function optimally.
3. **Collaboration.** A forum to network, share ideas and problem solve with colleagues nationwide working on similar issues.
4. **Evaluation Support.** The Equity Institute will partner with outside evaluators to assess the local impact of each team’s initiative.
5. **Travel support for EITs and site visits.** Travel support will be provided for three team members to attend onsite meetings of the Equity Institute. In addition, a minimum of one site visit will be made per year from Equity Institute staff and experts to promote and tailor the work for each participating community.
6. **CityMatCH Expertise.** Teams will have full access to CityMatCH resources and tools such as leadership development, the Perinatal Periods of Risk (PPOR) approach, concept mapping, and assistance with epidemiologic analysis, community needs assessments, health improvement planning, and strategic planning.
Your Equity Institute application requires the following four components:

1. **Statement of Need (3 page limit).** Please describe the need for your community to reduce local birth outcome inequities. Make sure to include assessment and other relevant data that supports your need (state and/or local level data, if available).

2. **Capacity and Readiness (4 page limit).** The following elements address your team’s capacity, collaborative skills, and initial thoughts on how to address the specific birth outcome inequities described in the previous section.
   
   **Capacity and Collaboration:**
   - Explain the specific assets/capacity of your team as a whole to address your birth outcome inequities, including resources your community has (e.g., funding, talents, time, etc.) to sustain this work both during the Institute and following its completion in 2015.
   - Describe any recent and on-going efforts or pending opportunities to reduce birth inequities in your community, especially those from organizations represented on your team.
   - Describe how your team members have collaborated on previous projects.

   **Potential Approach:**
   - Please identify and describe one or more initiatives your team may select or create to reduce inequities in birth outcomes in your community. (Note: the institute would assist you in finalizing the selection and design of your initiative.)

3. **Team Roster, Roles and Responsibilities (3 page limit).** Please complete the spreadsheet (Appendix A) detailing the contact information of each team member, their expertise relevant to your team’s proposed work, and their role(s) and responsibility(s) on the team. Please clearly indicate the people who will serve as your two team co-leads and main points of contact for the project.

4. **Letters of Commitment.** Please provide a letter from the convening organization and the team co-leads (complete with electronic signatures) detailing your commitment to reducing birth inequities. Additional letters of commitment from other team members’ organizations are also encouraged.

Please submit all required application materials electronically to Denise Pecha denise.pecha@unmc.edu. The full application, which should not exceed 15 pages in length (including appendices) must be received by 5:00pm Eastern on March 1, 2013. You will receive an email confirmation within 48 hours of receipt of your application.

If you have any questions, or do not receive a confirmation, please contact Denise Pecha.
### Appendix A. Equity Institute Team Composition Spreadsheet

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<tr>
<th>Name &amp; Title</th>
<th>Contact Information</th>
<th>Relevant Expertise</th>
<th>Role(s) &amp; Responsibility(s) on the Team</th>
<th>Travel/Non-travel Team</th>
<th>Team Co-lead (Yes/No)</th>
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Appendix B. Equity Institute Application Review Criteria

REVIEW CRITERIA
The following criteria will be used to score applications. Final selections will also be based on other factors, such as creating a compatible cohort.

1. **Statement of Need (30%)**: The extent to which the application describes the local need to reduce birth outcome inequities and includes assessment and other relevant data that support the need.

2. **Capacity and Readiness (30%)**: The extent to which the application demonstrates the necessary capacity and collaborative skills to reduce local birth outcome inequities.
   a) The extent to which the applicant describes the team’s current level of collaboration, and demonstrates their readiness and ability to address local birth outcome inequities.
   b) The extent to which the applicant identifies related efforts, assets and resources (time, talent, funding and people) available to them and their community.
   c) The extent to which the applicant identifies and describes potential initiatives to reduce local disparities in birth outcomes.

3. **Team Roster, Roles and Responsibilities (30%)**: The composition of the team meets eligibility requirements and is appropriate to the scope of the Equity Institute.
   a) The extent to which the applicant demonstrates appropriate organizational representation and identifies two co-leads.
   b) The extent to which the applicant adequately engages diverse partners, relevant to their identified birth outcome inequities.
   c) The extent to which members have expertise in the required areas.

4. **Letters of Commitment (10%)**: The letters of commitment convey the organizational and team commitment to pursue new strategies to reduce birth outcome inequities.