

# Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community

## Request for Applications

### Summary Information

**Purpose:** The Association of State and Territorial Health Officials (ASTHO), with support from the Centers for Disease Control and Prevention (CDC), invites states, territories, and jurisdictions to apply to participate in a multi-jurisdiction learning community to conduct data linkages between Pregnancy Risk Assessment Monitoring System (PRAMS) and maternal child clinical outcomes data sets.

**Proposal Due Date and Time:** *Friday, June 4, 2021 by 11:59 p.m. ET*

**Selection Announcement Date:** *Friday, June 25, 2021*

**Monetary Assistance Available to Awardees:** Funding will be available for states, territories, and jurisdictions to build capacity to conduct and advance data linkage activities between PRAMS and other maternal child clinical outcomes data sets.

**Maximum Funding Amount:** Up to \$135,000 per jurisdiction, scaled to the local position market.

**Estimated Period of performance and final report date:** May 2021 – April 2022, with August – April 2022 subject to project continuation and funding from CDC. If additional funding becomes available, the project may be extended.

**Informational Call:** *Tuesday, April 20, 2021 from 2–3 p.m. ET*

**Eligibility:** All states, territories, and jurisdictions with a current PRAMS project that have met or have the capacity to meet the response rate threshold of at least 55% for at least one calendar year during Phase 8. Applicants must be in good standing with ASTHO to be eligible to apply.

**ASTHO Point of Contact:** Britta Cedergren, Director, Family and Child Health, [PRAMS@astho.org](mailto:PRAMS@astho.org). Please include “RFA: PRAMS Multi-Jurisdiction Learning Community” in the subject line.

### Description of RFA

#### Background

The goal of the Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community (hereby referred to as the “PRAMS Multi-Jurisdiction Learning Community”) is to create a network of states, territories, and jurisdictions as they build capacity to link PRAMS and clinical data to support maternal and child health Patient-Centered Outcomes Research, and clinical quality improvement initiatives. According to the Patient-Centered Outcomes Research Institute, “Patient-Centered Outcomes Research helps patients, and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.” Data linkage is a key driver of state surveillance and clinical quality improvement activities; this project will increase state capacity in this area to further conduct linkage activities, building upon existing infrastructure.

The ASTHO PRAMS Multi-Jurisdiction Learning Community will:

- Establish a coordinating center to support up to 12 states, territories, or jurisdictions in a learning community focused on building improved data linkages for PRAMS data with clinical outcomes data (e.g., hospital discharge, vital records, Medicaid claims, and All-Payer Claims databases)
- Develop standard methodology for linking data sets consisting of PRAMS and clinical outcomes data to inform future activities supporting Patient-Centered Outcomes Research in maternal and child health.
- Support standardized processes for hosting and sharing de-identified data from multiple states with external researchers.
- Provide technical assistance to states to use standardized methodology to link data.
- Document strategies and lessons learned for sustainability and expansion of project in the future.

### **Project Activities**

ASTHO will form the PRAMS Multi-Jurisdiction Learning Community network through a competitive process with up to 12 state, territory, or jurisdiction health departments and their partners. Selected applicants with *demonstrated capacity* to access PRAMS, vital records, and clinical outcomes data (e.g., hospital discharge, Medicaid claims, All-Payer Claims databases), will be provided technical support to further build and improve upon data linkages in order to inform Patient-Centered Outcomes Research in maternal and child health.

Applicants will be expected to participate and actively engage in the following activities, including:

- Attending a virtual kick-off meeting with ASTHO and CDC.
- Attending all Learning Community activities, including *ASTHOConnects* virtual learning sessions, technical assistance calls, team-to-team learning opportunities, evaluation calls, and additional assessments.
- Developing and implementing a work plan, submitting quarterly progress reports, and participating in technical assistance site visits or conference calls with ASTHO staff, as needed.
- Providing information via needs assessments or key informant interviews to identify facilitators and understand barriers to data linkage to inform and refine technical assistance needs.
- Obtaining all documentation needed for data dictionaries.
- Finalizing all documentation needed for data linkages and data sharing, such as Memorandums of Agreement, Institutional Review Board approvals, and/or data sharing agreements.
  - States, territories, or jurisdictions may also show documentation to demonstrate existing processes and templates for data sharing and linkages, and/or should include a timeline for finalizing these agreements with partners as part of the application.
- Conducting data linkages and analysis resulting in de-identified linked datasets.
- Collaborating with the project Interagency Advisory Workgroup to identify priority activities that facilitate improved data linkage, share successes, and build sustainability plans.
- Working with ASTHO and CDC to identify mechanisms for hosting and sharing data with external researchers.
- Participating in partner activities throughout the Learning Community to troubleshoot barriers, share best practices, and build upon successes.

### **Expected Outcomes**

PRAMS Multi-Jurisdiction Learning Community applicants will build capacity to effectively grow and monitor progress of data linkage activities to better inform future Patient-Centered Outcomes Research in maternal and child health. Applicants will receive direct support through a full-time equivalent (FTE) staff member or ASTHO field placement. Along with guidance from ASTHO and the Interagency Advisory Workgroup, applicants will work together across the Learning Community cohort to develop performance measures to track major milestones as they standardize and build consistency across data set linkages.

PRAMS Multi-Jurisdiction Learning Community activities will inform future ASTHO activities that support state, territory, or jurisdiction data linkage activities to build Patient-Centered Outcomes Research sites across the country. As an organizational final product, ASTHO will develop a technical report on protocols, process, and lessons learned on data access; data linkage; data hosting and sharing; and sustainability. This report will document some of the step-by-step processes for duplication of similar activities and be made available to members nationwide.

### **Health Equity**

ASTHO is committed to supporting state health agencies in their work to address health disparities and advance health equity. This commitment is evident in ASTHO's [vision statement](#) and [2018-2021 Strategic Map](#). Applicants are encouraged to incorporate health equity in their project proposals and data linkage activities.

ASTHO's [Guidance for Integrating Health Equity Language Into Funding Announcements](#), a resource for states to incorporate health equity into their operations, provides health equity terms and examples of health equity activities.

### **Technical Support**

ASTHO will provide information and technical support to the grantee at no cost, including virtual site visits. Technical support may be provided by the project's Interagency Advisory Workgroup, other learning community teams, and partners. ASTHO will work with PRAMS Multi-Jurisdiction Learning Community and the Interagency Advisory Workgroup to develop a series of project indicators and individual site performance measures to be updated quarterly in order to track and evaluate project progress and share best practice examples through storytelling activities.

### **Funding**

Grantees will be eligible for up to \$135,000 for the project. All states participating in the Linking PRAMS and Clinical Outcomes Data Learning Community are eligible to receive funding for a full-time equivalent (FTE) staff member or ASTHO field placement through awards up to \$135,000, in accordance with the local position market, based on state needs. Funds may also be used to pay for acquiring datasets, linkage software, or other required items. Funding may not be used for equipment. The options for hiring through this funding opportunity, for at least 12 months, are:

- A. The state, territory, or jurisdiction participant site will hire a full-time equivalent (FTE) staff member or request an ASTHO field placement to carry out the work, or utilize existing MCH assignees or CSTE MCH fellows, EIS officers, or ORISE fellows already available to them.
- B. ASTHO will place a salaried, locally hired field placement to provide on-site support.
- C. ASTHO will hire a contractor to provide support to applicants as deemed necessary by project needs and number of applicants.

## Selection Criteria

Each application will be reviewed and rated by a review panel consisting of ASTHO staff and staff from the CDC Division of Reproductive Health. Proposals will be rated on the following evaluation criteria:

- Completeness of application.
- Written documentation from the state, territory, or jurisdiction health official stating project support and pledging they will champion data access and sharing (e.g., State health officials, Title V directors, Medicaid directors) agreements.
- Access to vital records files with identifiers linked to PRAMS, and at least one primary clinical outcomes dataset for linkage, including, but not limited to:
  - Hospital discharge data
  - Vital records
  - Healthy Start or Home Visiting clinical data
  - All Payer Claims Database data
  - Medicaid claims data
- Documented approvals to link said datasets at the state level and permission to share de-identified datasets with CDC and external researchers through existing documentation or by referencing existing processes, templates, and a proposed timeline for securing approval to share.
  - Within 30 days of funding there is a fully executed or existing memoranda of understanding (MOA) or data sharing agreement with custodians of data sets including descriptions of current and future partnerships.
- Description of capacity and experience linking vital records with clinical outcomes data, including linkages performed through HRSA SSDI, or publications using linked data.
- Capacity to analyze linked datasets and willingness to participate in multi-jurisdiction efforts.
- Appropriately documented budget request consistent with stated needs and resources.
- A proposed plan to sustain data linkage capacity and analyses to continue to monitor pregnancy-related outcomes into the future.

## Requirements for Financial Award

### Allowable Expenses

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFA 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 \$199,300). Funding may be used for mini-grants, stipends, materials/supplies, staff/consultant time, and other project-related expenses.

### Period of Performance

May 2021 – April 2022, with August – April 2022 subject to project continuation and funding from CDC. If additional funding becomes available beyond 2023, the project may be extended.

### Reporting Requirements

Awardees will be required to:

- Develop a workplan in coordination with ASTHO and CDC and update the workplan progress at least quarterly.
- Participate in a virtual kickoff meeting, virtual learning sessions, and technical assistance activities.
- Complete a template for a final report detailing data linkage success stories, facilitators, and barriers to inform strategies and lessons learned for sustainability and expansion of project.

## Required Proposal Content and Selection Criteria

Required Sections: Applicant Worksheet, Cover Letter, Budget and Budget Narrative, and Response to Draft Contract/Contract Terms. Only the information provided in the applicant worksheet count toward the 6-page limit.

**Required Language:** For the Cover Letter, Budget and Narrative, and Response to Draft Contract/Contract Terms sections, the descriptive language should be included as stated below. For questions related to the application, an FAQ document has been included, and ASTHO will host an informational call using the information indicated in the submission section.

**Proposal Content:** Please include the following elements in your submission. Proposals should be completed using the associated applicant worksheet. The worksheet itself may not exceed six (6) pages in length. Required appendixes do not add to page limit and include a cover letter, any letters of commitment, budget, budget narratives, and staffing CV's. Proposals must include all components listed below to be considered.

### Applicant Worksheet with the following required items (80 points):

1. Proposed Approach (30 points)  
Provide a brief outline of the approach and strategy to accomplishing the requested project activities (maximum word count 250). Provide a brief outline of approach, strategy, identified data sets to be linked, how data would be used or potential priority analyses, proposed partnerships, and plans for sustainability to achieve the deliverables and meet the expectations noted above. A formal workplan will be completed as part of the learning community, after award.
2. Prior Experience, Performance, and Organizational Capacity (50 points)  
Describe experience and quality of performance on recent work completed with similar scope. Include information about familiarity with and understanding of the topic and information about the agency and its capacity to perform the services required within the timeframe. Suggested demonstrated prior experience includes:
  - Documented partnership with PRAMS grantee, vital registrars (vital records), and holder of proposed clinical datasets for linkage. Include state level team members responsible for assisting with this project, including data stewards of datasets for linkage.
  - Documented access to vital records file with identifiers linked to self-reported PRAMS data.
  - Documented access to at least one primary clinical outcome administrative dataset (e.g., hospital discharge, Medicaid claims, intervention services) and identifiers for linkage. The applicant should provide documentation for at least one primary clinical outcomes dataset(s) of interest, as well as indicate if additional clinical outcomes datasets are available for linkage.
  - Documented permission to share de-identified dataset with CDC and ASTHO. Please include an MOU/letter to denote permissions. If these permissions do not currently exist, please indicate processes and proposed timeline to complete MOU to be signed

with a letter from an appropriate official (e.g., legal officer) within 30 days of funding award.

- Demonstrated capacity to link data to inform maternal and child health program and policy, such as HRSA State System Development Initiative (SSDI), previous data linkages, or steps needed to build this capacity within the timeframe (e.g., needed software or personnel).
- Demonstrated capacity to analyze linked datasets.
- Describe experience and quality of performance on recent work completed with similar scope. Include information about the agency and key staff to address ability and capacity to perform the services required within the specified timeframe.
- Demonstrated capacity to participate in multi-jurisdiction efforts.

#### **Applicant Cover Letter/Letter of Support from State/Territorial Health Official (5 points)**

Include the names of the learning community team members including name, title, and contact information (email) that will attend the virtual learning sessions and virtual ASTHO Learning Community kick-off meeting. Please identify a point person for ASTHO correspondence. Additionally, please include a financial/contract contact with name, title, and contact information. If a team member is to be named (TBN), please specify a timeframe for when the representative will be named. Required team members must provide an attached CV. Required team members include:

- a. PRAMS Manager
- b. Clinical outcomes dataset manager
- c. Maternal and Child Health (MCH) department representative (e.g., MCH Title V Director, MCH epidemiologist, or similar)
- d. Informatics or IT representative
- e. Any additional participants as needed integral to the work of the project

#### **Attachment A: Budget & Budget Narrative (10 points)**

Provide a detailed fixed price budget, including detailed projected costs for the completion of the project. The budget should include salary, fringe benefits, other direct costs, and indirect costs, as appropriate. If indirect costs are included on your budget, please provide a copy of your approved Indirect Cost Rate Agreement. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. Funding may be used for funding a position within the agency, software, datasets, or other line items.

Maximum award requested for the application is \$135,000 for one year. If additional funding is available, ASTHO may increase the award ceiling or extend the timeframe of the award. Attachment A outlines the general format in which the budget should be presented. Applicants should use Attachment A to develop their project budget for submission. Please see submission information, below, for more details.

## **Attachment B: Response to Draft Contract/Contract Terms (5 points)**

ASTHO and successful applicants will enter a memorandum of understanding (MOU) with a fixed price payment schedule, depending on the application category chosen. Review the agreement's terms and conditions (see **Attachment B**)—including provisions related to publications; acknowledgement of federal support; 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.

## **Submission Information**

### **Application Procedure**

ASTHO must receive applications by **Friday, June 4, 2021 at 11:59 p.m. ET**. Please submit an electronic copy of the application to Britta Cedergren, [PRAMS@astho.org](mailto:PRAMS@astho.org). Please include "RFA: PRAMS Multi-Jurisdiction Learning Community Application" in the subject line. Incomplete applications or applications received after the deadline will not be considered.

### **Timeline**

- April 5, 2021: RFA released
- April 20, 2021: RFA informational Call
- June 4, 2021: 11:59 p.m. ET: Application submission deadline
- June 25, 2021: Awardees announced
- Project period: May 2021 – April 2022, with August – April 2022 subject to project continuation and funding from the CDC. If additional funding becomes available, the project may be extended.

### **Applicant Questions and Guidance**

ASTHO will support interested applicants to offer guidance and address specific questions about the RFA. A bidder's conference call will be held on Tuesday, April 20, 2021 at 2 p.m. ET. Interested parties may contact ASTHO staff via e-mail at Britta Cedergren, [PRAMS@astho.org](mailto:PRAMS@astho.org). Q&A will be posted regularly on <https://astho.org/funding-opportunities/> under the heading, "Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community."

### **RFA Informational Call**

An informational call for interested applicants will be held on Tuesday, April 20, 2021 at 2 p.m. ET.

Please register in advance for this call using this [link](#).

For same day access, teams may use:

<https://astho.zoom.us/j/97680850283>

Meeting ID: 976 8085 0283

One tap mobile

+13017158592,,97680850283# US (Washington DC)

+16468769923,,97680850283# US (New York)

Interested parties may also direct questions to Britta Cedergren through [PRAMS@astho.org](mailto:PRAMS@astho.org).

**Disclaimer Notice:**

This RFA 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 RFA; to waive any deviation from the RFA; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFA. 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 RFA.