



## Request for Proposal (RFP)

### SelfMade Health Network (SMHN): Specialized Training and Technical Assistance (TA) Hub

#### Description:

*Expanding the Delivery of Specialized Training and Technical Assistance (TA) to State Tobacco Control Programs to Improve Health Outcomes Among Populations with Low Socioeconomic Status (SES) Characteristics*

**Release Date:** September 8, 2021 (Wednesday)

Funding level: \$374,000 (over a two-year period; \$187,000/year)

**Extended Closing Date and Time:** October 29, 2021 (Friday) 11:59 p.m. EST

**Notification of intent to award to selected organization:** December 1, 2021 (Wednesday)

**Project Launch:** January 10, 2022 (Monday)

#### Background:

“Achieving health equity entails reducing significant differences or inequalities in health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.” World Health Organization (WHO)

As noted in the National Cancer Institute (NCI), report “*A Socioecological Approach to Addressing Tobacco-Related Health Disparities*” although significant progress has been achieved in reducing tobacco use overall, some vulnerable populations defined by socioeconomic status (SES) including low-income populations have benefited at a sluggish pace from efforts to reduce tobacco use. Such vulnerable populations also continue to experience higher rates of tobacco-related morbidity and mortality, including mortality from cancer (including tobacco-related cancers). In addition, this report defines tobacco-related health disparities (TRHD) as “differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.”

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Moreover, a combination of economic, healthcare, educational, social and environmental factors continue to influence health status of populations. As a result, the interconnectedness or intersectionality of these complex factors at multiple levels (state, county, community) play a crucial role in reducing health disparities (including tobacco-related disparities); especially among populations with low socioeconomic status (SES) characteristics.

*While the Centers for Disease Control and Prevention (CDC)-Office on Smoking and Health (OSH) National State Tobacco Control Program (NSTCP) has successfully contributed to lowering commercial smoking prevalence over the last two decades, gaps still exist nationally in commercial tobacco use prevalence for some populations most at risk and most likely to suffer disproportionately. To address these specific populations, in 2020, CDC-OSH instituted a Community-Based Disparity requirement for NSTCP with an increased focus on decreasing and eliminating disparities in tobacco control through greater emphasis on tobacco-related health equity. The initiative is designed to build on the history of the program and to address the continued higher tobacco use and secondhand smoke (SHS) exposure among population groups most impacted by disparities, specifically drawing attention to those with low socioeconomic status. As a result, the primary funding source for this RFP: CDC-RFA-DP18-1808. The terms and definitions highlighted as part of this initiative are featured below, they include:*

**Health Disparity:**

Differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

**Commercial Tobacco Related Disparities:**

Differences in:

- Patterns, prevention, cessation, and treatment of commercial tobacco use and dependence.
- Commercial tobacco related risk, prevalence, morbidity, and mortality that exist among specific population groups in the United States, and globally.
- Related differences in health capacity and infrastructure, access to health resources, and exposure to secondhand smoke and aerosol emissions.

**Health Equity:**

Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

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**Tobacco Related Health Equity:**

The equitable, fair, and just opportunity and conditions for all people to live a healthy life free from commercial tobacco-related disease, disability and death, regardless of their race, ethnicity, age, sex, income, level of education, gender identity, sexual orientation, the job they have, the neighborhood they live in, the type of insurance they have or if they are uninsured or underinsured, or whether or not they live with a disability or substance use disorder.

**Health Inequity:**

Systematic, unfair, unjust, and avoidable differences in health that result from discrimination based on socioeconomic status, age, race or ethnicity, sexual orientation and gender identity, education, income, disability status, geographic location, or a combination of these.

**SelfMade Health Network (SMHN):**

SelfMade Health Network (SMHN) established in 2014, is a member of the CDC's Consortium of National Networks, jointly funded by the CDC's Office on Smoking and Health (OSH) and Division of Cancer Prevention and Control (DCPC), to advance prevention efforts related to tobacco-related and cancer health disparities. SelfMade Health Network (operated by Patient Advocate Foundation) specifically focuses on reducing disparities among populations with low socioeconomic status (SES) throughout the nation. SMHN provides technical assistance, training and other forms of support to National Tobacco Control Programs (*also known as National State Tobacco Control Programs (NSTCPs)*) and National Comprehensive Control Programs (NCCPs), their partners and grantees (where applicable).

**Purpose:**

The purpose of this request for proposal (RFP) is to establish a training and technical assistance (TTA) hub to coordinate and provide customized technical assistance to CDC-OSH supported NSTCPs to enhance their capacity to implement evidenced based strategies or explore innovative promising practices to reduce tobacco-related disparities among populations with low socioeconomic status (SES) characteristics. This hub would be comprised of specialty services and resources centered around enhancing skills, knowledge, capacity and reach to address the unique challenges to tobacco cessation experienced by persons with low socio-economic characteristics. The content of TTA hub should be designed to address the following priority areas: health equity strategies, multi-sector, and multi-level (state, local) stakeholder engagement, community-level education activities, community-based policy, systems and environmental (PSE) interventions and best practices as well as community engagement.

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Please note that for purposes of this funding, the term “community” includes or maybe defined as: a county, city, town, community, multi-county area, worksite(s), metropolitan statistical area (MSA), health system(s) and geographic region within the same census tract or zip code.

**Period of Performance and Budget:**

This RFP includes an initial funding cycle (contingent upon performance and available funding).

Performance Period (1): January, 2022- September 2022 [Total Amount: \$187, 000]

Performance Period (2): October 2022-September 2023 [Total Amount: \$187,000]

As part of the proposal packet, the applicant should provide a detailed 12-month budget with supporting narrative justification that reflects all direct and indirect cost. The indirect rate should not exceed 10%. The budget should reflect the following categories: Personnel (including percentage of time devoted to project); Fringe rate; Supplies, Travel, Other The budget should not exceed total costs (direct and indirect) reflected above.

**Eligibility Criteria:**

The following organizations are encouraged to submit proposals and apply:

- U.S. based 501©(3) registered charitable organizations, private foundations and minority-owned businesses. Organizations must provide a copy of their most recent W-9 form as part of this application.
- Academic Institutions
- Area Health Education Centers (AHEC)-National and State Chapters
- National Network of Public Health Institutes (NNPHI)- (National and State Chapters)
- Society for Public Health Education (SOPHE)-National and State Chapters
- Training Institutes, Technical Assistance and Training Centers and similar organizations

*Please Note: Entities that receive funding, donations, or in-kind support directly or indirectly from any tobacco or electronic cigarette manufacturer, distributor, or other tobacco-related entity are not eligible to apply.*



### **Primary Goals:**

- A. Establish a training and technical assistance hub to gain new insights into practice-based evidence that will better guide future health equity work in commercial tobacco control, specific to populations with low socio-economic characteristics.
- B. Identify innovate solutions for community level engagement to support tobacco prevention and cessation among populations with low socio-economic characteristics.
- C. Enhance the capacity of NSTCPs to delivery evidence-based interventions to reach and impact populations with low socioeconomic status characteristics.
- D. Expand the delivery of tailored or customized technical assistance and trainings delivered to NSTCPs with an interest in reducing tobacco-related disparities among populations with low socioeconomic status characteristics or low-income communities.

### **Scope of Work:**

1. Assign at least one (1) member from the organization who will serve as Project Coordinator. The Project Coordinator role will include, at minimum, the following: a) Serve as the primary point of contact facilitating all communications with members of the project team and SMHN. b). Participate in in monthly progress update calls with SMHN designee. c). Submit all monthly progress reports, detailing progress towards specific contractor deliverables and barriers encountered. d). Complete and submit SMHN Training and Technical Assistance Report (access to reporting template to be provided by SMHN Evaluator who will also work with select contractor on submission schedule and due dates. e). Respond to project related inquiries from the SMHN team. f). Lead implementation of project related scope of work.
2. Establish the SMHN Training and Technical Assistance Hub to support NSTCP through individualized technical assistance and other methods in implementing community-based PSE strategies and activities using a community-led approach to address populations that are disparately affected by tobacco use and dependence and secondhand smoke (SHS) exposure in a specific community within the state.

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3. Develop and implement a written process for providing initial and continuous technical assistance and training to NSTCPs across a continuum of activities spanning from resources and tools to training and individualized technical assistance:
  - a) Develop a guidance document that includes 1) principles for working collaboratively with populations with low socioeconomic status (SES) characteristics; 2) links to resources and tools impacting populations with low socioeconomic status (SES) characteristics; and 3) checklists to assess readiness and capacity of local lead agencies and links training resources.
  - b) Establish an affinity group with a primary focus on populations with low socioeconomic status (SES) characteristics. Additional guidance can be provided by SMHN upon contract execution.
  - c) Provide community engagement training and individualized technical assistance to National Tobacco Control Programs (also known as National State Tobacco Control Programs (NSTCPs)] identified and served by SelfMade Health Network (SMHN).
  - d) Provide tailored or customized training and technical assistance to National Tobacco Control Programs (*also known as National State Tobacco Control Programs (NSTCPs)]*) on processes for selecting interventions that upholds principles for community engagement impacting populations with low socioeconomic status characteristics.
  
4. Support the NSTCP by providing technical assistance to include health equity strategies in the development of State Comprehensive Tobacco Control Plans that also align with related strategies in other state chronic disease control plans such as the cancer control plan.
  - a) Develop guiding principles for including health equity strategies (Low SES specific) in the development of, or in addition to State Comprehensive Tobacco Control Plans or their state strategic plans consisting of tobacco prevention and control.
  - b) Provide written recommendations followed by individualized technical assistance to increase integration of health equity strategies in the State Comprehensive Tobacco Control Plans.

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5. Develop a training curriculum and provide training as well as technical assistance on engaging communities in policy strategies specific to low socioeconomic populations. Include community-level education on why tobacco continues to be a relevant and critical topic.
6. Establish a training/technical assistance delivery modality based on identified needs of state NTCP to ensure a customized experience for state staff.
7. Develop a training curriculum, written recommendations and deliver corresponding ongoing training and technical assistance (individualized, group) to National Tobacco Control Programs (NTCPs) to increase the integration of health equity strategies (Low SES perspective) in State Comprehensive Tobacco Control Plans or their state strategic plans consisting of tobacco prevention and control.
8. Develop a training curriculum and deliver corresponding training and technical assistance (individualized, group) to National Tobacco Control Programs (NTCPs) on topics including the intersection of tobacco use and increased risk of COVID-19 in populations already experiencing health disparities (including low SES populations).
9. Document trainings, technical assistance (TA) and other forms of support delivered to NSTCPs utilizing the SMHN Training and Technical Assistance Report template.
10. Work with SMHN Evaluator to establish process for documenting or capturing data in the SMHN Training and Technical Assistance (TA) reporting templates as well as identify key evaluation questions, process and outcome measures, data collection sources, and analysis plan for continuous quality improvement of the TA Hub.
11. Work with SMHN evaluator to identify indicators for reporting CDC required program outcomes and performance measures. For example, the required program outcome is “Increased delivery of evidence-based interventions to reach and impact target population”. The required performance measure is to provide “At least two examples of how evidenced-based interventions reached and impacted target population through state, tribal, territorial, or local programs and how they were improved after consultation.
12. Track trainings, technical assistance (TA) and other forms of support delivered to National Tobacco Control Programs (NTCPs), their grantees or partners (where applicable) utilizing the SMHN reporting templates. Submit completed SMHN TA and training tracking reports monthly.



## **Selection Process**

The following guidelines govern the format and content of the proposal and the approach to be used in its development and presentation. Proposal and all attachments shall be complete and free of ambiguities, alterations, and erasures. Proposal shall not exceed a total of 7 pages (*excluding budget, and samples of resources and other previous work*). SMHN reserves the right to conduct independent reviews. SelfMade Health Network reserves the right to conduct reference checks on applicants submitting Letters of Support prior to making any selection.

This proposal shall be evaluated overall based on the following criteria:

- 1) Organization's current capacity and infrastructure to implement and sustain the proposed scope of work over both performance periods.
- 2) Organization's breadth of experience in the delivery of customized training and technical assistance to state public health programs and the ability to provide such support to multiple states (average: 5 to 10 states) using various delivery modalities (individualized, group formats) to multiple states.
- 3) Organization's experience in partnerships, collaborations, initiatives, and projects related to health equity, tobacco-related disparities, tobacco prevention and control, health disparities, capacity-building, multi-sector stakeholder engagement, community engagement.
- 4) Organization's demonstrated experience in the provision of technical assistance and trainings involving evidence-based interventions (EBIs), strategies, activities, best and promising practices impacting vulnerable populations such as: populations with low socioeconomic status (SES) populations and their respective communities.
- 5) Organization's experience in developing learning curricula and other resources developed pertaining to topics such as: policy, systems, environmental changes (related to tobacco prevention and control), reduction of secondhand smoke exposure policy adoption, partnership development, health equity, tobacco-related disparities, community engagement and/or low socioeconomic status (SES) populations.
- 6) Organization's experience with establishing, leading, convening and/or participating on affinity groups or similar types of groups broad representation or multi-sectors with shared goals or strategic agenda.

*Please note:* If resources are posted on the organization's website, applicants have the option of listing the website link to where a copy of the resources are posted as part of their proposal.

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### **Proposal Requirements:**

*Please Note:* Proposals submitted must include responses in the chronological order and categories or subheadings presented below.

### **Interest/ Organizational Capacity Overall: 5 points**

Provide a general statement or summary of interest about why your organization would like to participate in this initiative. Summary may include a brief description of or defining the tobacco use burden, how your organization will address the goals or priority areas outlined in this RFP. This summary should also include the estimated number of staff that your organization plans to assign to this proposed work as well as a copy of the Primary Project Lead's resume.

### **Organization's Capacity/Experience in the Delivery of Training and Technical Assistance (TA): 35 points**

Provide a detailed summary of how your organization will strategically deliver various methods of training and technical assistance to state public health programs (i.e. tobacco prevention and control programs, cancer prevention and control programs) and where applicable; their grantees or partners (for example, coalitions, health systems, non-profit organizations, community-based organizations) to impact populations with low socioeconomic status (SES) characteristics.

- a) Provide examples of experience in training and technical assistance (including methods, formats, audience reach, and results or outcomes) delivered to state or local county government agencies, coalitions (cancer, tobacco, chronic disease, policy, health policy), non-profit organizations (NPOs), and/or community-based organizations (CBOs) involving topics such as: policy, systems, environmental changes (also known as PSEs), reduction of secondhand smoke exposure policy adoption, partnership development, health equity, tobacco-related disparities, and community engagement.
- b) Submit an example of any assessments, surveys (pre and post) or other assessment or evaluation tools developed or utilized to identify training needs or inform training design or to measure training outcomes.
- c) Provide a general summary of trainings and technical assistance (TA) delivered involving evidence-based interventions or strategies, best and promising practices related to health equity, tobacco-related disparities and/or health disparities. Summary should include (at a minimum) information such as: audience composition/reach, training delivery methods or formats, results or outcomes.

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## **Organization's Capacity/Experience in Policy, System and Environmental (PSE) Interventions: 35 points**

Provide a brief summary that describes your organization's current or previous experience in planning, and delivering training and technical assistance (TA) pertaining to policy, systems, environmental (PSE) strategies or other evidence-based interventions (EBIs) pertaining to topics such as: health equity, tobacco prevention, tobacco cessation, tobacco-related disparities, tobacco-related cancers, health disparities, reducing secondhand smoke exposure, capacity-building, and community engagement.

## **Evaluation and Data Collection/Reporting Capacity: 15 points**

As part of an overall reporting process involving a Centers for Disease Control and Prevention (CDC) Cooperative Agreement and SMHN, routine training and technical assistance (TA) data utilizing the SMHN reporting template would be submitted monthly to SelfMade Health Network (SMHN) Evaluator.

- Describe current program evaluation expertise related to training and technical assistance.
- Describe experience developing comprehensive evaluation plans and capacity for systematically collecting and reporting quantitative and qualitative data. Applicant may provide examples of evaluation plans, pre/post-tests, surveys, and qualitative assessments
- Describe capacity and approach to demonstrate success or assess progress toward achieving CDC required outcomes and performance measures previously described
- Describe current infrastructure and capacity to routinely document and collect data. This may include assessments or surveys conducted, pre and post-tests related to trainings delivered, as well as qualitative and quantitative reporting based upon experience involving current or previous projects, initiatives, collaboratives and/or trainings and technical assistance.

**Budget and Budget Justification: 10 points**

Provide a budget with justification that reflects all projected project related expenses (ie, salary, travel, supplies, meetings, trainings, resource materials, etc.)

Expense Categories	Expenses
Salaries and Benefits	
External Consultant/Professional Fees	
Travel and Incidentals	
Conferences, Meetings, and/or Staff Training	
Administrative Expenses	
Rent and Utilities	
Equipment	
Evaluation	
Other	
Program-Related Expenses:	
Training (offered to the target audience)	
Curriculum Development	
Communications and Marketing	
<b>TOTAL</b>	
<b>Indirect Costs</b>	
<b>GRAND TOTAL</b>	

Budget justification: The applicant should provide a brief narrative that describes the expenses associated with project implementation.



## **Proposal Package and Submission**

Organization should include a cover letter on company letterhead that includes the following:

- Organization/Agency Name
- Name, address, telephone number, title/position and email address of the primary contact
- DUNS (Data Universal Numbering Systems) Number (if applicable)
- FEI (Federal Employee Identification) Number
- Properly label each item of the proposal packet
- Each section should use 1.5 spacing with one-inch margin
- 12-point Calibri font
- Number all pages, including budget
- The proposal must not exceed 7 pages, excluding the budget.

Prospective applicants are asked to submit required documents in PDF format by Friday, October 29, 2021 11:59 p.m. (EST) to [info@selfmadehealth.org](mailto:info@selfmadehealth.org) . Please indicate: **SelfMade Health Network (SMN) Training and Technical Assistance Hub** in the subject line. Late proposals will not be reviewed for consideration.

## **QUESTIONS**

We welcome the opportunity to answer questions from potential applicants. All questions should be submitted via email to [info@selfmadehealth.org](mailto:info@selfmadehealth.org) by October 25, 2021.