



## Request for Proposal (RFP)

### **SelfMade Health Network (SMHN) Rural Health Tobacco Use Cessation Initiative**

#### **Description:**

*Increasing the Delivery of Evidence-based Tobacco Cessation Interventions to Reduce Tobacco-related Cancers in Rural Health Clinics*

**Release Date:** February 17, 2020 (Monday)

**Closing Date and Time:** March 6, 2020 (Friday) 11:00 p.m. EST

**Notice of award letter to selected organization:** By March 16, 2020 (Monday)

**Initial Project Launch Period:** April 6, 2020 (Monday)

**Number of Awards:** Two

**Funding level:** \$10,000 per awardee (Selected organizations will be funded for up to three years contingent upon availability of funding and satisfactory performance)

#### **Background**

As noted in the 2019 National Advisory Committee on Rural Health and Human Services Report: *Examining Rural Cancer Prevention and Control Efforts*, as the second leading cause of mortality in the nation, cancer remains a major public health burden that costs the healthcare system billions of dollars annually.

In the United States, some nonmetropolitan (rural) counties and regions possess lower rates of cancer incidence rates for all cancer sites combined, but higher cancer mortality rates. Moreover, mortality rates for all cancer sites combined are slow to decrease in rural counties, further widening the gap contributing to a greater geographic disparity in mortality rates.

According to the National Cancer Institute (NCI) most recent reports, lung cancer continues to be the leading cause of cancer-related mortality among both men and women.

Educating, Empowering, and Mobilizing low socioeconomic communities to reduce cancer and tobacco-related disparities.

Beyond tobacco use, other contributing factors such as: socioeconomic status (SES), healthcare access, race/ethnicity impact lung cancer incidence and mortality patterns. Lastly, lung cancer rates among adults vary by levels of education and geographic regions,

### **SelfMade Health Network (SMHN)**

SelfMade Health Network (SMHN) (operated by Patient Advocate Foundation) is a member of the CDC's Consortium of National Networks, jointly funded by the 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.

Established Fall 2014, SMHN specifically focuses on reducing disparities among populations with low socioeconomic status (SES) characteristics [e.g. populations residing in medically underserved areas, populations residing in health professional shortage areas, low-income employees, adults considered uninsured, "underinsured" (no or limited health insurance coverage), unemployed, lower levels of education] residing in rural, metropolitan and frontier regions nationwide.

### **Purpose**

The *United States Public Health Service (USPHS) Clinical Practice Guidelines Treating Tobacco Use and Dependence* established an expanded standard of care, recommending physicians and other healthcare practitioners to consistently adopt brief, evidence-based tobacco cessation interventions such as the 5A's: Ask, Advise, Assist, Arrange, and Assess. The USPHS guidelines concluded that the provision of both counseling along with medication support provided by physicians can increase the probability of quitting by 30% compared to medication alone. It also concluded that approximately 70% of adult smokers visit a physician annually; thereby creating opportunities for physicians to assist patients who use tobacco products by using evidence-based interventions and connecting patients to existing resources within the healthcare delivery system.

In an effort to eradicate the devastating and disproportionate impact of tobacco-related cancers mortality among populations residing in a Tobacco Nation state including: Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Oklahoma, Tennessee, West Virginia, South Carolina [Please refer to Appendix A. for additional information] and states characterized with a high cancer rate of incidence, prevalence, morbidity or mortality. SMHN is making funding available to support a total of 2 (two) rural health clinics. This RFP aims to support rural health clinics and their partners in their role of adopting tobacco cessation interventions (evidence-based) as part of their healthcare quality goals to reduce disparities associated tobacco-related cancers.

SMHN will collaborate with Quality Improvement Organizations (QIOs) and similar entities to provide additional support to rural health clinics with adopting and/or strengthening the delivery of tobacco cessation interventions outlined in the United States Public Health Services (USPHS) Clinical Practice Guidelines for Treating Tobacco Use and Dependence within the rural health clinics.

## **Priority Populations and Geography**

This RFP involves a primary focus on increasing tobacco cessation rates among patient populations receiving services in rural health clinics. This funding opportunity involves a strategic geographic focus in the state of South Carolina.

## **Healthy People 2020 National Objectives**

The selected rural health clinics shall design and implement an action plan to address the *Healthy People 2020 objectives listed below*. *In the proposal narrative, the applicant should describe plans to address the two objectives listed below in bold and at least one other objective based on capacity.*

### *Tobacco Use*

- Reduce tobacco use among adults. *Reference: TU-1*
- Increase smoking cessation attempts among adult smokers. *Reference: TU-4*
- Increase recent smoking cessation success by adult smokers. *Reference: TU-5*
- Increase smoking cessation during pregnancy. *Reference: TU-6*
- Increase smoking cessation attempts by adolescent smokers. *Reference: TU-7*
- Increase tobacco screening in health care settings. *Reference: TU-9*
- Increase tobacco cessation counseling in health care settings. *Reference: TU-10*

## **Primary Goals**

- 1) Implement and adopt the brief USPHS recommended intervention: Ask, Advise and Refer (AAR) into an operational model or as part of a health systems change involving: standard operating procedures and
- 2) Increase recommending physicians and other healthcare practitioners' adoption of brief, evidence-based tobacco cessation interventions in rural health clinics.
- 3) Expand the dissemination, access, availability and utilization of tobacco cessation as well as lung cancer prevention and survivorship resources and resources about other tobacco-related cancers among rural health patients or clients.
- 4) Increase the number of patients/clients that are assessed, advised, educated and referred to the state tobacco quitline, and enroll in state tobacco quitline counseling services (evidence-based).
- 5) Increase the number of quit attempts among patients identified as tobacco product users receiving services in rural health clinics.

## **Eligible Entities**

This funding opportunity is available to rural health clinics.

## **Period of Performance and Scope of Work**

The following describes the expected timeline and deliverables. In the event that adjustments to the timeline and deliverables are warranted the SMHN and selected contractor will work

collaboratively on any necessary adjustments. Phase one covers the period defined as April 6, 2020-September 29, 2020 and the specific activities to be completed during period are listed below.

## **SCOPE OF WORK**

Period of Performance April 2020-September 2020

- 1) Assign at least one (1) member from the organization who will serve as primary point of contact. Primary roles include participating routine progress update calls (e.g. monthly, quarterly), submitting all progress reports, and responding to project related inquiries.
- 2) Implement and adopt the brief USPHS recommended intervention: Ask, Advise and Refer (AAR) into an operational model or as part of a health systems change involving: standard operating procedures and policies.
- 3) Establish or maintain a relationship with the state program (Tobacco Prevention and Control Program) to establish a referral process to the state tobacco quitline and to monitor patient referrals originating from rural health clinics. This includes an agreement that indicates the ability to share data related to state tobacco quitline referrals; quit rates of those referred by project specific rural health clinics, and quit attempts.
- 4) Document the number of rural health clinics that adopt and implement standard operating procedures that support implementation of brief cessation counseling and number of patients assessed for tobacco use, advised about tobacco cessation and referred to tobacco cessation programs, including the state quitline.
- 5) Work with SMHN Evaluator to establish process for capturing baseline and target data for quit attempts using state quitline data. Participate in routine technical assistance (TA) calls (at least quarterly) and annual site visit) with the SMHN Director and SMHN Evaluator.

## **Selection Process**

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

- 1) Organization's existing capacity and infrastructure to sustain and expand the proposed scope of work.
- 2) Organization's statement of interest indicating reasons for participating in this multi-year initiative.
- 3) Organization's mission, vision and estimated or actual number of rural patients or clients served annually. If desired, information about the number of patients serviced may include a general breakdown of populations groups such as: uninsured, veterans, Medicaid, pregnant women, active duty military, adolescents, Medicare, disabled (physical, cognitive), etc.
- 4) Organization's demonstrated commitment to healthcare quality improvement (may list current healthcare quality improvement projects, if applicable).
- 5) Organization's current or previous collaborative projects related to cancer (e.g. lung, colorectal cancer, prostate cancer) and/or tobacco prevention and/or tobacco cessation.

SMHN reserves the right to conduct independent reviews and interview applicants submitting proposals prior to making any selection.

### **Proposal Preparation and Submission Guidance**

The following guidance governs the format and content of the proposal and the approach to be used in its development and submission. Proposal shall not exceed 5 pages, excluding budget. Proposal should be double spaced, 12 point font. Attachments should not exceed five pages. Proposal and all attachments shall be complete and free of ambiguities, alterations and erasures.

### **Proposal Requirements**

Please Note: Proposal must address the items listed below using the noted headings.

- 1) **Interest/Evidence of Need**-Provide a general statement or summary of interest about why your rural health clinic would like to participate in this initiative. Summary may include a brief description of or defining the tobacco use burden or challenge that your health system will address by participating in this initiative.
- 2) **Strategic Partnerships for Project Implementation**-Provide a detailed program narrative or summary of the activities and new partnerships (if any) that your organization will undertake in order to meet the proposed scope of work and corresponding national Healthy People 2020 objectives.
- 3) **Organization's Capacity/Experience in System Change Interventions**-Provide a brief summary that describes your organization's historical and current projects, partnerships, or collaborations that includes as a focus area: cancer (e.g. lung, colorectal cancer, prostate cancer) and/or tobacco prevention and/or tobacco cessation. Summary may include current or previous experience in implementing health system level interventions to address tobacco cessation.
- 4) **Data collection/reporting Capacity**-Describe current capacity to collect state quitline data or how you would work with state quitline to produce required data reports.
- 5) **Budget**-Provide a budget with brief justification that reflects all projected project related expenses (ie, salary, travel, supplies, meetings, trainings, resource materials, etc.), not to exceed \$10,000. Please Note: funds cannot be used to purchase nicotine replacement therapies or other cessation products.

### **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

Prospective applicants are asked to submit required documents (proposal and budget) in PDF format by 11:00 p.m. (EST) on Friday, March 6, 2020 to: [info@selfmadehealth.org](mailto:info@selfmadehealth.org)

Please indicate: **SelfMade Health Network Rural Health Tobacco Cessation Initiative** 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) prior to the application deadline. Please reflect **SMHN Rural Tobacco Cessation RFP Question** in the subject line.

## Appendix A.

Low socioeconomic status (SES) characteristics defined by SelfMade Health Network (SMHN) include:

- Populations residing in medically underserved areas (MUAs) or health professional shortage areas (HPSAs), this includes areas with a shortage of primary care physicians, high rates of poverty, high rates of infant mortality, high rates of elderly populations within rural and metropolitan communities.
- Uninsured (no form of health insurance) & underinsured populations
- Low income employees (full-time, part-time employees, contractual, seasonal employees as well as Self-employed) including populations with annual household incomes at or near the federal poverty level (FPL)
- Populations with lower levels of education attainment including those with a GED, high school diploma.
- Unemployed population

## Tobacco Nation States:

*Tobacco Nation: An Ongoing Crisis Examining the Health and Policy Disparities of the U.S. States with the Highest Smoking Rates*

Reference: <https://truthinitiative.org/tobacconation>