

FY 2016 –
FY 2020

Safety PIN

Innovative Approaches to
Addressing Infant Mortality

Request for Proposals

Indiana State Department of Health

Division of Maternal and Child Health



FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this Request for Proposals (RFP) is to fund **competitive** grants for a health department, hospital, other health care related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana to implement programs focused on addressing infant mortality. Applicants must submit applications that propose to provide services in high risk locations and high impact subject areas to improve infant mortality and identify the region (s) they plan to impact.

SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by ISDH by NO LATER THAN

Friday, July 1, 2016 at 5pm EST

SUBMIT APPLICATIONS VIA EMAIL TO: MCHBusinessUnit@isdh.IN.gov

SUMMARY OF SAFETY PIN FUNDING

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from a health department, hospital, other health care related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana for **COMPETITIVE** grant funding. Funding will be used to develop and implement services focused on addressing infant mortality through the Safety PIN program.

TECHNICAL ASSISTANCE MEETING

ISDH will conduct a webinar to provide technical assistance with the grant application procedure on Tuesday May 24, 2016 from 12 pm - 1 pm.

Please use the following link for the test and to view the webcast:

<http://videocenter.isdh.in.gov/videos/>

Attendance at this webinar is strongly recommended for all prospective applicants.

DESCRIPTION OF SAFETY PIN

PROTECTING INDIANA'S NEWBORNS

The Safety PIN – Protecting Indiana's Newborns (PIN) – grant program is Indiana's newest infant mortality reduction initiative. The ISDH will have up to \$11 million to distribute to grantees for the purpose of reducing infant mortality. Grant applications must include the targeted area (preference given to regional initiatives), a proposed specific reduction in the infant

mortality rate (IMR), and secondary or behavioral outcomes (for example: improving access to or quality of prenatal visits). The applicant will justify the size of the budget for each category of fundable services. This is a four year grant period during which the ISDH can provide up to 60% of the grant request at the start of the grant period and it can release the remainder as a performance award no sooner than the first quarter of the calendar year 2019 and no later than the first quarter of the calendar year 2020. The performance award will be based on a reduction in the IMR in the region the grantee identified in their application. ISDH promotes the use of this performance award amount for continuation and expansion of successful projects. Each applicant is eligible for only one performance award. Applicants with a multi-region proposal will be eligible for the performance award based on the aggregated data for their identified regions.

POPULATION DOMAIN DESCRIPTION:

INFANT MORTALITY

The death of a baby before his or her first birthday is called infant mortality. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation, because factors affecting the health of entire populations can also impact the mortality rate of infants. The most common causes of infant mortality are serious birth defects, preterm birth, low birthweight, sudden unexpected infant death syndrome, unintentional injuries, and maternal complications of pregnancy.

The Indiana State Department of Health is dedicated to decreasing the rate of infant mortality in Indiana. Indiana had the nation's 45th-highest infant mortality rate in 2013 (the last year for which national rankings are available). That year, 594 Hoosier children (7.1 out of every 1,000 live births) died before reaching their first birthday. To address this high rate of infant mortality, ISDH has created an Infant Mortality Plan that is focused on the following eight service categories:

1. Implement Levels of Care standards
2. Decrease the number of elective deliveries in highest risk counties
3. Decrease the number of infant suffocation deaths
4. Ensure pregnant women receive high-quality, easily-accessed, and culturally relevant prenatal care
5. Decrease smoking rates among pregnant women
6. Enact projects that decrease the number of children born with birth defects and improve outcomes of children with birth defects
7. Ensure that women who could become pregnant are healthy
8. Utilize Perinatal Periods of Risk (PPOR) to better understand and target the factors that contribute to excess infant mortality in individual communities.

The Indiana State Department of Health is committed to supporting community based interventions to address health disparities and inequities that impact infant mortality.

AWARD INFORMATION

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

- Must be a health department, hospital, other health care related entity, or a nonprofit organization (as defined by the IRS Tax Determination).
- Must collaborate with traditional and nontraditional agencies or organizations
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the Budget Section

APPLICATION AND REVIEW INFORMATION:

Additional evaluative weight will be assigned to applicants that:

- Improve access and coordination through outreach and follow-up services for pregnant women and fathers who are at risk of not receiving prenatal care and support
- Incentivize at-risk pregnant women and fathers to obtain prenatal care and support
- Decrease smoking rates among pregnant women and fathers
- Promote evidence-based home visitation by a trained provider or coordinator
- Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant women and fathers.
- Address the issue of infant mortality on a regional basis (see region map included). Applicant must identify the region (s) they plan to impact.

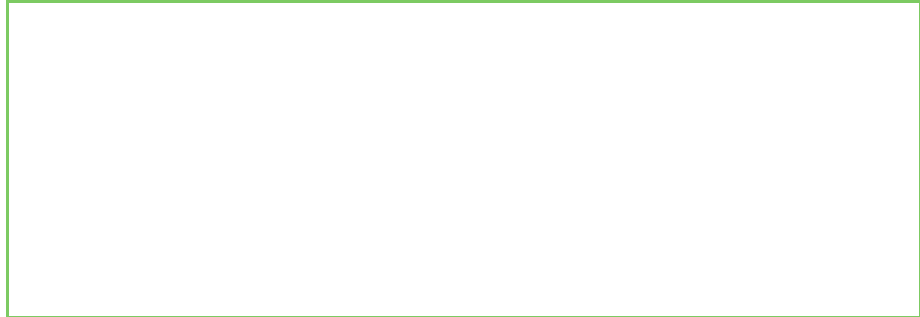
We will also evaluate applications based on whether they provide services in regions with the highest infant mortality rate (see region map included), promote collaboration and building of comprehensive systems of care, and propose innovative, sustainable, and scalable approaches to addressing infant mortality.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

- All applicants will be required to report on specific performance criteria as outlined in the RFP.
- Applicants must submit quarterly and annual reports to the Indiana State Department of Health.
- Applicants are required to report the unduplicated number of service recipients served for each program year.

SAFETY P.I.N.: RFP APPLICATION

<i>SECTION</i>	<i>SECTION HEADING</i>
<i>SECTION 1</i>	<i>APPLICATION INSTRUCTIONS</i>
<i>SECTION 2</i>	<i>COMPLETION CHECKLIST</i>
<i>SECTION 3</i>	<i>APPLICATION COVER PAGE</i>
<i>SECTION 4</i>	<i>SUMMARY</i>
<i>SECTION 5</i>	<i>APPLICATION NARRATIVE</i> <i>5-A: ORG BACKGROUND/CAPACITY</i> <i>5-B: STATEMENT OF NEED</i> <i>5-C: GOALS / OBJECTIVES</i> <i>5-D: ACTIVITIES</i> <i>5-E: STAFFING PLAN</i> <i>5-F: RESOURCE PLAN / FACILITIES</i> <i>5-G: EVIDENCE-BASED PRACTICE</i> <i>5-H: EVALUATION PLAN</i> <i>5-I: SUSTAINABILITY PLAN</i> <i>5-J: LITERATURE CITATIONS</i>
<i>SECTION 6</i>	<i>BUDGET</i>
<i>SECTION 7</i>	<i>REQUIRED ATTACHMENTS</i> <i>7-A: BIOSKETCHES</i> <i>7-B: JOB DESCRIPTIONS</i> <i>7-C: TIMELINE</i>
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SECTION 1: APPLICATION INSTRUCTIONS

Please use this document for all required application information. The application, in its entirety including all supplemental information, **cannot exceed 50 pages with one-inch margins, double spaced, Times New Roman 12-point font.** Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The following outlines each section that must be completed in the application document.

SECTION 2: COMPLETION CHECKLIST

The Completion Checklist in Section 2 serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a “check mark” for completion.

SECTION 3: APPLICATION COVER PAGE

In Section 3: Cover Page, please list the Name, Title and Signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of contact
- Person authorized to make legal and contractual agreements

SECTION 4: SUMMARY (1 PAGE)

This summary will provide the reviewer a succinct and clear overview of the Agency’s plan to implement the program. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Brief description of the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are

expected to have a substantial positive impact on the appropriate performance measure(s).

- Brief description of existing community partnerships (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships.

SECTION 5: APPLICATION NARRATIVE

In Section 5: Application Narrative, all required headings are listed. Please do not alter the format of the document.

SECTION 5-A: ORGANIZATION BACKGROUND/CAPACITY:

This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.
- If you are partnering with any other organizations, please explain the history of this partnership.
- Discuss the applicant organization's previous or current work related to addressing infant mortality.

SECTION 5-B: STATEMENT OF NEED:

This section must describe the need for and significance of this program in the specific community or population as it relates to the program goals. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the population of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, and geography, must be provided).
- Describe and justify the geographic area(s) to be served.
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.

- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references (do not include copies of sources).
- Describe how the needs were identified.
- Describe resources currently available and identify gaps in services.
- Demonstrate how the applicant agency and its partner organization(s) have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) of the population(s) of focus.

Documentation of need may come from a variety of reliable and valid sources, including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data.

SECTION 5-C: GOALS/OBJECTIVES:

This section must describe how your program intends to achieve the proposed goals and objectives.

- Provide the overall project goals and each objective. Ensure SMART objectives: Specific, Measurable, Achievable, Realistic and Time-bound.
- Clearly state the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.
- Describe how achievement of the goals will produce meaningful and relevant results.

SECTION 5-D: ACTIVITIES:

This section must describe the activities of the project. These must relate to the proposed objectives.

- Describe how the proposed service(s) or practice(s) will be implemented or expanded.
- Describe how the populations of interest will be identified, recruited and retained. Using knowledge of beliefs, norms and values, and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population (e.g. collaborating with community gatekeepers).

- Identify any other organization that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.
- Show that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed or near completion so that the project can be implemented and service delivery begin as soon as possible and no later than three months after the grant award.
- Describe the potential barriers to success of the proposed project and how these barriers will be addressed.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.

SECTION 5-E: STAFFING PLAN:

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE) and qualifications.
- Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population(s) of focus, and familiarity with cultures and languages of the proposed populations.
- Describe efforts to competitively compensate staff and plans for staff retention.
- Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

SECTION 5-F: RESOURCE PLAN/FACILITIES:

This section must describe the facilities that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).
- Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.

- Explain how the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.

SECTION 5-G: EVIDENCE-BASED PRACTICE

Identify the evidence based service(s) that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Please cite the sources of your information.

- Discuss the evidence that shows that this practice is effective with your population(s) of focus.
- If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for the population(s).
- Identify and justify any modifications or adaptations you will need to make (or have already made) to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.

SECTION 5-H: EVALUATION PLAN

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. In this section, the applicant organization must document its ability to collect and report on the required priority measurements.

Outcome Evaluation (for each of the bullets below; please list responsible staff and frequency)

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to infant mortality priority measurements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the infant mortality measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).

- Describe the plan for maintenance of fidelity to the evidence-based model(s).
- Describe plan for protection of client privacy, following Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.
- Describe how outcome data will be used to guide applicant's education programs in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

SECTION 5-I: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g. Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plans to continue collaborating partnerships.

SECTION 5-J: LITERATURE CITATIONS: (1 PAGE)

In this section, please list complete citations for all references cited*, including:

- Document title
- Author
- Agency
- Year
- Website (if applicable)

**American Psychological Association [APA] style is recommended*

SECTION 6: BUDGET

Budget forms are attached as a separate Microsoft Excel workbook; this is to be completed and submitted as an Excel workbook along with your application. Do NOT substitute a different format. Create separate budgets for Fiscal Year (FY) 2016 through FY 2020 using the appropriate tabs for each worksheet; do NOT combine budget information for FY 2016 through FY 2020. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

All staff listed in the budget must be included in the Staff listing as indicated in Section 6 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.36 per mile, \$26 per day per diem, and \$89 plus tax per night of lodging. Please check for consistency among all budget information. Your budget must correlate with project duration:

- **October 1, 2016 through September 30, 2020.**

In completing the packet, remember that all amounts should be rounded to the nearest penny.

Completing the Budget Workbook

There are a total of seven tabs in the workbook – a Summary tab, as well as a Schedule A, Schedule B, and Out of State travel tab for each fiscal year. Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each year. Do not change any of the formulas already populated in the totals columns.

Schedule A

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member must be listed by name. Each staff member's hourly rate, hours per

week, and weeks per year should be entered, and the Annual MCH Salary column will automatically calculate the total. Common fringe categories have been given, but please only fill in the Fringe based on what is used by each staff member. Again, the Annual Fringe Benefits column will automatically calculate the total.

Schedule B

Typical contractual service categories have been provided as a guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State's rates as indicated for each item. Please be aware that indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

Out-of-State Travel

If you choose to include Out-of-State travel, please complete the appropriate tab for each fiscal year. The gray cells already contain formulas that will calculate the amounts based on the information you enter. Please be sure to complete the justification section at the bottom for each trip. Any Out-of-State travel requested that does not include a justification is subject to denial by ISDH.

Account Codes

111.000 Physicians		
Clinical Geneticist	Medical Geneticist	Pediatrician
Family Practice Physician	OB/GYN	Resident/ Intern
General Family Physician	Other Physician	Neonatologist
Genetic Fellow		
111.150 Dentists/ Hygienists		
Dental Assistant	Dental Hygienist	Dentist
111.200 Other Service Providers		
Audiologist	Genetic Counselor (M.S.)	Psychologist
Child Development Specialist	Health Educator/ Teacher	Psychometrist
Community Educator	Outreach Worker	Speech Pathologist
Community Health Worker	Physical Therapist	Occupational Therapist
Family Planning Counselor	Physician Assistant	
111.350 Care Coordination		
Licensed Clinical Social Worker(L.C.S.W.)	Registered Dietician	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (B.S.W.)	Registered Nurse
Physician		
111.400 Nurses		
Clinic Coordinator	Licensed Midwife	Pediatric Nurse Practitioner
Community Health Nurse	Licensed Practical Nurse	Registered Nurse
Family Planning Nurse Practitioner	Other Nurse	School Nurse Practitioner
Family Practice Nurse Practitioner	Other Nurse Practitioner	OB/GYN Nurse Practitioner
111.600 Social Service Providers		
Caseworker	Counselor (M.S.)	Social Worker (M.S.W.)
Licensed Clinical Social Worker(L.C.S.W.)	Social Worker (B.S.W.)	Counselor
Licensed Social Worker (L.S.W.)		
111.700 Nutritionists/ Dietitians		
Dietitian (R.D. Eligible)	Registered Dietitian	Nutritionist (Master's Degree)
Nutrition Educator		
111.800 Medical/ Dental Project Director		
Dental Director	Medical Director	Project Director
111.825 Project Coordinator		
111.850 Other Administration		
Accountant/ Finance/ Bookkeeper	Data Entry Clerk	Nurse Aid
Administrator/ General Manager	Evaluator	Other Administration
Clinic Aide	Laboratory Assistant	Programmer/ Systems Analyst
Clinic Coordinator (Administration)	Laboratory Technician	Secretary/ Clerk/ Medical Record
Communications Coordinator	Maintenance/ Housekeeping	Genetic Associate/ Assistant
115.000 Fringe Benefits		
200.000 Contractual Services		
Insurance and Bonding (insurance premiums for fire, theft, liability, fidelity bonds, etc.; malpractice insurance premiums cannot be paid with grant funds)	Equipment Leases	Licensing
	Maintenance Agreements	
200.700 Travel		
Conference Registrations	In-State Staff Travel	
200.800 Rental and Utilities		
Janitorial Services	Utilities	Rental of Space
200.850 Communications		
Postage (including UPS)	Publications	Subscriptions
Printing Costs	Reports	Telephone
200.900 Other Expenditures		
Approved items not otherwise classified above		
Consultants		
Individuals not directly employed by your organization, but with whom you want to contract to perform services under this grant. (If you are contracting with an <u>organization</u> for services, you should list the organization under 200.00 Contractual Services.)		

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be paid for with MCH grant funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Fundraising expenses;
15. Legal fees;
16. Legislative lobbying.
17. Equipment (over \$5,000 per unit);
18. Dues to societies, organizations, or federations.
19. Incentives

For further clarification on allowable expenditures, please contact:

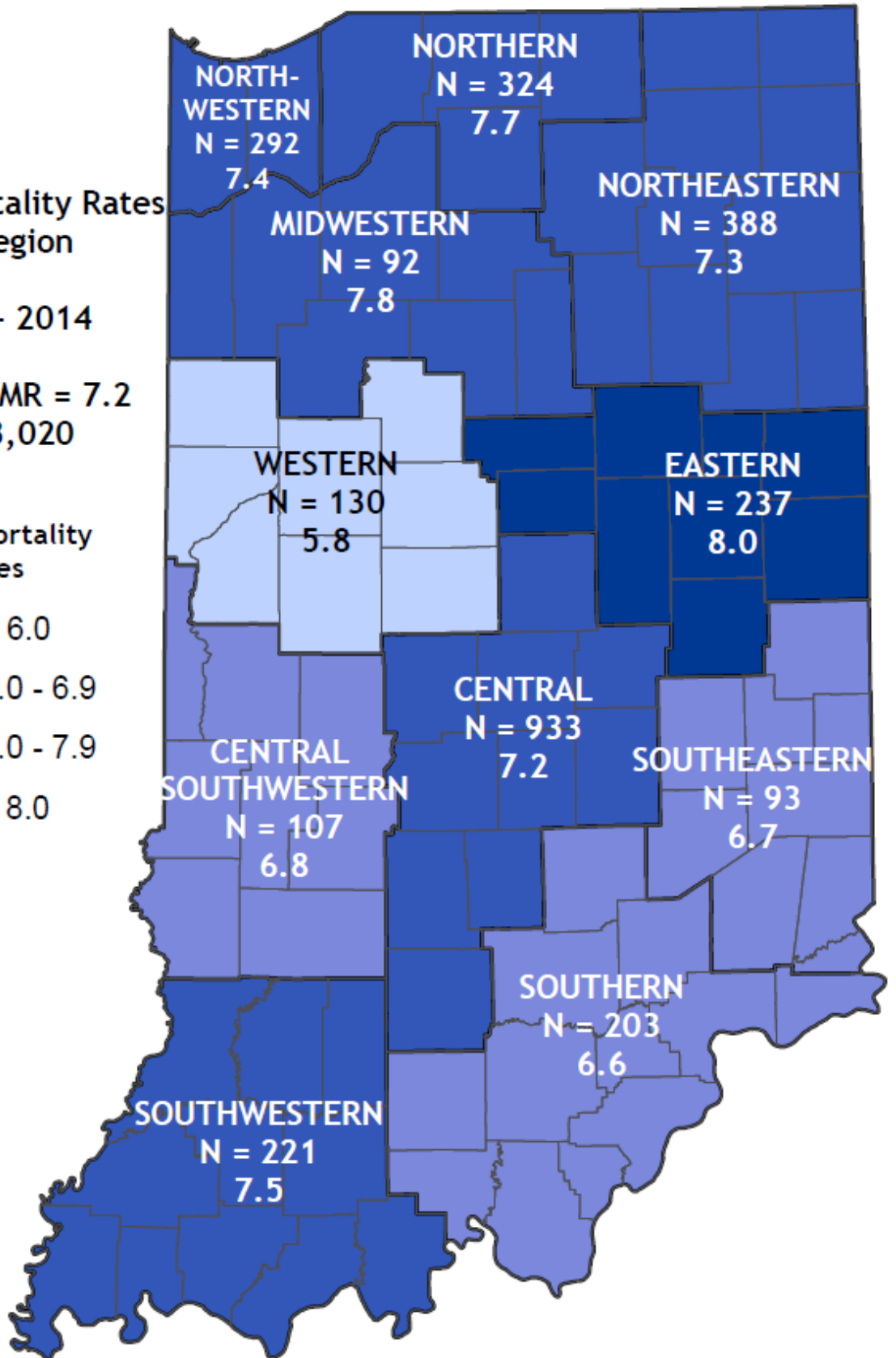
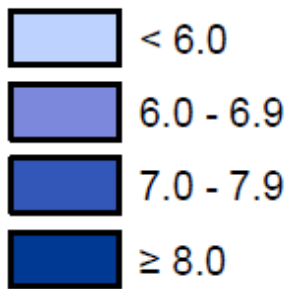
- Melba Oxley, MCH Finance Manager, MOxley1@isdh.in.gov or (317) 233-7120

Infant Mortality Rates
by Region

2010 - 2014

Indiana IMR = 7.2
N = 3,020

Infant Mortality
Rates



Source: Indiana State Department of Health, Division of Maternal and Child Health Epidemiology. Created March 23, 2016.

The following link provides Indiana infant mortality FAQ data sheets:

<http://www.in.gov/isdh/26292.htm>

SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-A: BIO-SKETCHES (INSTRUCTIONS)

- For positions already filled, provide a brief Bio-Sketch for key personnel.

SECTION 7-B: JOB DESCRIPTIONS (INSTRUCTIONS)

- For positions to be announced and positions currently filled, please provide a brief Job Description for key personnel.

SECTION 7-C: TIMELINE (INSTRUCTIONS)

- Please include a minimum of the following information in the Timeline:
- List activities to occur within each of the Phases (Planning, Implementation, and Evaluation).
- Indicate in which quarter(s) each activity will occur.
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.
- You will complete separate timelines for each year from FY16 through FY20.

SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

If applicable, please include the following required documents (no specific format required) with the **SAFETY PIN RFP APPLICATION** submission.

Please refer to the [SUBMISSION INFORMATION](#) section for more information.

SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the **SAFETY PIN RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1 page total.

ATTACHMENT 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the **SAFETY PIN RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's overall organizational chart as well as the applicant organization's program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to 2 pages total.

ATTACHMENT 8-C: LETTERS OF SUPPORT / MOUS (10 PAGES MAX)

Please include with the submission of the **SAFETY PIN RFP APPLICATION** document, an attachment of an electronic copy (PDF recommended) of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization. Please limit this attachment to 10 pages total.

ADDITIONAL RESOURCES

MCH CONTACTS

MARTHA ALLEN

MCH Division Director

317.233.1252

MarAllen@isdh.in.gov

GRANTS MANAGEMENT CONTACTS

MELBA OXLEY

MCH Finance Manager

317.233.7120

MOxley1@isdh.in.gov

WEBSITE RESOURCES

- ISDH Labor of Love: www.laboroflove.in.gov
- Indiana State Department of Health- Maternal and Child Health: <http://in.gov/isdh/19571.htm>
- SMART Objectives: http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html
- Maternal and Child Health Bureau: www.mchb.hrsa.gov
- Life-course Perspective: www.mchb.hrsa.gov/lifecourseresources.htm
- Smoking During Pregnancy by County (Figure 35): <http://www.in.gov/isdh/reports/natality/2014/natalitymaps.pdf#page=7&zoom=75,left,top>
- Outcome Indicator Percentages by County of Residence and Race of Mother (Table 32): http://www.in.gov/isdh/reports/natality/2014/tbl32_t.htm