

Welcome Baby!
Prenatal and Postpartum Home Visiting Request for Applications
FAU Control Number # 0710030135

QUESTIONS AND RESPONSES

1. **Question:** Can we propose a program in which the majority of initial home visits and assessments would be conducted by paraprofessionals (e.g., public health nurse advisors) under the supervision of public health nurses, and where those nurses also conduct home visits on particularly high-risk clients?

Response: As stated in Section I. C. of the RFA, regardless of the model proposed, the public health nurse must conduct an initial assessment of the family and screen for eligibility of available comprehensive home visiting programs and other services. Please refer to Question 7 in the original Questions and Responses to the Request for Applications (RFA).

2. **Question:** The New York City Department of Health is not a Certified Home Health Agency or Licensed Home Care Service Agency. If we propose a program and request funding for paraprofessionals only, and include the work of public health nurses as an in-kind activity that the Department already has, would we be eligible for funding?

Response: The RFA requires that nurses conduct initial visits in the funded programs. Funding through the RFA is only available for programs with appropriate licensure, regardless of what components of the programs are funded through the RFA. As stated in the RFA, home visiting services provided by public health nurses must be provided by agencies that are Certified Home Health Agencies (CHHA) or Licensed Home Care Service Agencies (LCHSA). A local health department that does not have an Article 36 license may subcontract with a CHHA or LCHSA to provide these services. Please refer to Questions 7 and 11 in the original Questions and Responses to the RFA.

3. **Question:** In deciding how to identify the catchment area that we wish to target for the Welcome Baby! grant, we need to know the perinatal outcomes and demographics of the areas. I believe we are to use data from 2006. The New York City Community Profiles have a 2006 version; however, most of the data reported are from multiple earlier time periods. What, then, is the working definition the RFA is using for data from 2006? Does this refer to the year of the report or the year in which the data were reportedly collected? What are the sources of the latest NYS data from which we should be drawing conclusions?

Response: The RFA does not require the use of 2006 data to identify the target area. However, the most current data available should be used to justify targeting a specific area or population. Data sources, including New York City Community Profiles, New York State Vital Statistics, community needs assessments, census data, and information from the Bureau of Labor and Statistics are examples of sources that could be used to support targeting. The application should include the specific data used to support the identified target population.

4. **Question:** The grant calls for getting access to birth certificate information to comprehensively learn of all the births in the area being served. It is expected that we would work with the Department of Health – if we are not an agency of the Department of Health that is submitting the RFA – to access this information. I have spent time discussing this matter with the Vital Records section of the NYCDOHMH. This information is confidential material. Birth parents identified on the birth certificate would have to be contacted to get their permission for use of the information. By the time this information weaves through the bureaucratic maze, the newborn would, in all probability, be over a month old. We have then lost the critical time immediately after birth when mother and infant recovery from childbirth and breastfeeding issues, for example, need to be addressed. If these aren't addressed right away, a great deal of these immediate issues cannot be addressed at all. It would be better to expand efforts and focusing on birthing centers and hospitals' Labor and Delivery and postpartum units to get information on live births. For what reason did the Health Department expect that this birth certificate information would be used?

Response: Birth certificate information may be used by local health departments to identify families with newborns. As stated in the RFA, applicants may focus on other ways to identify pregnant women and new families including outreach to obstetric hospitals to conduct hospital-based case finding with consent. The RFA envisions that a combination of outreach efforts will be undertaken, based on the target population served, and therefore through a combination of outreach methods, applicants should be successful in identifying new mothers in the target area.

If the applicant is not a local health department, the application must clearly demonstrate the role of the local health department in the Welcome Baby! program. However, sharing of birth certificate information by local health departments is prohibited by Public Health Law.