

REQUEST FOR PROPOSALS (RFP)

Improving Social Determinants of Health – Getting Further Faster

I. Summary Information

Purpose: The purpose of this funding opportunity is to identify an evaluation contractor to design and conduct a mixed methods and retrospective evaluation of up to 50 partnerships/coalitions that have demonstrated success in improving chronic disease health outcomes and advancing health equity by addressing social determinants of health (SDoH).

Proposal Due Date and Time: January 22, 2021 by 5 p.m. ET

Selection Announcement Date: the week of February 1, 2021

Maximum Funding Amount: up to \$1,000,000

Estimated Period of Performance: The end date of the budget period for the project is July 31, 2021; however, given the scope of the project activities, we anticipate that the timeline may need to be extended. Please feel free to provide an extended timeline with what you consider a reasonable time to complete all activities. Details regarding the possible changes to the timeline and any possible carryover requirements will be finalized with the selected evaluation organization during the contract process and execution.

Point of Contact: chronicdisease@astho.org

II. Description of RFP

Purpose

ASTHO, in partnership with NACCHO, will identify community multi-sector partnerships/coalitions that have a successful history of advancing health equity and addressing the SDoH that impact chronic disease prevention through one or more of the following areas: a) built environment, b) community-clinical linkages, c) food insecurity, d) social connectedness, and e) tobacco free policies. Preference will be given to communities with partnerships or coalitions that have strong involvement from local and/or state public health departments.

The purpose of this funding opportunity is to identify an evaluation contractor to design and conduct a mixed methods and retrospective evaluation of up to 50 partnerships/coalitions that have demonstrated success in improving chronic disease health outcomes and advancing health equity by addressing social determinants of health (SDoH). These outcomes will be focused on one of the following areas: 1) the built environment, 2) clinical-community linkages, 3) food insecurity, 4) social connectedness, and 5) tobacco free policies.

The project will evaluate and assess the impact of the partnership/coalitions' work and highlight successful strategies and activities. The evaluation design for this project should be highly participatory and designed to capture the viewpoints and experience of the participating communities. Best practices, challenges, lessons learned, and achieved outcomes will be documented and shared in a formal evaluation report with both the participating communities and the funding partners, comprised of CDC, ASTHO, and NACCHO.

This funding opportunity will include a series of deliverables that support the following objectives:

1. Develop an evaluation plan based on comprehensive review of selected communities' strategies and outcomes.
2. Conduct an evaluation to identify the strategies and practices that contributed to the outcomes reported by the participating communities.

3. Identify factors that serve as barriers and facilitators to implementation and expected outcomes to understand what is and is not successful.
4. Quantify impact of SDoH strategies for improving health outcomes
5. Describe the role of multi-sector partnerships in driving change

The purpose of the evaluation contract is to better understand and inform how community multi-sector partnerships/coalitions perform meaningful work in this area. The evaluator will design and conduct a mixed-methods evaluation of the community multi-sector partnerships/coalitions working with priority populations. The evaluation will focus on the following areas:

1. Identify factors that serve as barriers and facilitators to implementation and expected outcomes to understand what is and is not successful.
2. Quantify impact of SDoH strategies improving health outcomes.
3. Describe role of multi-sector partnerships in driving change.
4. Share program results with national, state, and local programs and initiatives.

The evaluation will inform a comprehensive evaluation report that outlines successful approaches to address social determinants of health, including key findings and recommendations to contribute to the knowledge base for improving health outcomes for chronic disease conditions. The evaluation design will include and build on existing work of the identified communities in the evaluation design and process.

Background

ASTHO and NACCHO will contract with up to 50 community multi-sector partnerships/coalitions as grantees to receive \$50,000 each to participate in an evaluation of their outcomes and processes to improve chronic disease conditions by addressing social determinants of health.

The contract organization will review existing efforts and outcomes, design, and conduct a formal evaluation of each project's outcomes and process. Community multi-sector partnerships/coalitions will be selected through a national RFP process to identify promising practices to improve health outcomes by addressing SDoH. Community multi-sector partnerships/coalitions will be selected based on their demonstrated and tangible outcomes addressing at least one of the SDoH listed above related to chronic disease conditions. ASTHO/NACCHO will select communities using modified SSA methodology and will consider the following criteria:

- Time in operation: The initiative must be actively serving participants and have at least one year of implementation.
- Target population: e.g., the initiative is providing services for African American and/or Latino populations.
- Cultural tailoring: Extent to which an initiative makes changes/adaptation in the recruitment and/or delivery style of the essential initiative elements based on the unique culture and characteristics of the targeted population and community it serves.
- Use of innovative strategies: Using novel strategies to identify, recruit, enroll, and/or retain participants, especially members of the population of interest. These strategies may not be newly developed, but may include a unique combination of outreach methods, educational delivery methods, non-traditional partnerships, and use of incentives to promote participation/completion.
- Evidence of effectiveness and sustainability of health effects: Evidence of effectiveness in improving knowledge, behavioral, and/or clinical outcomes, as well as of intended health effects enduring over time.
- Data system capacity: Capacity of initiative to collect data, baseline through follow-up, on

initiative participants.

- Stakeholders and partners: Information on initiative partners, collaborators, and other stakeholders assisting in implementation of the initiative.
- Organizational capacity for assessment: Capacity of the sponsoring organization and staff to participate fully in the assessment.

The evaluation will be a highly participatory experience with local coalitions/partnerships and attentive to efforts that address SDoH and improve chronic disease outcomes specific to priority populations. Evaluation results will be shared with all key project stakeholders as part of ongoing program meetings and a final report.

The evaluator will have expertise using community-based participatory research approaches to measure, assess, analyze, and report on chronic disease prevention across various types of communities through one or more of five SDoH areas: built environment, community-clinical linkages, food insecurity, social connectedness, or tobacco free policies. Examples of potential change strategies selected communities will be submitting as part of the full evaluation include the following:

- **Built Environment:** Adoption of a Complete Streets policy, addressing inaccessible or nonexistent sidewalks, the addition of bike lanes or walking paths, or improving public transportation options.
- **Community-Clinical-Linkages:** Coordinating the exchange of information and altering activities among the local health department, community-based organization, and a safety net clinic to address high rates of high blood pressure and type 2 diabetes among low-income residents in a specific geographic location. Examples include implementation of a referral network, a community health worker strategy, development of information exchange processes to support entry into care, and collaborations between community-based organizations and safety net clinics to support disease self-management.
- **Food Insecurity:** Implementing programs that lead to food policy changes such as expanding SNAP benefits at local farmers markets, opening a grocery store in an underserved area, expanding farmers markets to underserved areas to encourage both the availability and accessibility of fresh fruits and vegetables, or addressing food deserts through a coordinated community plan.
- **Social Connectedness:** Providing routine and ongoing social support to populations that creates meaningful relationships among community members and neighborhood-based social programming to engage residents, including youth, in coordination with faith-based, clinical and community-based organizations, or implementing strategies to ensure older adults remain connected to the community, for example.
- **Tobacco-free policies:** Establishing a local ban on the sale, distribution, and advertising of menthol tobacco products within a 10-mile radius of schools or other youth-supportive entities, or adopting tobacco-free policies for public places, that includes e-cigarette prohibition in public spaces.

Eligibility

National evaluator with demonstrated experience assessing large scale, community-level multisectoral partnerships/coalitions, local and state public health departments (L/SHD), tribal partners, and/or U.S. territories.

Project Activities/Expected Outcomes/Expectations and Deliverables

The evaluation contractor will work collaboratively with ASTHO, NACCHO, other stakeholders, a technical

assistance consultant, and the community partnerships/coalitions to ensure that the participatory evaluation process will be attentive to outcomes specific to priority populations. The selection of the 50 communities will be based on Systematic Screening and Assessment (SSA) methodologies. ASTHO/NAACHO will use a modified SSA method to identify and select up to 50 community/partnerships with activities/strategies ready for evaluation. The evaluation plan should be informed by the SSA selection process and include components of Rapid Evaluation Methods (REM) approach. The plan should address design, methodology, data sources/collections, analysis, and reporting. The evaluation plan must include how the contractor will determine the program’s implementation process and obtain results of its effectiveness related to the SDoH strategies and interventions through an analysis of selected existing quantitative, programmatic, and health outcomes related to chronic disease prevention.

This evaluation will inform a comprehensive final report that outlines community organization, capacity, interventions, and process that have been effective in addressing social determinants of health, including key findings and recommendations to contribute to the knowledge base for improving health outcomes related to social determinants of health and chronic disease. Below is a proposed outline of the project deliverables.

Task 1	<ul style="list-style-type: none"> ▪ Design a Rapid Evaluation Method Plan <ul style="list-style-type: none"> ○ Evaluator will develop a process and outcome evaluation plan to conduct a rapid evaluation for identified communities. <ul style="list-style-type: none"> ▪ CDC Evaluation framework and SDoH framework as foundation, additional constructs to be added. ▪ Identify both process and outcomes measures, applicable to diverse programs, efficient administration, and built-in reporting capabilities ○ A plan will be designed for each of the identified SDoH interventions. ○ At a minimum, the plan should address design, methodology, data sources/collections, analysis, and reporting.
Task 2	<ul style="list-style-type: none"> ▪ Data Collection, Analysis, and Synthesis <ul style="list-style-type: none"> ○ Evaluator will determine approach for completing proposed data collection activities described in the evaluation protocol. ○ Evaluator will carry out all data extraction, collection, management, and analysis. It is likely that all of the data collection for the REM will be secondary. ○ A mixed methods approach to data collection should be used, including, but not limited to review of existing data sources, qualitative and quantitative data collection, key informant interviews, focus groups, intervention observations, record reviews, as well as mapping of areas impacted by the problem: <ul style="list-style-type: none"> ▪ Quantitative data will primarily be collected through review of existing data sets and organizational administrative data sets. <p>Qualitative data will primarily be collected through interviews with key informants; focus groups; and naturalistic observations.</p> <ul style="list-style-type: none"> ○ Evaluator will prepare a summary report for each of the five SDoH domains, as well as an aggregate executive summary report. ○ Evaluator will identify and summarize common measures (or frequently used measures) across all 50 sites to be included in the report. ○ Evaluator will provide an outline of what will be included in each report prior to development and collect feedback before final draft.
Task 3	<ul style="list-style-type: none"> ▪ Participate in Stakeholder Meetings (Virtual)

	<ul style="list-style-type: none"> o ASTHO and NACCHO will convene virtual meetings of all communities throughout the project period. Evaluator will be expected to present findings during the final meeting.
Task 4	<ul style="list-style-type: none"> ▪ Publications <ul style="list-style-type: none"> o Developing manuscripts for peer-reviewed journals. o Finalize and share the comprehensive evaluation report. o Share findings with ASTHO, NACCHO, and other key stakeholders.

Availability of Funds

ASTHO intends to award one (1) evaluator up to \$1,000,000 for the activities described in this RFP. The end date of the budget period for the project is July 31, 2021; however, given the scope of the project activities, we anticipate that the timeline may need to be extended. Please feel free to provide an extended timeline with what you consider a reasonable time to complete all activities. Details regarding the possible changes to the timeline and any possible carryover requirements will be finalized with the selected evaluation organization during the contract process and execution. All applications must be received via email (chronicdisease@astho.org) **by 5 p.m. ET on January 22, 2021.**

The selected applicant will be notified by the first week of February 2021. Award will be made through a fixed price agreement.

III. Requirements for Financial Award

Allowable Expenses

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$197,300).

Required Activities to be Covered by Award

1. Participate in ongoing planning meeting with key stakeholders understand evaluation goals.
2. Design and submit a Rapid Evaluation Method plan using a participatory design to identify the interventions and practices that contributed to the outcomes reported by the participating communities to address social determinants of health and improve chronic disease outcomes.
3. Conduct the evaluation. Collect, analyze, and synthesize data.
4. Draft a comprehensive evaluation report outlining organizational factors, processes, and specific interventions and approaches that have contributed to changes or improvements that will address social determinants of health.
5. Share evaluation findings with key stakeholders.
6. Prepare manuscripts for peer review journals.

Period of Performance

The end date of the budget period for the project is July 31, 2021; however, given the scope of the project activities, we anticipate that the timeline may need to be extended. Please feel free to provide an extended timeline with what you consider a reasonable time to complete all activities. Details regarding the possible changes to the timeline and any possible carryover requirements will be finalized with the selected evaluation organization during the contract process and execution. The general budget period timeline is below.

January 2021	<p>Informational calls with key stakeholders to understand reported outcomes and outline the contractor’s evaluation plan.</p> <p>Participate in ongoing planning meetings with key stakeholders to understand and confirm evaluation goals.</p> <p>Review current evaluation plans and outcomes data from the participating communities.</p> <p>Submit an evaluation plan for review by funder.</p> <p>Attend kick-off call/program calls with selected communities.</p>
February 2021	Continue revising the evaluation plan; finalize by end of February 2021.
March 2021	<p>Participate in calls/meetings with communities.</p> <p>Conduct the evaluation.</p>
April 2021	Work with selected communities to conduct the evaluation.
May 2021	Work with selected communities to conduct the evaluation.
June 2021	<p>Work with selected communities to conduct the evaluation.</p> <p>Conduct cross site synthesis of trends and common practices.</p>
July 2021	Draft a comprehensive evaluation report outlining organizational factors, processes, and specific activities and approaches that have contributed to changes or improvements that will address social determinants of health. This will include an overall summary of findings for each SDoH area.
July 2021	Summarize and disseminate findings (report, power point slides, posters, present the findings at CDC and at national/international professional meetings).

Reporting Requirements

An evaluation plan and final, comprehensive evaluation report. Participate in check in calls as needed.

IV. Required Proposal Content and Selection Criteria

Applications will be reviewed and scored by ASTHO based on the following criteria:

<u>Criteria</u>	<u>Weights of Criteria</u>
Technical Approach	40
Staffing and Management	30
Similar or Previous Experience	30

A. Technical Approach

1. Data collection methods, tools, and variables to be collected; description of key outcomes measures; collection of cost and effectiveness data; data management processes; performance of data quality checks and creation of analytic files; data analysis; and dissemination of findings.
2. The procedure the applicant will use to ensure the evaluation designed is rigorous in order to gain insight on implementing SDoH strategies that target vulnerable populations and assessing outcomes.
3. A detailed work plan and timeline of all the activities that will be conducted for successful implementation of the project.

B. Staffing and Management

1. The applicant is to provide a staffing plan that demonstrates an understanding of the labor requirements for this task order to include proposed labor categories and levels of effort.
2. The applicant should provide information reflecting the ability of proposed staff to fulfill the required tasks, especially personnel with at least 2-5 years of experience in implementing rigorous evaluations and assessments, assigned to determine the most appropriate technical approach, and conduct qualitative and quantitative data collection and analysis.
3. The applicant should provide information reflecting and demonstrating proposed staff skills, training, experience, and expertise to successfully complete activities within the required task areas, including but not limited to: designing data collection tools; collecting and analyzing qualitative and quantitative data, secondary data, multi-modal, multi-informant data sets; conducting evaluation of diabetes self-management programs; conduct site visits for field observation and meetings with program stakeholders; and conduct synthesis and analysis of data via triangulation technique (Green, 1985).
4. The applicant is to provide a management plan that describes the approach for managing the work, to include subcontract management if applicable.

C. Similar or Previous Experience

The applicant is requested to submit three examples of dissemination products that are less than five pages (e.g., infographics, two-pagers, reports briefs, executive summaries, factsheets).

1. The applicant should provide information reflecting experience that is similar in complexity and size to the anticipated project. Provide demonstration of capabilities, expertise, and experience in:
 - a. Designing and conducting evaluations.
 - b. Conducting evaluations of SDoH program/strategies and/or chronic disease prevention and control programs.
 - c. Primary and secondary data collection, as well as management and analysis of large, multi-year, multi-modal, multi-informant data sets.
 - d. Conducting rigorous evaluations and assessments of interventions that target vulnerable populations.
 - e. Developing of presentation materials for public health practitioners.
 - f. Developing manuscripts for peer-reviewed journals.

D. Budget and Budget Narrative

Provide a detailed fixed price per deliverable budget, including detailed projected costs for the completion of the project. Maximum award is up to \$1,000,000. Please use the budget template link below which outlines the general format in which the budget should be presented. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity.



Attach A_Contractor
Budget Template.xlsx



Attach B1_Consultant
ASTHO.docx

- Compensation will be disbursed and should include all expenses incurred in the performance of the contract, and shall be paid for work that has been judged acceptable by ASTHO.

E. Response to Draft Contract

Selected applicant(s) will enter into either a fixed price contractor agreement with ASTHO. A draft agreement is available in **Attachment B1. *Review the agreement’s terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application.*** ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

APPLICATION

COVER LETTER/ CONTACT INFORMATION				
Organization Name				
Street Address				
City/State/Territory				
Lead project contact (agency-designated project contact for all matters pertaining to the project):				
Name				
Email				
Phone				
Lead finance contact (agency-designated finance contact for all matters pertaining to processing contracts and invoices):				
Name				
Email				
Phone				
Contact List for Core Team: The three to six persons core evaluation team that will be actively engaged to achieve the goals. (add lines as needed)				
Name	Title	Organization	Email	Phone
A. TECHNICAL APPROACH				
I.	Process, data collection methods, tools (see details above)			
II.	Procedure to ensure rigorous evaluation design (see details above)			
III.	Detailed workplan (see details above)			
IV.	Detailed timeline of activities; okay to submit timeline that extends beyond the current budget period (see details above)			
B. STAFFING AND MANAGEMENT				

I.	Staffing plan and management plan (see details above)
C. SIMILAR OR PREVIOUS EXPERIENCE (ATTACHED EXAMPLES OF DISSEMINATION PRODUCTS)	
I.	Attach three examples of dissemination products that are less than five pages (e.g., infographics, two-pagers, reports briefs, executive summaries, or factsheets).
D. BUDGET & BUDGET NARRATIVE (ATTACH)	
I.	Attach completed budget template
II.	Attach completed budget narrative template
E. RESPONSE TO DRAFT CONTRACT	
<p>A draft agreement between ASTHO and the selected applicant is available in Attachment B. Review the agreement's terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant.</p>	

V. Submission Information

Application Procedure

ASTHO must receive applications by 5:00 p.m. ET on January 22, 2021. Please submit an electronic copy of the application along with all requested attachments to ASTHO staff at chronicdisease@astho.org. Incomplete applications or applications received after the deadline will not be considered.

Timeline (subject to change)

- December 8, 2020: RFP released
- Jan. 22, 2021, 5 p.m. ET: Deadline for submission of grant proposals
- Week of February 1, 2021: Contract award announced
- Feb. 2021: Contract period commences
- Feb. – May 2021: Virtual Learning Sessions and TA calls with communities
- Jun. 2021: Drafting evaluation report
- Jul. 2021: Final evaluation report due

Applicant Questions and Guidance

ASTHO will support interested applicant to offer guidance and address specific questions about the RFP. Interested parties may contact ASTHO staff via e-mail at chronicdisease@astho.org to schedule a one-on-one call.

Funding and Disclaimer Notices:

This project is supported by a grant from the Centers for Disease Control and Prevention (RFA- CDC-RFA-OT18-1802). CDC does not endorse any product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC or Health and Human Services.

This RFP is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.