

Hello,

We have a few items for our Friday Update this week. Please make sure you peruse the attachments as there are grant application, conference, and free training resource opportunities in addition to current information on the measles outbreak and marijuana use among women. Happy Friday! Becky

#### Success Story

WIC staff loaned an electric breast pump to a mother who adopted an infant. The mother was able to establish lactation and was ultimately able to breastfeed her baby.

#### Immunization and Measles Outbreak:

We encourage all State agencies to continue partnering with State and local immunization programs to coordinate efforts to ensure that WIC children receive timely immunizations, and that parents and caregivers receive appropriate information about preventable diseases such as measles. To that, updated CDC resources have been added to the immunization resources page on the WIC Works Resource System at: <http://wicworks.nal.usda.gov/topics-z/immunizations>. Please see attached memo from the USDA for more information about WIC's role in reviewing children's immunization's status and making the necessary referrals, when appropriate.

#### Vendor Management Update:

The Vendor Management Unit is pleased to announce that we've hired John King as our new Assistant Vendor Coordinator. John's primary responsibilities will include routine vendor monitoring, compliance investigations, price surveys, data management, complaints, training, and special projects. John has most recently worked in compliance with U.S. Department of Transportation regulations, recruitment and training of staff, and customer and vendor relations for Holland America-Princess-Alaska-Yukon. John has a bachelor's degree in Physical Geography, with a minor in Geographical Information Systems, and has also worked in clean water and community involvement projects. During his student years, John worked for a large grocery retailer and is familiar with WIC from the perspective of grocery stocking and transactions at the cash register.



#### **SPIRIT Information:**

⇒The results for the "Participation vs Enrollment Monthly" report, CLD029, will be accurate now.

The EOM process was rerun and the error was corrected.

It looks as if the FBF Infants data was the only item affected, but it would be wise to re-run your January reports.

Thanks for you for letting us know about this error so promptly!

#### **SPIRIT Help Desk Info:**

Send all questions, issues and errors to the WIC SPIRIT Helpdesk at [wicpsirithelpdesk@alaska.gov](mailto:wicpsirithelpdesk@alaska.gov) or phone them at 907-334-4900.

Safe Sleep campaign: <https://www.nichd.nih.gov/sts/Pages/default.aspx>.

Public Health Safe Sleep presentation at: <https://dhss.adobeconnect.com/p8lup2xbf8h/>.

The last in a series of “Influential Clinic Assessments”- part 5 “WIC Services” looks at the attitude and approach staff have towards clients. Use the tool to assess your WIC clinic services, give meaningful feedback to staff and find opportunities to improve your WIC services.

#### REMINDER

Inventories are due! Annually WIC inventories are due in February. GEMS doesn't have the task established for the inventory in February, but it will be set up for March this year. Please start working on your February inventories now so in March you will be prepared to upload them. Inventories should include all your computer equipment, Hemocue & Pronto machines, and breast pumps. Any equipment or furniture with a purchase price of \$1,000 or more needs to be included as well. Please contact Dana Kent at 465-5322 or [dana.kent@alaska.gov](mailto:dana.kent@alaska.gov) with any questions or concerns.

FREE Social Media training (see attachment) Monday, March 2 at 10:30am Alaska time. Sign up today!

#### Public Health in Alaska- Marijuana

Personal recreational marijuana is now legal in Alaska. Get the facts about marijuana

at: <http://www.dhss.alaska.gov/dph/Director/Pages/marijuana/default.aspx>. See attached Epi bulletin- Marijuana Use among Women Delivering Live Births in Alaska. 2002-2011.

#### Free Resources on New Full-Term Pregnancy Definition

Order free educational materials developed by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) and National Child and Maternal Health Education Program (NCMHEP) members.

<https://www.nichd.nih.gov/ncmhep/terms/ordermaterials/Pages/index.aspx>

Questions, please contact the NICHD Information Resource Center toll free at 1-800-370-2943 or by email at [NICHDInformationResourceCenter@mail.nih.gov](mailto:NICHDInformationResourceCenter@mail.nih.gov).

#### Conference Opportunity:

“Mothers, Infants & Families with Substance Dependence: Advances & Challenges,” April 15<sup>th</sup> and 16<sup>th</sup> - See registration and informational attachments for additional information.

The March of Dimes has a Request for Proposals available now. See attachment for details.

*Breastfeeding doesn't leave a carbon handprint...just healthy lean tomorrows.*





Department of Health and Social Services  
Valerie J. Davidson, Commissioner

3601 C Street, Suite 540  
Anchorage, Alaska 99503

<http://www.epi.alaska.gov>

Division of Public Health  
Jay C. Butler, MD, Chief Medical Officer  
and Director  
Local (907) 269-8000  
24 Hour Emergency (800) 478-0084

Editors:  
Joe McLaughlin, MD, MPH  
Louisa Castrodale, DVM, MPH

Bulletin No. 5 February 24, 2015

## Marijuana Use among Women Delivering Live Births in Alaska, 2002–2011

### Background

In November 2014, Alaska voters approved an initiative legalizing recreational marijuana use. Medical marijuana has been legal in Alaska since 1998. Limited research on women of childbearing age indicates higher marijuana use among younger, less educated, and lower income women.<sup>1,2</sup> This analysis summarizes self-reported marijuana use among Alaska women who delivered a live birth during 2002–2011.

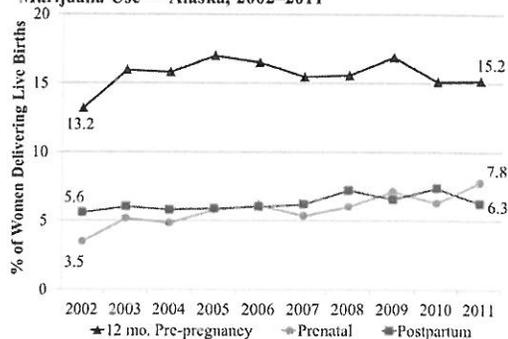
### Methods

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based, randomized survey completed by about 18% of mothers delivering a live-born infant in Alaska. The PRAMS survey asks women about their history of smoking marijuana or hash during three specific time periods: during the 12 months before pregnancy, during the most recent pregnancy (i.e., prenatal exposure), and since the mother's most recent baby was born. On average, women respond (either by mail or phone) 3.9 months postpartum (range: 2–9 months).

### Results

During 2002–2011, marijuana use during the 12 months prior to pregnancy was reported by over 15% of Alaska women every year except for 2002, and was consistently close to double that of prenatal (7.8%) or postpartum (6.3%) use. Over the 10-year analysis window, marijuana use during pregnancy significantly increased ( $p < 0.01$ ), while no significant change in pre-pregnancy or postpartum use occurred (Figure).

Figure. Pre-Pregnancy, Prenatal, and Postpartum Marijuana Use — Alaska, 2002–2011



During 2009–2011, marijuana use during all three time periods around pregnancy decreased with increasing maternal age; teenage mothers (aged <20 years) reported proportionally more use during any time period. Residents of the Northern and Southeast regions of the state reported higher marijuana use both prenatally and any use around pregnancy. Alaska Native women's prenatal marijuana use (11.0%) was nearly double that of white women (5.8%) and those of other race (5.6%;  $p < 0.01$ ). Women whose prenatal care was at least partially covered by Medicaid were 3.6 times as likely to report marijuana use during pregnancy than non-Medicaid covered women ( $p < 0.01$ ; Table).

### Discussion

Even prior to legalization, prenatal marijuana use in some Alaska populations was almost as high as prenatal cigarette use.<sup>3</sup> At 7.1%, the overall prevalence of prenatal marijuana use was nearly three times as high as reported in a similar study; Hawaii cited 2.6% prenatal marijuana use using similar PRAMS methodology and years (2009–2011).<sup>2</sup>

Table. Marijuana Use, Alaska, 2009–2011

	% Used During Pregnancy	% Used Overall*
<b>Overall</b>	7.1	16.6
<b>Maternal Age</b>		
<20 years	13.2	33.2
20–24 years	10.6	23.7
25–34 years	4.9	11.5
35+ years	3.8	10.6
<b>Maternal Race</b>		
White	5.8	13.7
Alaska Native	11.0	25.7
Other	5.6	13.0
<b>Maternal Region</b>		
Anchorage/ Mat-Su	6.1	13.7
Gulf Coast	7.6	18.1
Interior	5.5	14.7
Northern	14.0	29.8
Southeast	13.8	28.3
Southwest	5.5	19.8
<b>Prenatal Medicaid</b>		
No	3.2	9.0
Yes	11.4	25.3

\* 12 mos. pre-pregnancy, during pregnancy, or postpartum

In Alaska, marijuana use before and during pregnancy was more common among younger women. Prenatal use among Alaska Native women and residents of the Northern and Southeast regions was nearly twice that of their comparison groups. It should be noted, however, that an important limitation of PRAMS is that it is based on self-reported data.

The active compound of cannabis, THC, passes freely through the placental barrier. Current studies indicate that prenatal cannabis exposure is associated with an increased risk of neurobehavioral problems in offspring, including issues with attention, memory, and problem solving.<sup>4,5</sup> Additional studies are needed to determine the health impacts associated with marijuana use around the time of pregnancy.

### Recommendations

1. Health care providers should counsel women who report using marijuana and plan to become pregnant of the potential harmful effects of marijuana on the fetus (see: [http://here.doh.wa.gov/materials/guidelines-substance-abuse-pregnancy/13\\_PregSubs\\_E14L.pdf](http://here.doh.wa.gov/materials/guidelines-substance-abuse-pregnancy/13_PregSubs_E14L.pdf)).
2. Screen women of childbearing age for substance use and for pregnancy intention to support contraceptive needs to reduce exposure risk to an unplanned pregnancy (see: [http://www.integration.samhsa.gov/clinical-practice/sbirt/Brief\\_Intervention-ASSIST.pdf](http://www.integration.samhsa.gov/clinical-practice/sbirt/Brief_Intervention-ASSIST.pdf)).
3. For more facts about the health effects of marijuana, see: <http://www.dhss.alaska.gov/dph/Director/Pages/marijuana/default.aspx>

### References

1. Van Gelder MM, Reefhuis J, Caton AR, et al. Maternal periconceptional illicit drug use and the risk of congenital malformations. *Epidemiology* 2009;20(1):60–66.
2. Roberson EK, Patrick WK, Hurwitz EL. Marijuana Use and Maternal experiences of severe nausea during pregnancy in Hawai'i. *Hawaii J Med Pub Health* 2014;73(9):283–87.
3. Newby-Kew AJ, et al. Alaska Maternal and Child Health Data Book 2014: Life Course Edition. Alaska Dept of HSS, p. 35. Available at: <http://dhss.alaska.gov/dph/wcf/iv/Pages/mchepi/mchdatabook/2014.aspx>
4. Huizink AC. Prenatal cannabis exposure and infant outcomes. *Prog Neuropsychopharmacol Biol Psychiatry* 2014;52:45–52.
5. Trezza V, et al. Cannabis and the developing brain: insights from behavior. *Eur J Pharmacol* 2008;585(2–3):441–52.

## Influential Clinic Assessment

### WIC SERVICES

#### Target:

The attitude and approach staff have toward clients may be as important as the quality of the services clients receive. Do their actions speak warmth and acceptance or something else?

#### Activity:

From the waiting room, observe services at the front desk. How are clients greeted? How would you feel if you were a client? Observe certification and nutrition education services. What do you notice about the way clients are treated?

#### Assessment:

Rate the likelihood or frequency of each of the following statements for your clinic.

a. Staff are skilled in providing client centered services

0            1            2            3            4

b. Clinic policies encourage flexibility (accept walk-ins, no late policy, call no shows)

0            1            2            3            4

c. Clinic is open during the lunch hour

0            1            2            3            4

d. Clinic hours expand beyond the standard workday/workweek (Open Saturdays and evenings)

0            1            2            3            4

e. Staff speak positively and supportively of clients when "behind the scenes"

0            1            2            3            4

f. Clients have a way to give feedback or make comments about services

0            1            2            3            4

g. Staff works as a team

0            1            2            3            4

h. It's clear clients like our staff and we like our clients

0            1            2            3            4

i. Client satisfaction is clearly our first priority

0            1            2            3            4

**Improvement Goals:**

Use your Assessment results to identify goals for making WIC services better for clients.

1. Describe your agency strengths in this area.
  
2. Describe the ways in which your agency can improve.
  
3. What will your agency do to improve in this area? Set a goal to improve. Include a completion date and plan to reach your goal.
  
4. What resources and support does your agency need to reach your goal?



**From:** [Cara Durr](#)  
**Subject:** Social Media Training  
**Date:** Tuesday, February 24, 2015 9:14:19 AM  
**Attachments:** [image001.gif](#)

---

I got a lot of great feedback on the last two whitepapers focusing on social media and online presence, so I thought that people might be interested in this “Social Media 101 for Nonprofits” webinar. You can register below if you’re interested!

Cara Durr  
Manager | Alaska Food Coalition  
c/o Food Bank of Alaska  
2121 Spar Avenue | Anchorage, AK 99501  
Phone: 907.222.3103  
Fax: 907.277.7368  
Email: [afc@foodbankofalaska.org](mailto:afc@foodbankofalaska.org)  
[www.alaskafood.org](http://www.alaskafood.org)



---

**From:** The Hub [mailto:[randy.hawthorne@nonprofithub.org](mailto:randy.hawthorne@nonprofithub.org)]  
**Sent:** Tuesday, February 24, 2015 8:54 AM  
**To:** Cara Durr  
**Subject:** [Nonprofit Hub] Still Trying to Understand Social Media? Our Webinar Will Help

[View online](#)

Share This:

CAUSE CAMP 2015. 15 GAME CHANGING PRESENTATIONS. 1 MIND BLOWING DAY. [REGISTER NOW](#)

Nonprofit Hub



## Social Media 101 for Nonprofits

### FREE Educational Event

Monday, March 2, 2015  
2:30–3:30 p.m. ET

In this educational session, you will learn how to increase your constituency base and donations to your organization by using social media tools. Join Jay in this free webinar to discover:

- The role your website plays as the foundation of your online efforts.
- 3 keys to becoming a thought leader.



### About the Presenter

#### Jay Wilkinson

*Founder | CEO*

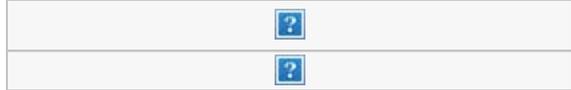
Firespring

Jay Wilkinson is a lifelong entrepreneur and longtime business owner. He sits on the board of several nonprofits and is an avid supporter of programs that provide leadership and enrichment programs for

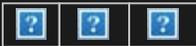
- How to use Facebook to create awareness for your organization.
- How nonprofits are using Twitter for the greater good.
- Why nonprofits should be LinkedIn.
- Power tips.



America's youth. He speaks regularly on the topic of nonprofits and the web throughout the United States. He has appeared on CNN and other news outlets discussing how emerging technologies are shaping our future and is considered a leading authority on the impact of marketing on the web for nonprofits.



*Presented by:*



[CONTACT US](#)

© Nonprofit Hub

Nonprofit Hub  
1201 Infinity Court | Lincoln, NE 68512

[update subscription preferences](#)



## REGISTRATION

Name \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
(Conference updates will be sent to your email address.)

Would you like your email address to appear on the participant list?

Yes  No

## PROFESSIONAL PROFILE

Physician (specialty) \_\_\_\_\_  Social Worker  
 Nurse (specialty) \_\_\_\_\_  Parent  
 Other \_\_\_\_\_  Midwife

## CHOOSE ONE LEVEL OF REGISTRATION

Conference Fee	Early Bird (March 25)	Late Registration and Walk-Ins
Participants	\$175	\$200
Alaska Regional Employees	\$125	\$140

## REGISTRATION BY MAIL

Enclosed is a check payable to Alaska Regional Hospital in the amount of \$ \_\_\_\_\_  
 Amount to charge \$ \_\_\_\_\_  Visa  MasterCard  AMEX  Discover  
Exp. Date \_\_\_\_\_ Card Number \_\_\_\_\_ Security Code \_\_\_\_\_  
Card Holder Name (as it appears on the card) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRINT THIS FORM AND SUBMIT WITH PAYMENT

Whether you pay with check, credit card, or debit card, you must complete this form and submit it with payment to:

Alaska Regional Hospital  
Attention: Administration  
2825 DeBarr Road  
Anchorage, AK 99508

## REGISTRATION BY PHONE

Payment by phone is for credit and debit cards only. Call (907) 264-1888 between 8 a.m. and 4:30 p.m. Voicemail messages will be returned on the next business day. Registration forms may also be faxed to (907) 264-1143.

## FEATURED EVENTS

All registrants are invited to attend the following events. Although there is no charge for these events, please RSVP.

Welcome Reception Wednesday, April 15 4:30 - 5:30 p.m.

Attending  Not Attending

Film & Discussion Wednesday, April 15 5:30 - 7 p.m.

"Moment to Moment: Teens Growing Up With FASDs"

Attending  Not Attending

## INFORMATION

Call Alaska Regional Hospital Administration at (907) 264-1888.



United States  
Department of  
Agriculture

FEB 24 2015

Food and  
Nutrition  
Service

3101 Park  
Center Drive

Alexandria, VA  
22302-1500

Dear WIC State Agency Director:

As part of our partnership with the Centers for Disease Control and Prevention (CDC) to coordinate immunization promotion efforts in WIC, I am sending you updated information to help increase awareness about measles among the WIC staff and participants.

The U.S. is currently experiencing a large, multi-State measles outbreak. From January 1 to February 6, 2015, 121 people from 17 States and the District of Columbia, have been reported as having contracted measles. The majority of cases are among unvaccinated people. This new outbreak of measles cases is a reminder about the importance of vaccination.

As an adjunct to health care, WIC's role is to ensure that infants and children at risk for under-immunization are referred for appropriate care. WIC played a crucial role during the last measles epidemic in the 1990s in helping to increase measles vaccination rates among WIC children. This disease was then declared eliminated from the U.S. in 2000, meaning that there was no continuous measles transmission for more than 12 months. Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa. Travelers with measles continue to bring the disease into the U.S. Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated.

This is a good time to remind WIC local agencies of the importance of ensuring that WIC infants and children are up to date on their immunizations. Infants and young children are at high risk of getting a serious case of measles, and timely vaccination is the best way to prevent the disease. WIC local agencies are required to screen and refer infants and young children in accordance with **WIC Policy Memorandum #2001-7: Immunization Screening and Referral in WIC**.

Please continue to partner with State and local immunization programs to coordinate efforts to ensure that WIC children receive timely immunizations, and that parents and caregivers receive appropriate information about preventable diseases such as measles.

More information about measles is available on the CDC website:

-- Measles cases and outbreaks: <http://www.cdc.gov/measles/cases-outbreaks.html>

-- The multi-State outbreak linked to an amusement park in California:  
<http://www.cdc.gov/measles/multi-state-outbreak.html>

WIC State Agency Director  
Page 2

-- Educational materials: [Measles Resources](#) webpage

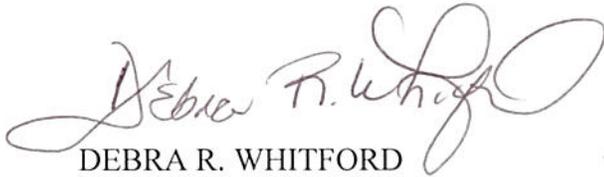
-- Guidance for parents: <http://www.cdc.gov/features/measles/>;  
<http://www.cdc.gov/vaccines/vpd-vac/measles/fs-parents.html>

-- Frequently Asked Questions about the vaccine:  
<http://www.cdc.gov/measles/about/faqs.html>

-- Guidance for travelers: <http://www.cdc.gov/measles/hcp/index.html#immunity>

Thank you for continuing to be an important ally in the Nation's efforts to ensure that low-income infants and young children receive timely immunizations.

Sincerely,

A handwritten signature in cursive script that reads "Debra R. Whitford". The signature is written in black ink and is positioned above the printed name.

DEBRA R. WHITFORD  
Director  
Supplemental Food Programs Division

NTI UPSTREAM PRESENTS:

# Moment to Moment: Teens Growing Up With FASDs

*Moment to Moment: Teens Growing Up With FASDs* explores the lives of four adolescents with FASDs (Fetal Alcohol Spectrum Disorders) and the effect that prenatal alcohol exposure has had and continues to have on their journeys to finding independence, fulfillment, and understanding the world around them.

*Moment to Moment: Teens Growing Up With FASDs* takes an intimate and eye-opening journey into the lives of those affected by FASDs, their families and friends, and captures the challenges that families must overcome as children with FASDs reach maturity and attempt to strike out on their own as young adults.

**New documentary film  
about teens with FASDs**

**FREE SCREENING**

Register online at [www.ntiupstream.com/screenings](http://www.ntiupstream.com/screenings)

**Brought to you by March of Dimes, Alaska Chapter  
and NTI Upstream**

Executive Producer: Ira J. Chasnoff, MD  
Produced by: Gabe Chasnoff and Paul Eggers  
Directed by: Gabe Chasnoff  
Running time: 56 min.

[www.ntiupstream.com/moment](http://www.ntiupstream.com/moment)

## Event Details



**Date and Time:** April 15, 2015 from 5:30 – 7:00 PM

**Location:** Millennium Alaskan Hotel, 4800 Spenard Road, Anchorage AK 99517

**Questions?** Contact March of Dimes at (907) 276-4111

Screening followed by a moderated discussion of the film and its implications, with Executive Producer Ira J. Chasnoff, MD.



**March of Dimes  
Chapter Community Grants Program**

Request for Proposals (RFP)

March of Dimes  
Alaska Chapter  
3209 Denali Street, Suite 200  
Anchorage, AK 99503  
(907)276-4111  
[dgolden@marchofdimes.org](mailto:dgolden@marchofdimes.org)

## **I. MARCH OF DIMES CHAPTER COMMUNITY GRANTS PROGRAM**

Founded in 1938, the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. We do this by funding research to understand the problem and discover answers, helping moms have full-term pregnancies and healthy babies, and supporting families and comforting them when their baby needs help to survive and thrive.

Premature birth is the leading cause of newborn death worldwide. Even babies born just a few weeks too soon can face serious health challenges and are at risk of lifelong disabilities. In 2003, the March of Dimes launched the Prematurity Campaign to address the crisis and help families have healthy, full-term babies. The campaign funds research to find the causes of premature birth, and to identify and test promising interventions; educates health care providers and women about risk-reduction strategies; advocates to expand access to health care coverage to improve maternity care and infant health outcomes; provides information and emotional support to families affected by prematurity; and generates concern and action around the problem.

As part of this effort, the Alaska Chapter Community Grants Program is designed to invest in priority projects that further the March of Dimes mission, support campaign objectives, and further our strategic goal of promoting equity in birth outcomes.

## **II. AVAILABLE FUNDING AND 2015 FUNDING PRIORITY AREAS**

The chapter community grants fund for 2015 is approximately \$10,000. It is anticipated that 1-2 projects will be funded, with grants ranging from \$5,000 to \$10,000 each.

1. Providing or enhancing premature birth risk reduction education and/or services. Risk reduction projects include, but are not limited to:
  - Providing smoking cessation education and/or services to pregnant women. Preference should be given to prenatal health education and information/referral services that utilize the "5 A's" counseling approach. For more information, go to the American Congress of Obstetrician and Gynecology website and read the following article:  
[http://www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Health\\_Care\\_for\\_Underserved\\_Women/Smoking\\_Cessation\\_During\\_Pregnancy](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Smoking_Cessation_During_Pregnancy).
  - Increasing health education and information/referral services available to pregnant women who use alcohol or other drugs.
  - Focusing on premature birth recurrence prevention such as education about "17P" (17 $\alpha$  hydroxyprogesterone caproate) treatment for women who have had a previous singleton premature birth.

- Implementing community programs that aim to promote equity in birth outcomes. This may include March of Dimes programs like Stork's Nest<sup>1</sup>, Project Alpha, Becoming a Mom/Comenzando bien®, and The Coming of the Blessing®.
  - Increasing pregnant women's participation in state or local maternal child health programs (e.g. Medicaid, CHIP, WIC) through enhanced outreach, education and public awareness.
  - Implementing home visiting programs (i.e. Early Head Start-Home Visiting, Early Intervention Program for Adolescent Mothers, Healthy Families America (HFA), Nurse Family Partnership®).
  - Enhancing services for pregnant women with chronic diseases that increase the risk of premature birth such as diabetes and hypothyroidism.
2. Enhancing care through the group prenatal care model (e.g. CenteringPregnancy®). For more information, visit:  
<http://dimension.marchofdimes.com/Interact/Pages/Content/Document.aspx?id=5449>.
  3. Supporting a quality improvement program related to premature birth prevention with the goal of catalyzing systems change.
  4. Increasing education related to reducing the risk of sudden infant death syndrome (SIDS) in high-risk communities, consistent with the 2011 policy statement provided by the American Academy of Pediatrics:  
<http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html>.

### III. ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter grant, the applicant must provide services in Alaska. The applicant organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **The March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the chapter's Program Services Committee or the Chapter or Division Board of Directors.

The March of Dimes does not fund billable health care provider services. The March of Dimes chapter community grants also do not fund scientific research projects. For information about research grants funded by the March of Dimes national office, please go to [marchofdimes.com/research](http://marchofdimes.com/research).

All grantees must (i) certify that they are not presently listed on the Federal Excluded Party List, debarred or suspended from the award of any federal or state contracts, or excluded from participation in any governmental medical reimbursement programs; and must (ii) attest that they /will comply with all laws and regulations (to include federal, state and local laws and regulations). Additionally, March of Dimes grantees may be screened to ensure that they are not debarred or suspended by the Federal Government and/or local State agencies.

---

<sup>1</sup> In conjunction with Zeta Phi Beta Sorority, Inc. only

#### **IV. APPLICATION TIMELINE AND FUNDING PERIOD**

Proposals due: 03/20/15  
Notification of awards: 04/15/15  
Grant period: 05/01/15-4/30/15

All chapter community grants are approved for one year only. Applicants may choose to submit a proposal that covers a two or three year project period. However, **March of Dimes only awards funds for one year at a time** (maximum three consecutive years). **Funding for years two and three is not guaranteed and will be based upon March of Dimes review of progress and expenditures and the availability of funds.**

Multi-year project proposals must include a budget request and objectives for the two or three year time period under consideration, as well as a copy of the applicant's most recently audited financial statement.

#### **V. APPLICANT INSTRUCTIONS**

Interested applicants must submit a proposal by the date listed above in the “Application Timeline and Funding Period.” Late submissions will not be reviewed. Proposals must:

- Adhere to the “Proposal Template” listed below
- Be no longer than 15 double-spaced pages (excluding Appendices); proposals that exceed 15 pages will not be reviewed
- Have a font size of 12 points or greater
- Have margins of at least 1 inch on all four sides

**Applicants must submit one original proposal (with original signatures in appropriate places) to the address below by the date listed above. Applicants should also send an electronic copy of the proposal to the address below by the date listed above. The electronic copy should be one complete file, either a PDF document (recommended) or a Microsoft Word document. Do NOT fax applications.**

**Applications must be received by 4:00PM on 03/20/15. Late applications will not be accepted. Proposals should be sent to:**

DEBBIE GOLDEN, DIRECTOR OF PROGRAM SERVICES  
March of Dimes, Alaska Chapter  
3209 Denali Street, Suite 200  
Anchorage, AK 99503  
[dgolden@marchofdimes.org](mailto:dgolden@marchofdimes.org)  
(907)276-4111

You will receive an email confirming that your application has been received. If you do not receive this email, please call the person listed above to verify that your application was received.

The Chapter's multi-disciplinary Program Services Committee will review proposals. All applicants will be notified in writing of their application's status by 04/30/15.

All grant proposals must address the March of Dimes mission of improving the health of babies by preventing birth defects, premature birth and infant mortality. Priority will be given to projects that meet one or more of the following criteria: a) are evidence-based; b) include measurable outcomes; and c) promote equity in birth outcomes. Projects may focus on *consumers* and/or *health care providers*.

## **VI. PROPOSAL TEMPLATE**

The full proposal template can be found in Appendix A. Applicants should answer all questions and include all components in submitted proposals. Submitted proposal with incomplete information will not be reviewed.

- Project Overview
- Project Abstract
- Project Description
- Project Objectives/Activities/Evaluation Methods/Outcomes Template
- Budget
- Optional Supplemental Information

## **VII. GRANTEE REQUIREMENTS**

Upon notification of grant award, grantee must sign the March of Dimes chapter grant agreement. If you are interested in reviewing the March of Dimes chapter grant agreement prior to being notified if you have received a March of Dimes grant, contact the March of Dimes chapter.

March of Dimes grantees are required to report on project progress and results six months into the grant agreement and at project end.

Grantees must also get written approval from the March of Dimes chapter for any changes in project design or implementation, variance from the submitted budget, or changes in staff overseeing the project.

## Appendix A: March of Dimes Proposal Template

Refer to the following checklist to ensure that your proposal is complete before submitting. Incomplete proposals will not be reviewed.

- Project Overview (2 pages)
  - Completely filled out
  - Signed by appropriate person
- Project Abstract (1 page)
  - Completely filled out
- Project Narrative (5-7 pages)
  - Addresses all items listed in that section
  - Includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- Project Objectives/Activities/Evaluation Methods/Outcomes Template (3 pages)
  - Completely filled out
  - Proposal includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- Budget (2 pages)
  - Budget form is completely filled out and signed by appropriate person
  - Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items
  - Budget totals have been checked for accuracy
  - One page written justification is included
  - For multi-year project proposals, a copy of most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet is included (not included in overall 15 page maximum)
- Optional supplemental information (not included in overall 15 page maximum)
- Application is no longer than 15 double-spaced pages (excluding a copy of most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet for multi-year project proposals and optional supplemental information)
- Font size is at least 12 points
- Margins are at least 1 inch on all four sides

**Applications must be received by 4:00PM on 03/20/15. Late applications will not be accepted. Proposals should be sent to:**

Debbie Golden, Director of Program Services  
March of Dimes Alaska Chapter  
3209 Denali Street, Suite 200  
Anchorage, AK 99503  
[dgolden@marchofdimes.org](mailto:dgolden@marchofdimes.org)  
(907)276-4111

If you have questions or need additional applications, please contact Debbie Golden.

**Project Overview (2 pages)**

Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contact Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Institution Type (choose one):

- Clinic
- Community-based Organization
- Educational Institution
- Health Department (State/Local)
- Hospital
- Other For-Profit Organization
- Professional Association
- Other \_\_\_\_\_

Have you previously received March of Dimes grant funding for the same project in the last 5 years?  Yes, please specify years \_\_\_\_\_  No

Is this a proposal for a multi-year project?  Yes, please specify # of years \_\_\_\_\_  No

Please provide a brief synopsis of your project (2 sentences are sufficient):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the **one primary March of Dimes priority funding area** that the proposal addresses (funding priority areas listed in Section II):

\_\_\_\_\_

Please list the **one primary and one secondary purpose category** that the proposal addresses (categories listed in Appendix B):

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Approximately how many **unduplicated** individuals will be served during year one? \_\_\_\_\_

Does this project target adolescents (17 and under)?  Yes  No

Does this project aim to reduce disparities?  Yes  No

Select the race/ethnicity of the *majority* of individuals expected to be served by this project (if applicable):

RACE:

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Other

ETHNICITY:

Hispanic

Please indicate what will be measured and reported on throughout the project:

Change in knowledge       Change in behavior       Change in birth outcomes

Other \_\_\_\_\_

Will grant funding be used to support an evaluation of this project?  Yes       No

Total amount requested:      \$ \_\_\_\_\_      Cost per individual:      \$ \_\_\_\_\_

Is your agency willing to accept partial funding?  Yes       No

If awarded, check should be made out to: \_\_\_\_\_

\_\_\_\_\_  
Signature - Primary Staff Person      / /      \_\_\_\_\_  
Date      Type Name and Title

## Project Abstract (1 page)

**Problem Statement:** What is the problem that this project will try to address? Why do we care about the problem? What gaps will the project fill?

---

---

---

---

---

---

---

---

---

---

**Methods:** What activities will you undertake to achieve results?

---

---

---

---

---

---

---

---

---

---

**Expected Results:** What changes do you expect to occur as a result of the activities described above?

---

---

---

---

---

---

---

---

---

---

**Conclusions/implications:** What are the larger implications of your findings? What impact will this project have on the problem identified above?

---

---

---

---

---

---

---

---

---

---

## Project Narrative (5-7 pages)

- **Project goal:** What is the goal of the project?
- **Target population:** What is the target population? What needs of the target population are you addressing with this project? How will the project have an impact on these needs?
- **Project objectives:** What are the measurable objective(s) the proposed project aims to achieve? Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix C.
- **Project activities:** What activities will you undertake to achieve results?
- **Expected results:** What do you expect to change as a result of this project?
- **Expected outcomes:** What impact will this project have on the problem identified above?
- **Organizational capacity and staffing:** Description of the organization's capacity to carry out the project. Include agency's mission, key staff, clientele, and experience working with the target population group. What will be the responsibilities of the staff members listed in the proposal?
- **Project timeline:** Provide the timeline on which project activities and results are expected to occur.
- **Evaluation plan:** How will you measure whether the project objective(s) was achieved? What data or information will be needed to measure this?
- **Evaluation tools:** What tools will be used to measure whether objective(s) have been achieved? Include any evaluation tools that will be used (e.g. surveys, attendance sheets, summary health information)
- **Sustainability:** Describe the plan for sustainability beyond the funding period through alternate sources of funding or a change in organizational systems or procedures that will sustain the project's impact.
- **Collaborating organizations:** If applicable, list names and roles of collaborating organizations.
- **Sharing results and outcomes:** In addition to the March of Dimes, *with whom* and *how* will project impact be shared?
- **Visibility:** Describe the ways in which March of Dimes will be visible throughout the project period?

**Project Objectives/Activities/Evaluation Methods/Outcomes Template.** Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix C. THIS TEMPLATE AVAILABLE IN ACCOMPANYING MS WORD DOCUMENT – MOD Grant Objectives & Budget Forms Jan2015.docx

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <i>Expected</i> to be Served/ Reached/ Educated	Description of <i>Expected</i> Outcomes/Impact
OBJECTIVE # 1		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <u>Expected</u> to be Served/ Reached/ Educated	Description of <u>Expected</u> Outcomes/Impact
<b>OBJECTIVE # 2</b>		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <u>Expected</u> to be Served/ Reached/ Educated	Description of <u>Expected</u> Outcomes/Impact
<b>OBJECTIVE # 3</b>		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

**Budget Form and Written Justification.** Complete the budget form and provide a one-page written budget justification to detail the items on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification. Allowable and non-allowable costs are described in Appendix D.

If you are submitting a multi-year proposal, include a copy of your agency's most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet.

THIS TEMPLATE AVAILABLE IN ACCOMPANYING MS WORD DOCUMENT – MOD Grant Objectives & Budget Forms Jan2015.docx

BUDGET  (see application guidelines for an explanation of allowable/not allowable expenses)	PROPOSED		
	Year 1	Year 2 (if submitting a multi-year proposal)	Year 3 (if submitting a multi-year proposal)
<b>A. Salaries</b> (include name, position, and FTE)			
<b>Sub-total A</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Expendable Supplies</b>			
<b>Sub-total B</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Equipment</b>			
<b>Sub-total C</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. Other Expenses/Fees</b>			
<b>Sub-total D</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS (Sub-total A+B+C+D)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Indirect Costs 10%</b> (only for proposals \$25,000 or over)			
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ Signature - Primary Staff Person      Date      \_\_\_\_\_ Type Name and Title

**Optional Supplemental Information.** No page limit. Please submit additional information that supports your proposal. Additional items may include the following:

- Letters of Support from collaborating organizations.
- Evidence of Institutional Review Board (IRB) submission as deemed appropriate.
- Other supporting materials relevant to the proposed project.

## Appendix B: Primary and Secondary Purpose Categories

### Primary purpose category (*select one*):

- Interconception education and healthcare
- Preconception education and healthcare
- Prenatal care services
- Prenatal adjunct services
- Prenatal education and social support
- Professional education and training
- Quality improvement
- Other (please specify)

### Secondary purpose category (*select one*):

- Becoming a Mom/Comenzando bien
- Care coordination (case management, patient navigator, medical home, etc.)
- Chronic disease management in pregnancy (hypertension, diabetes, obesity, etc.)
- Coming of the Blessing
- Early elective delivery prevention
- Early entry into prenatal care
- Education materials
- Fertility treatment education
- Folic acid
- Genetic services for pregnant women
- Genetic services for non-pregnant women
- Group prenatal care (CenteringPregnancy®)
- Group prenatal care (other than CenteringPregnancy)
- Home visiting
- Interconception education
- Maternal/Child Health (MCH) program enrollment (getting women into WIC, Medicaid, CHIP, etc.)
- Newborn screening
- Post-polio activities
- Preconception education
- Prenatal education/incentive (Stork's Nest®)
- Prenatal education/incentive (models other than Stork's Nest)
- Preterm labor prevention
- Project Alpha
- Preterm birth recurrence prevention education (about 17P)
- Preterm birth recurrence prevention education (other than 17P)
- Risk reduction education/services (alcohol and drug use)
- Risk reduction education/services (smoking cessation)
- Sudden Infant Death Syndrome (SIDS) prevention
- Other (please specify)

## Appendix C: Additional Information about Project Objectives and Outcomes

Project objectives should be specific and measurable. For example:

- *One measurable objective of this project is to increase the percentage of pregnant women enrolled who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review.*
- *One measurable objective of this project is to decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured by medical records review.*

Outcomes are benefits to clients from participation in the program, yet are often mistaken with program outputs or units of services such as the number of clients who went through a program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior, or birth outcomes. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. Below are sample objectives to give you ideas for content and wording about outcomes. Please notice the references to baseline data.

- *Knowledge Change - By MM/YY, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)*
- *Intent to Change Behavior - By MM/YY, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)*
- *Behavior Change - By MM/YY, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.*
- *Change in Birth Outcome - By MM/YY, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.*

## **Appendix D: Allowable and Non-allowable Costs**

### **Allowable Costs Include:**

- Salary - grant funds may be used to cover salaries for project-related employees, but cannot be used to pay salary costs for employees who are already employed full-time. Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.
- Consultant fees.
- Materials and supplies (e.g. office supplies, health-related materials, refreshments, incentives) necessary to accomplish the specific objectives of the proposal that are usually "used up" in the course of the project. Incentives are items used to enable or ensure participants are able to take advantage of services provided by grantees, for example metro or bus cards to assist women in attending prenatal care appointments or educational sessions.
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds may NOT be used to pay for first class travel.
- Facilities - rental costs associated with using a physical location for an activity necessary to accomplish the specific objectives of the proposal are permitted.

### **Non-Allowable Costs Include:**

- Salary costs for staff who are already employed full-time by their organization (see exceptions above).
- Construction, alteration, maintenance of buildings or building space.
- Dues for organizational membership in professional societies.
- Tuition, conference fees or awards for individuals.
- Cash stipends for individuals
- Billable services provided by physicians or other providers.
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless essential to project implementation and not available from other sources.
- Educational materials that do not meet the quality or evidence-based standards provided by March of Dimes

- Indirect costs for grants under \$25,000.
- Advertising materials and purchase of media time/space: Budget costs relating to these items may not be allowable depending on project specifics. Please consult with the chapter contact listed in this application regarding whether proposed items are allowable.

**Project Objectives/Activities/Evaluation Methods/Outcomes Template.** Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix C.

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <i>Expected</i> to be Served/ Reached/ Educated	Description of <i>Expected</i> Outcomes/Impact
<b>OBJECTIVE # 1</b>		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <i>Expected</i> to be Served/ Reached/ Educated	Description of <i>Expected</i> Outcomes/Impact
<b>OBJECTIVE # 2</b>		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
<p>Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.</p>				

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <i>Expected</i> to be Served/ Reached/ Educated	Description of <i>Expected</i> Outcomes/Impact
<b>OBJECTIVE # 3</b>		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

**Budget Form and Written Justification.** Complete the budget form and provide a one-page written budget justification to detail the items on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

Allowable and non-allowable costs are described in Appendix D.

If you are submitting a multi-year proposal, include a copy of your agency's most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet.

BUDGET  (see application guidelines for an explanation of allowable/not allowable expenses)	PROPOSED		
	Year 1	Year 2 (if submitting a multi-year proposal)	Year 3 (if submitting a multi-year proposal)
<b>A. Salaries</b> (include name, position, and FTE)			
<b>Sub-total A</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Expendable Supplies</b>			
<b>Sub-total B</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Equipment</b>			
<b>Sub-total C</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. Other Expenses/Fees</b>			
<b>Sub-total D</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS (Sub-total A+B+C+D)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Indirect Costs 10%</b> (only for proposals \$25,000 or over)			
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature - Primary Staff Person      Date      Type Name and Title