

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
OFFICE OF COMMUNICATION  
ATLANTA, GEORGIA 30333

REQUEST FOR TASK PROPOSAL

**Date Issued:** June 28, 2004

**Date Proposals Due:** July 30, 2004

**Questions Due:** July 7, 2004

**Forward Questions and Proposals via email to:**  
Steve Lester, Contracting Officer, [svl3@cdc.gov](mailto:svl3@cdc.gov)

**Request for Task Order Proposal (RFTOP) NO.:188 CDC 10**

**Title:** “Evaluating New Social Marketing Campaigns that Support ‘Advancing HIV Prevention: New Strategies for a Changing Epidemic’”

**Contract reference:** This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as task/service category 1: Communications Research.

**Page Suggestion:** CDC suggests that the Contractor limit the proposal for this task order to no more than 25 single-sided pages of text for the technical proposal. The narrative plan should include a staffing plan, key deadline dates, and general approach. CDC reviewers value use of concise language in task order proposals and explanations. Applicable examples of previous work, staff work qualifications, and other ancillary materials should be provided in appendices and are allowed in addition to the 25-page limit. CDC requires an abbreviated task list as an appendix of no more than 1 page, listing each task, its budgeted amount, the proposed task leader and their contact information, and a brief description of each task.

**Budget Format Suggestion:** Contractors should provide an itemized budget within Microsoft Excel spreadsheets, by task listed. Budgets for any additional or alternative proposals by the contractor should be presented as **optional budget spreadsheets**. Please sum all totals for hours and costs per task and for the total contract budget.

**FUNDING RANGE:** More than \$300,000.00 but less than \$500,000.00

## Overall Background

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The purpose of this Request for Task Proposal is to solicit bids from experienced communication evaluation agencies with the expertise to plan and implement formative, process, and outcome evaluation activities that are both practical and useful as well as meet CDC's needs for evaluation rigor. Additionally, previous experience with healthcare professional audiences is extremely important.

### **Current Situation — HIV Epidemic in the U.S.:**

In several U.S. cities, recent outbreaks of primary and secondary syphilis among men who have sex with men (MSM) and increases in newly-diagnosed human immunodeficiency virus (HIV) infections among MSM and among heterosexuals have created concern that HIV incidence might be increasing. In addition, declines in HIV morbidity and mortality during the late 1990s attributable to combination antiretroviral therapy appear to have ended. New cases of HIV have held steady at 40,000 per year for about a decade. Until 2003, CDC had mainly targeted its prevention efforts at persons at risk for becoming infected with HIV by providing funding to state and local health departments and non-governmental community-based organizations (CBOs) for programs aimed at reducing sexual and drug-using HIV transmission/risk behavior. Some recent programs have focused on prevention efforts for persons living with HIV. Recently, due to clinical testing and improved medical management, there has been success in reducing maternal-to-infant transmission of HIV. Through universal perinatal screening, these dramatic results can continue for improved maternal health and ultimately the prevention of the majority of pediatric AIDS cases.

Funding HIV-prevention programs for communities heavily affected by HIV has promoted community support for prevention activities. At the same time, these communities recognize the need for new strategies for combating the epidemic. In addition, the approval of a simple rapid HIV test in the United States creates an opportunity to overcome some of the traditional barriers to early diagnosis and treatment of infected persons. Therefore, CDC, in partnership with other U.S. Department of Health and Human Services agencies and other government agencies and non-governmental agencies launched a new initiative in 2003, *Advancing HIV Prevention: New Strategies for a Changing Epidemic (AHP)* ([www.cdc.gov/hiv/partners/ahp.htm](http://www.cdc.gov/hiv/partners/ahp.htm)).

### **Communications Programs:**

The goal of AHP is to reduce HIV transmission. AHP is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services for those diagnosed with HIV. The AHP website pages include descriptions of AHP and how it is to be implemented, as well as other guidance and information critical to its success. AHP will modify the balance between HIV prevention programs and HIV testing programs that motivate people to learn their HIV status, and refer newly identified HIV-infected persons to counseling and care. AHP is being undertaken by all branches of the Division of HIV and AIDS Prevention (DHAP) at CDC. However, the focus of this task order, which reflects the charge of the Technical Information and Communications Branch (TICB), will pertain to the following key programs implemented by TICB.

### **Formative Research – Healthcare Professionals**

- 1) Exploratory research to inform the development of a social marketing campaign targeting healthcare professionals to make HIV testing a routine part of medical care.
- 2) Exploratory research to inform the implementation of the perinatal social marketing campaign targeting healthcare professionals to reduce maternal-to-child transmission of HIV.
- 3) Exploratory research to inform the development of a social marketing campaign targeting healthcare professionals to increase rapid HIV testing in the emergency department.

### **Evaluation Planning/Implementation**

- 4) Process evaluation of the Prevention in Care social marketing campaign targeting healthcare professionals in the private sector and their work with HIV positive individuals.
- 5) Evaluation planning for the perinatal social marketing campaign targeting healthcare professionals in the private sector to improve maternal health and reduce neonatal transmission of HIV.

### **Program Rationale/Background (By Campaign)**

Following is background for each campaign followed by the specific tasks that the Evaluation Contractor needs to respond to for review and approval by the Government.

#### **1) Exploratory research to inform the development of a social marketing campaign targeting healthcare professionals to make HIV testing a routine part of medical care.**

An estimated 40,000 new HIV infections still occur in the United States each year. An estimated one quarter of the 850,000 to 950,000 people living with HIV in the United States does not yet know they are infected. In addition, data from several studies have shown increases in syphilis diagnoses among men who know that they are infected with HIV, suggesting increases in risk behaviors among people living with HIV and their partners.

There are many benefits to early knowledge of HIV infection, including early entry into treatment to prevent illnesses that arise from a weakened immune system, treatment of other conditions like substance abuse and sexually transmitted diseases, and access to social services and medical treatments, when appropriate. HIV-infected persons in care are now living longer than before thanks to new highly-effective treatments.

In addition to these personal benefits, knowledge of one's HIV infection can help prevent spread of the infection to others. When people know that they are infected with HIV, they are significantly more likely to protect their partners from infection than when they were unaware of their infection.

About 40% of HIV-infected people first find out that they have HIV less than one year before AIDS diagnosis. On average, it takes 10 years after HIV infection for symptoms of AIDS to appear. People who have their first HIV test close to getting an AIDS diagnosis have been infected and not known it, possibly for many years, potentially passing the infection to their

partners. Early diagnosis of HIV enables infected persons and those close to them to take steps to prevent transmission.

If a person with HIV is tested, learns his/her status, and has access to appropriate treatments, the amount of virus in the body can be reduced, which may decrease the risk for transmission to partners.

Routine voluntary screening for disease is a basic and effective public health tool used to identify unrecognized medical conditions so that treatment and other services can be offered. HIV screening meets the three generally accepted principles that apply to screening efforts:

- It is a serious disease that can be detected before symptoms occur using a reliable and inexpensive test.
- Treatment given before symptoms develop is more effective than waiting until after symptoms develop.
- Cost of screening is reasonable compared with anticipated costs of late diagnosis of infection.

Screening all persons in high-prevalence medical settings, regardless of what if any HIV risks are reported, makes sense because testing based on reported or perceived risk alone fails to identify many HIV-infected persons. Acceptance of HIV testing is greater when it is offered routinely than when it is based on risk assessments and can be done in a similar manner as other routine tests, e.g. cholesterol and diabetes screening.

The rapid HIV test can be done quickly in a clinical office setting even when there isn't a traditional laboratory. This can reduce the time it takes to process tests from two weeks to 20 minutes. The availability of these tests means testing can be implemented and essential health information and counseling can be provided quickly. Rapid HIV tests provide opportunities to dramatically increase the number of people who know their HIV status, receive care, and enter the HIV-prevention system.

#### **Additional Resources:**

- *HIV Testing in the United States*  
<http://www.kff.org/hivaids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14384>
- *Centers for Disease Control and Prevention (CDC), National Prevention Information Network (NPIN)*  
<http://www.cdcnpin.org/scripts/index.asp>
- *Effectiveness in Disease and Injury Prevention Impact of New Legislation on Needle and Syringe Purchase and Possession — Connecticut, 199, MMWR, March 5, 1993 / Vol. 42 / No. 8*  
<ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4208.pdf>
- *Revised Guidelines for HIV Counseling, Testing, and Referral, Technical Expert Panel Review of CDC HIV Counseling, Testing, and Referral Guidelines, MMWR,*

**2) Exploratory research and 5) Evaluation planning for the perinatal social marketing campaign targeting healthcare professionals in the private sector to reduce maternal-to-child transmission of HIV.**

During the early 1990s, before perinatal preventative management options were available, approximately 1,000-2,000 infants were born with HIV infection in the United States annually. The number of children in whom AIDS attributed to perinatal HIV transmission was diagnosed peaked in 1992 at 954 and declined 89% in 2001 (as noted in the CDC HIV/AIDS 2001 Surveillance Report). Much of this success is attributed to the widespread utilization of Public Health Service Recommendations which address obstetrical counseling, HIV testing and pharmacological treatment during pregnancy, delivery, and for the infant after birth as clinically needed. Although prevention of perinatal HIV infection has been a major public health success story in the United States, there is more work to be done.

Fortunately, there is a significant chance for success with appropriate clinical management following early detection of HIV in a woman who is either planning to conceive or actually pregnant. Perinatal HIV transmission rates among HIV infected women who begin antiretroviral therapy during pregnancy are as low as 2% or less compared to 12% among women who do not receive preventive treatment until labor and delivery. For infants born to women who receive no treatment throughout pregnancy, there is a 25% chance of becoming HIV positive according to clinical trial data.

This project will support public health recommendations related to perinatal HIV prevention, detection and management and the ultimate goal will be to encourage *opt-out* (routine) perinatal screening with appropriate clinical treatment as indicated in all types of prenatal settings including public, private and academic services. Another specific goal will be to change provider practice patterns for the consistent inclusion of prenatal counseling regarding HIV prevention at the first OB appointment and during the third trimester. This campaign will also introduce new technology such as rapid testing as an alternative method to promote screening (preferable during the early prenatal period, but also during labor or delivery if previous status is unknown).

**Additional Resources:**

- *Rapid Point-of-Care Testing for HIV-1 During Labor and Delivery---Chicago, Illinois, 2002 (MIRIAD study) MMWR September 12, 2003 (pp. 886-888)*  
<http://www.cdc.gov/mmwr/PDF/wk/mm5236.pdf>
- *HIV Testing Among Pregnant Women ---United States and Canada, 1998-2001MMWR 2002; 51(45) November 15, 2002 (pp. 1013-1016)*  
<http://www.cdc.gov/mmwr/PDF/wk/MM5145.pdf>

- This document may be helpful, but the deliverables of this RFTP will relate to prevention and detection rather than treatment opportunities for healthcare providers: *U.S. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States* (living document)  
[http://www.aidsinfo.nih.gov/guidelines/perinatal/PER\\_112603.pdf](http://www.aidsinfo.nih.gov/guidelines/perinatal/PER_112603.pdf)
- *Pediatric AIDS Surveillance information per states and cities in the United States (all cases reported-cumulative)*  
[www.cdc.gov/hiv/stats/hasr1302.htm](http://www.cdc.gov/hiv/stats/hasr1302.htm)
- *Refer to American College of Obstetricians and Gynecologists (ACOG), which is the professional organization for healthcare providers who provide obstetrical services*  
[www.acog.org](http://www.acog.org)
- *Refer to the ACOG press release about universal perinatal HIV screening*  
[http://www.acog.org/from\\_home/publications/press\\_releases/nr05-23-00-2.cfm](http://www.acog.org/from_home/publications/press_releases/nr05-23-00-2.cfm)

**3) Exploratory research to inform the development of a social marketing campaign targeting healthcare professionals to increase rapid HIV testing in the emergency department.**

With AHP, CDC's Division of HIV/AIDS Prevention is trying to reach targeted segments of the U.S. population with relevant messages promoting increased levels of HIV testing. A significant portion of the target audiences CDC is trying to reach accesses some of their health care in emergency-care settings. For this reason, efforts to increase the use of rapid testing in emergency departments could potentially help more individuals discover their HIV status. If more HIV cases were identified among individuals presenting at emergency-care settings, there would be increased opportunities to start earlier treatment and encourage infected individuals to take measures to avoid passing the infection to others.

At several junctures, most recently in 1993, CDC has published recommendations that patients in acute-care (hospital) settings be tested for HIV. Data show that rates of previously unrecognized HIV infection among persons admitted to some acute-care facilities are significantly higher than those of the population at large.

The traditional HIV ELISA assay followed by a confirmatory (Western Blot) test requires up to two weeks to complete and offer results. For some of those presenting at emergency departments, returning in two weeks is unrealistic. Members of the AHP-associated target audience are often dealing with other challenging life issues that make it difficult to return to get test results. In addition, research has shown that emergency department personnel are, in some

cases, reluctant to offer HIV testing because of concerns about issues such as follow-up, lack of certification to provide pretest/posttest counseling, and the amount of time required.

Rapid testing, which offers results in as little as 20-60 minutes, offers the hope that more individuals can find out their HIV status, and that those who discover they are HIV positive can get into treatment and take steps to prevent further spread of the infection. In November 1992, the Food and Drug Administration approved the first rapid HIV-1 antibody test for use by trained personnel as a point-of-care test to aid in the diagnosis of HIV infection. This test (OraQuick) is a simple, rapid test that can detect HIV antibodies in fingerstick whole blood specimens and provide results in 20 minutes or less. The availability of the first approved rapid test should make it easier for emergency room personnel to increase the numbers of HIV tests administered and results delivered to the target audience. The FDA has now approved additional rapid tests and more are soon to emerge on the market.

Nonetheless, there remain barriers to routine testing of emergency department patients or some high-risk subset thereof. The purpose of this project will be to lay the groundwork for a social marketing campaign to increase the use of voluntary rapid testing in emergency-care settings.

#### **Additional Resources:**

- *Recommendations for HIV Testing Services for Inpatients and Outpatients in Acute-Care Hospital Settings and Technical Guidance on HIV Counseling*  
<ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4202.pdf>
- *Effectiveness in Disease and Injury Prevention Impact of New Legislation on Needle and Syringe Purchase and Possession — Connecticut, 1992*  
<ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4208.pdf>
- *Revised Guidelines for HIV Counseling, Testing, and Referral Technical Expert Panel Review of CDC HIV Counseling, Testing, and Referral Guidelines*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>

#### **4) Process evaluation of the Prevention in Care social marketing campaign targeting healthcare professionals in the private sector and their work with HIV positive individuals.**

Although many persons with HIV modify their behavior to reduce their risk for transmitting HIV after learning they are infected, some persons may require ongoing prevention services to change their HIV transmission behavior or to maintain the change. In 2003, CDC, in collaboration with the Health Resources and Services Administration (HRSA), the National Institutes of Health, and the HIV Medical Association of the Infectious Diseases Society of America, published *Recommendations for Incorporating HIV Prevention into the Medical Care of Persons living with HIV* (Recommendations). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>

Each person living with HIV who adopts safer behavior can prevent many transmissions of HIV infection. There is much evidence that upon learning one is HIV positive, infected persons reduce their risk behaviors and the likelihood of transmitting HIV to partners. Among persons testing positive for HIV, there was a 70% reduction in reported risk behavior at one year after diagnosis. Among persons testing negative for HIV, those receiving enhanced risk reduction counseling had only 18% fewer sexually transmitted infections at one year after testing compared with persons receiving standard counseling. These studies suggest that working with HIV-infected persons will result in greater reductions in risk behaviors and HIV transmission than working with HIV-negative persons.

In studies of partner counseling and referral services, researchers found that 8-39% of partners of persons with HIV infection who were tested were found to have previously undiagnosed HIV infection. Because of this finding, CDC will increase emphasis on assisting HIV-infected persons in notifying partners of their recent exposure and ensure voluntary testing of partners.

Prevention interventions including ongoing case management, focused risk-reduction counseling, medical interventions, and support for other psychosocial stressors, are recommended under this initiative to help HIV-positive persons maintain protective behaviors.

The Recommendations provide the needed guidance for both private and public sector healthcare (HC) professionals to deliver prevention messages to their patients living with HIV. Research has shown that HC providers exert a strong influence on their patients' behavior. Discussions with HC providers indicate that science-based prevention guidance and interventions for their HIV-infected patients are needed. These Recommendations help fill that need.

CDC will work with primary care physicians, infectious disease specialists, allied healthcare professionals, and provider associations/organizations to develop and disseminate communications about the Recommendations. The goal is to motivate providers in the private sector to integrate the Recommendations into the routine medical care of persons living with HIV. These Recommendations are a key component of AHP and support the objectives of the overall Strategic Plan.

Reduction of further transmission of HIV in the United States requires new strategies including emphasis on prevention of transmission by HIV-infected persons. Healthcare providers can significantly impact HIV transmission by:

- Screening HIV-infected patients for HIV-transmission behaviors
- Communicating prevention messages to HIV-infected patients
- Discussing HIV-transmission behaviors (sexual and drug-use behavior issues)
- Referring patients for services such as substance abuse treatment and support groups
- Referring for partner counseling and other services
- Reinforcing the behavior changes to safer behaviors
- Identifying and treating sexually transmitted diseases

**Additional Resources:**

- *Healthcare Experiences of Women with HIV/AIDS*  
<http://www.kff.org/hivaids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=24106>
- *Integrating HIV Prevention into the Care of People with HIV — HIV InSite Knowledge Base Chapter, February 2004*  
<<http://hivinsite.ucsf.edu/InSite.jsp?page=kb-07-04-17>>

**Description of Work by Task**

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The tasks detailed below affect four different social marketing campaigns that support “Advancing HIV Prevention.” There are however, five tasks, because two of the tasks relate to the same campaign (perinatal). These campaigns will be coordinated by staff in the Technical Information and Communications Branch (TICB) in the Division of HIV Prevention of the CDC’s National Center for HIV, STD, and TB Prevention, as part of CDC’s AHP Initiative (described in the background section).

Within these four campaigns, CDC’s needs fall within two categories of evaluation support. These are: 1) formative research for healthcare professionals; and 2) evaluation planning and implementation. Using these two categories as headers, the tasks for response have been defined below. Each task should still be considered a separate budget. However, CDC encourages using economies of scale in budgeting wherever possible.

A separate Creative Services Contractor will provide creative development, outreach and education/training activities for the projects outlined in this request for task proposal. Once selected, the Evaluation and Creative Contractors will work in tandem with CDC staff to ensure seamless coordination of campaign activities, formative research, and evaluation activities that support AHP.

In the task descriptions below, CDC has provided general recommendations for the work needed in this request for proposal along with the most current knowledge about each project being conceptualized. CDC welcomes the Evaluation Contractor to provide its expertise and recommendations.

CDC requires that once chosen, the Evaluation Contractor stay in close communications with CDC staff. This will ensure that the Evaluation Contractor has the needed information and guidance to successfully carry out the work specified in this request. The Contractor shall meet weekly via conference calls with CDC to communicate about the status of the evaluation planning and implementation. The Contractor shall summarize the main discussion points, decision points, and action items from these calls and send them via e-mail to relevant staff at CDC and other Contractor project staff by the following business day. In addition, the Evaluation Contractor shall provide brief status reports weekly to the CDC, outlining progress

made the prior week, pending tasks, and who is responsible for each task and by when. The Contractor shall provide a budget status report monthly, which will accompany the status report (for the last week of the month). It will outline, by task, the money spent that month and cumulatively.

In addition, two key Evaluation Contractor staff shall meet face-to-face for a project briefing at CDC in Atlanta, lasting no more than two days, once the task order contract is finalized. This will provide a means for orienting the Evaluation Contractor with the TICB staff and the work planned for the year. In addition to the initial project briefing, the Evaluation Contractor shall arrange for no more than two additional face-to-face meetings lasting no more than two days each. Two of these meetings will occur in Atlanta at CDC offices.

NOTE: Dates for receipt of deliverables listed within these tasks will be determined with the Evaluation Contractor once selected.

### **Formative Research with Healthcare Professionals**

The following three tasks are for formative research for three campaigns, all that target healthcare professionals. Although each task has a different target audience, when possible, all activities should be conducted at the same facility during the same time period. The proposal and budget should reflect this request.

#### **Task 1: Exploratory research to inform the development of a social marketing campaign to make HIV testing a routine part of medical care.**

The purpose of this Task is to gain insight into the knowledge, attitudes, and behaviors of the target audience on the subject of routine HIV testing.

##### **Campaign Goal:**

- To increase the number of persons who know their HIV status

##### **Campaign Objectives:**

- To make HIV testing a routine part of medical care

##### **Campaign Strategy:**

- Incorporate HIV testing into routine medical care

##### **Target Audience:**

- Healthcare professionals who provide primary care in the private sector

For this task, CDC envisions a combination of qualitative methods such as listening groups (LG) and discussions with individual physicians (IDs). The learnings from these activities will inform the development and implementation of a social marketing campaign.

Based on this, the Evaluation Contractor shall provide the following deliverables:

### **1.1 Conduct Listening Groups/Discussions**

Contractor shall conduct face-to-face discussions with 9 or less physicians and listening groups with less than 9 individuals per group in professional market research facilities in up to 3 different cities, moderated by seasoned, professional moderators.

Discussions and listening groups will be semi-structured and will vary slightly from interview to interview and from group to group, as is common in qualitative research. Facilitator guides will be sufficiently different, such that information gleaned with one group will have questions that differ from interviews with another group. Please refer to Table 1 below for the proposed design for this Task. This table is an example of the type of combinations that might occur in each city.

CDC proposed this design to provide specific information in sufficient numbers of listening groups and individual discussions to begin noting common themes. However, CDC is open to the Contractor's suggestions for how to most efficiently and effectively learn about the audience in a non-burdensome manner to inform the campaign development.

Contractor shall develop screener tools and a moderator's discussion guide for the listening groups and individual discussions. The Contractor shall develop moderator guides for each audience and subgroups, as to not ask the same question of more than 9 interviewees.

Contractor will provide highly experienced listening group moderators who have expertise conducting groups with physicians (see Table 1). The Contractor shall provide background information on the proposed moderators for this effort in an appendix to this proposal.

Contractor shall use professional market research facilities with which it has established relationships and a proven track record for successfully recruiting specified participants. The Contractor shall plan for at least one staff person to be present at all activities to facilitate administrative details, take notes, and consult with CDC on changes that may need to be made in the guide or procedures. The Contractor will arrange for CDC and Creative Contractor representatives to observe the activities as desired.

All listening groups and discussions will be audiotaped and a professional transcriber will produce verbatim transcripts. The moderator for each group and interview will deliver summary topline reports 2 weeks following each city that summarize key perceptions related. In addition, a debriefing can be held immediately following each group to capture the impressions and reactions of the moderator and observers.

Contractor will ensure that the activities are conducted ethically, with informed consent and in accordance with CDC requirements. Informed consent will be obtained from participants both orally and via signed consent forms. Participants will receive a financial incentive in line with the market rate for participation.

The Contractor will use a notes and transcript-based analysis process similar to that recommended by Krueger (1998). The process involves: (1) a systematic review of records from all groups (transcripts, topline reports, observer notes) to identify trends across groups; (2) an

examination of findings to detect differences among groups; (3) an examination of findings, topic by topic; and (4) development of conclusions and recommendations that flow logically from the findings.

Contractor will prepare one main report that spans activities conducted in all three cities. A topline report will be submitted to CDC within 14 days of completion of the final group; a more detailed summary report will be submitted within 30 days of the activities. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts.

The reports will include an introduction, a detailed description of methods employed, comprehensive findings including participant quotes to illustrate key findings, and conclusions and recommendations. The moderator guides, transcripts, and topline reports will be included as appendices.

Table 1: Proposed design

Audience	City 1		City 2		City 3		Total Listening Groups (LG)	Total Individual Discussions (ID)
	LG	ID	LG	ID	LG	ID		
Primary Care physicians	3	4	3	4	3	4	9	12
Infectious Disease physicians		4		4		4		12

**Task 2: Exploratory research to inform the implementation of the perinatal social marketing campaign targeting healthcare professionals to reduce maternal-to-child transmission of HIV.**

**Campaign Objectives:**

- Increase the number of healthcare providers in all settings who offer HIV testing as *opt-out* practice for their pregnant patients (ideally at the first obstetric visit and at the start of the third trimester).
- Increase the number of rapid tests performed at labor and delivery on women with unknown HIV status.
- Improve the acceptance of a HIV screening test by perinatal patients early in the pregnancy (first trimester) or at the point of initiation of obstetrical care.

### **Campaign Strategies:**

- Educate healthcare providers on the benefits on an *opt-out* approach to offering HIV testing.
- Create public/private partnership groups with leading national organizations which influence acceptance of practice guidelines.
- Facilitate discussion between prenatal patients and their obstetrical providers about HIV testing and related treatment.

### **Target Audiences:**

- Healthcare professionals who provide obstetrical and gynecological services in the United States including obstetricians, gynecologists, and certified nurse midwives

A separate Creative Contractor will develop a creative brief and messages, concepts and product prototypes for healthcare professionals who provide obstetrical care from a variety of public health, academic and private settings (including HMOs, PPOs, and large practice groups). The Creative Contractor will develop the following items, though this list is not all-inclusive:

- **Opt-out resources** including counseling tips and supplemental materials to a newly-revised ACOG compendium and packet of professional resources. This will be a jointly sponsored ACOG/CDC product and will include the AHP logo featuring this prevention initiative.
- **Patient education materials** including office posters and pamphlets.
- Creative templates for **exhibit panels** to feature Perinatal HIV Prevention including resources to promote prenatal screening, rapid testing utilization, and pharmacological management of the mother who is HIV infected. Panels and other exhibit products will be used with existing CDC displays.
- Sponsorship of a **medical education workshop** at a national convention such as ACOG or ACNM.

Based on this, the Evaluation Contractor shall provide the following deliverables:

#### **2.1 Listening Groups/Individual Discussions**

The purpose of this activity will be to test certain creative materials (see creative products listed above) with the target audiences and gain feedback on the viability, appeal and use of the materials.

To do this, the Contractor shall conduct face-to-face interviews with 9 or less physicians and listening groups with less than 9 individuals per group in professional market research facilities in up to 3 different cities, moderated by seasoned, professional moderators. Discussion interviews and listening groups will be semi-structured and will vary slightly from interview to interview and from group to group, as is common in qualitative research. Facilitator guides will be sufficiently different, such that information gleaned with one group will have questions that

differ from interviews with another group. Please refer to Table 2 below for the proposed design for this Task. This table is an example of the type of combinations that might occur in each city.

CDC proposed this design to provide specific information in sufficient numbers of listening groups and individual discussions to begin noting common themes. However, CDC is open to the Contractor's suggestions for how to most efficiently and effectively learn about the audience in a non-burdensome manner to inform the campaign development.

Contractor shall develop screener tools and a moderator's discussion guide for the listening groups and discussion interviews. The Contractor shall develop moderator guides for each audience and subgroups, as to not ask the same question of more than 9 interviewees.

Contractor will provide highly-experienced listening group moderators who have expertise conducting groups with physicians (see Table 2). The Contractor shall provide background information on the proposed moderators for this effort in an appendix to this proposal.

Contractor shall use professional market research facilities with which it has established relationships and a proven track record for successfully recruiting specified participants. The Contractor shall plan for at least one staff person to be present at all activities to facilitate administrative details, take notes, and consult with CDC on changes that may need to be made in the guide or procedures. The Contractor will arrange for CDC and Creative Contractor representatives to observe, as desired.

All listening groups and discussion interviews will be audiotaped and a professional transcriber will produce verbatim transcripts. The moderator for each group and interview will deliver summary topline reports 2 weeks following each city that summarize key perceptions related. In addition, a debriefing can be held immediately following each group to capture the impressions and reactions of the moderator and observers.

Contractor will ensure that the activities are conducted ethically, with informed consent and in accordance with CDC requirements. Informed consent will be obtained from participants both orally and via signed consent forms. Participants will receive a financial incentive in line with the market rate for participation.

The Contractor will use a notes and transcript-based analysis process similar to that recommended by Krueger (1998), see Task 1.1 above for more detail.

Contractor will prepare one main report that spans activities conducted in all three cities. A topline report will be submitted to CDC within 14 days of completion of the final group; a more detailed summary report will be submitted within 30 days. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts. The reports will include an introduction, a detailed description of methods employed, comprehensive findings including participant quotes to illustrate key findings, and conclusions and recommendations. The moderator guides, transcripts, and topline reports will be included as appendices.

Table 2: Proposed Design

Audience	City 1		City 2		City 3		Total Listening Groups (LG)	Total Discussion Interviews (ID)
	LG	ID	LG	ID	LG	ID		
<b>OB/GYN</b>	1	2	1	2			<b>2</b>	<b>4</b>
<b>Certified Nurse Midwives</b>					1	2	<b>1</b>	<b>2</b>

**Task 3: Exploratory research to inform the development of a social marketing campaign to increase rapid HIV testing in the emergency department.**

**Campaign Objective:**

- To increase the number of individuals attending emergency department facilities who find out their HIV status during or as a result of such a visit.

**Campaign Strategy:**

- To increase the acceptability and use of rapid HIV testing in emergency department settings by healthcare and/or public health professionals.

**Target Audiences:**

- Emergency department physicians

**3.1 Conduct Listening Groups/Discussions**

The purpose of this activity is to gain insight into attitudes, beliefs, barriers and facilitators to increased HIV testing (using HIV rapid test technology) by healthcare professionals in hospital emergency departments. In addition to identifying barriers, CDC would like to test some of our own messages to gain insight into what sort of appeal might convince healthcare professionals in these settings to perform increased rapid HIV testing. For this task, CDC envisions a combination of qualitative methods such as listening groups and individual discussions with physicians.

The Contractor shall conduct face-to-face interviews with 9 or less emergency department physicians and listening groups with less than 9 emergency department physicians per group in professional market research facilities in up to 3 different cities, moderated by seasoned, professional moderators. Discussion interviews and listening groups will be semi-structured and will vary slightly from interview to interview and from group to group, as is common in

qualitative research. Please refer to Table 3 below for the proposed design for this Task. This table is an example of the type of combinations that might occur in each city

CDC proposed this design to gather the greatest quantity of accurate attitudinal information possible from emergency department physicians we are trying to reach with messages about rapid HIV testing. However, CDC is open to the Contractor's suggestions for how to most efficiently and effectively learn about such issues within the budget available.

Contractor shall develop screener tools and a moderator's discussion guide for the listening groups and IDIs. CDC will have right of review for these materials.

Contractor will provide highly-experienced listening group moderators who have expertise conducting groups with healthcare professionals. Contractor shall provide background information on the proposed moderators for this effort in an appendix to this proposal.

The Contractor shall use professional market research facilities with which it has established relationships and a proven track record for successfully recruiting specified participants. The Contractor shall plan for at least one staff person to be present at all activities to facilitate administrative details, take notes, and consult with CDC on changes that may need to be made in the guide or procedures. The Contractor will arrange for CDC representatives to observe the activities as desired.

All focus groups and interviews will be audiotaped and a professional transcriber will produce verbatim transcripts. The moderator for each group and interview will deliver summary topline reports following each city that summarize key perceptions relating to the activities. In addition, a debriefing can be held immediately following each group to capture the impressions and reactions of the moderator and observers.

The Contractor will ensure that the activities are conducted ethically, with informed consent and in accordance with CDC requirements. Informed consent will be obtained from participants both orally and via signed consent forms. Participants will receive a financial incentive in line with the market rate for participation.

The Contractor will use a notes and transcript-based analysis process similar to that recommended by Krueger (1998), see Task 1.1 above for more detail.

The Contractor will prepare one main report that spans activities conducted in all three cities. A topline report will be submitted to CDC within 14 days of completion of the final group; a more detailed summary report will be submitted within 30 days. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts. The reports will include an introduction, a detailed description of methods employed, comprehensive findings including participant quotes to illustrate key findings, and conclusions and recommendations. The moderator guides, transcripts, and topline reports will be included as appendices.

Table 3: Proposed design

Audience	City 1		City 2		City 3		Total Listening Groups (LG)	Total Discussion Interviews (ID)
	LG	ID	LG	ID	LG	ID		
Emergency Department Physicians	2	3	2	3	1	4	5	10

**Evaluation – Healthcare Professionals**

**Task 4: Process evaluation of the Prevention in Care social marketing campaign targeting healthcare professionals in the private sector and their work with HIV positive individuals.**

This task will evaluate the implementation of the Prevention in Care social marketing campaign.

**Campaign Objectives:**

- To increase awareness and educate healthcare (HC) providers on the Recommendations
- To integrate the Recommendations into routine medical care of persons living with HIV
- To improve patient/HC professional dialogue on the topic of HIV/AIDS and prevention behaviors

**Campaign Strategies:**

- Deliver messages that tap into the willingness of HC professionals in the private sector to be more involved in HIV prevention in the medical setting for their patients living with HIV
- Equip physicians with skill sets to incorporate assessment, screening, implementation of behavioral interventions, and providing partner counseling and referral services
- Partner with professional associations/ MCOs/ and other agencies/organizations, such as HRSA, Medicaid, NASTAD, and Community Health Centers to continue to endorse the Recommendations, maximize dissemination, and exert influence with their members to incorporate the Recommendations into routine medical practice
- Gain endorsement of the Recommendations from leading HIV physician experts as well as influential physicians, such as the Surgeon General
- Develop messages that will influence physician attitudes about implementation of the principles and science-based approaches within the Recommendations

**Target Audience:**

- Primary Care physicians
- Infectious Disease specialists

Formative research conducted in FY03 will inform the creative development, implementation, and distribution of specific products for the professional audiences and their patients. Currently, under a separate Creative Contract, we anticipate the campaign will include the following:

- **Provider “Tool Kit”** – A tool kit that assists HC providers and will:
  - Incorporate science-based HIV risk reduction interventions into the routine care of their HIV-infected patients’ office visits
  - Initiate patient discussions about sex and drug-use behaviors in simple, everyday language
  - Understand underlying causes of and issues related to HIV transmission behaviors among HIV-infected persons (e.g., domestic violence) and link providers to community resources for patient/ partner referrals and risk reduction counseling
- **In-Office Materials** – Including but not limited to:
  - Patient Education Brochure about reducing HIV-transmission behavior
  - Office Poster
- **Exhibit Panels** – Exhibit panels for the CDC booth will be used at professional meetings. The panels will deliver a compelling message to physicians motivating them to incorporate the Recommendations. Graphics will be recognizable and compatible with all other collateral materials developed to create a uniform identity across all communication channels.
- **Communication Channels** – Various types of communications channels will be used to reach the audience.

Based on this, the Evaluation Contractor shall provide the following deliverables:

#### **4.1 Develop and implement a process evaluation plan**

Plan appropriate process evaluation activities to assess the effectiveness of the social marketing campaign. This planning process will include working with CDC to develop, generate and prioritize process evaluation questions, data collection and analysis activities. CDC appreciates evaluation plans that are both practical and meet CDC’s needs for rigor. CDC values that the Evaluation Contractor consider the use of existing process evaluation instruments and existing surveillance systems that may be used for TICB’s evaluation needs.

The Evaluation Contractor will implement the agreed upon process evaluation activities to assess the effectiveness of the social marketing campaign and prepare any necessary clearance packages for evaluation activities (e.g., human subjects, office of management and budget, etc.).

Additionally, the Evaluation Contractor will develop and disseminate a final report to CDC, the Creative Contractor, and other relevant audiences with the process evaluation activities and results.

## **Task 5: Evaluation planning for the perinatal social marketing campaign targeting healthcare professionals in the private sector to improve maternal health and reduce neonatal transmission of HIV.**

### **Campaign Objectives:**

- Increase the number of healthcare providers in all settings who offer HIV testing as *opt-out* practice for their pregnant patients (ideally at the first obstetric visit and at the start of the third trimester).
- Increase the number of rapid tests performed at labor and delivery on women with unknown HIV status.
- Improve the acceptance of a HIV screening test by perinatal patients early in the pregnancy (first trimester) or at the point of initiation of obstetrical care.

### **Campaign Strategies:**

- Educate healthcare providers on the benefits on an *opt-out* approach to offering HIV testing.
- Create public/private partnership groups with leading national organizations which influence acceptance of practice guidelines.
- Facilitate discussion between prenatal patients and their obstetrical providers about HIV testing and related treatment.

### **Target Audiences:**

- Healthcare professionals who provide obstetrical and gynecological services in the United States including obstetricians, gynecologists, and certified nurse midwives

A separate Creative Contractor will develop a creative brief and messages, concepts and product prototypes for healthcare professionals who provide obstetrical care from a variety of public health, academic and private settings (including HMOs, PPOs, and large practice groups). The Creative Contractor will develop the following items, though this list is not all-inclusive:

- ***Opt-out* resources** including counseling tips and supplemental materials to a newly-revised ACOG compendium and packet of professional resources. This will be a jointly sponsored ACOG/CDC product and will include the AHP logo featuring this prevention initiative.
- **Patient education materials** including office posters and pamphlets
- Creative templates for **exhibit panels** to feature Perinatal HIV Prevention including resources to promote prenatal screening, rapid testing utilization, and pharmacological management of the mother who is HIV infected. Panels and other exhibit products will be used with existing CDC displays.
- Sponsorship of a **medical education workshop** at a national convention such as ACOG or ACNM.

Based on this, the Evaluation Contractor shall provide the following deliverables:

### **5.1 Develop a process and outcome evaluation plan**

Plan appropriate process and outcome evaluation activities to assess the effectiveness of the social marketing campaign. This planning process will include working with CDC to develop and prioritize process evaluation questions, outcomes measurements, data collection and analysis activities. CDC appreciates evaluation plans that are both practical and meet CDC's needs for rigor.

CDC values that the Evaluation Contractor consider the use of existing process evaluation instruments and existing surveillance systems that may be used for TICB's evaluation needs. As part of this planning process, the Contractor will validate the previously selected communications theory and logic model for this project.

As necessary, the Contractor will prepare and submit any clearance packages as necessary related to this task (for CDC or HHS approval).

### **Items from CDC appropriate for preparation of proposals/task completion:**

The Government will provide technical and background information, including preparation of scientific data, if needed, and any available work to support these tasks. The Government will provide assistance to the Contractor in scheduling meetings and/or other communications with CDC/NCHSTP/TICB staff.

### **DELIVERABLES:**

#### **Task 1 Deliverables for exploratory research to inform the development of a social marketing campaign targeting healthcare professionals to make HIV testing a routine part of medical care**

- Contractor will provide research design for exploratory research by 9/8/04.
- Contractor will provide recruitment screeners for exploratory research by 9/15/04.
- Contractor will provide moderator guides for listening groups and interview discussions by 9/15/04.
- Contractor will provide research facility information with suggested hotels (for city 1) by 9/24/04.
- Contractor will provide a debriefing with CDC staff immediately after each research round per city concludes, with the last debriefing to occur no later than 11/5/04.
- Contractor will provide city-specific topline reports after conducting research in each city (up to 3 cities), with the last topline to be delivered to CDC no later than 11/19/04.
- Contractor will provide verbatim transcripts and audiotapes from research by 12/3/04.
- Contractor will provide an overall topline report after conducting research in all cities by 12/10/04.

**Task 2 deliverables for exploratory research to inform the implementation of the perinatal social marketing campaign targeting healthcare professionals to reduce maternal-to-child transmission of HIV:**

- Contractor will provide research design for exploratory research by 9/8/04.
- Contractor will provide recruitment screeners for exploratory research by 9/15/04.
- Contractor will provide moderator guides for listening groups and interview discussions by 9/15/04.
- Contractor will provide research facility information with suggested hotels (for city 1) by 9/24/04.
- Contractor will provide a debriefing with CDC staff immediately after each research round per city concludes, with the last debriefing to occur no later than 11/5/04.
- Contractor will provide city-specific topline reports after conducting research in each city (up to 3 cities), with the last topline to be delivered to CDC no later than 11/19/04.
- Contractor will provide verbatim transcripts and audiotapes from research by 12/3/04.
- Contractor will provide an overall topline report after conducting research in all cities by 12/10/04.

**Task 3 Deliverables for exploratory research to inform the development of a social marketing campaign targeting healthcare professionals to increase rapid HIV testing in the emergency department.**

- Contractor will provide research design for exploratory research by 9/8/04.
- Contractor will provide recruitment screeners for exploratory research by 9/15/04.
- Contractor will provide moderator guides for listening groups and interview discussions by 9/15/04.
- Contractor will provide research facility information with suggested hotels (for city 1) by 9/24/04.
- Contractor will provide a debriefing with CDC staff immediately after each research round per city concludes, with the last debriefing to occur no later than 11/5/04.
- Contractor will provide city-specific topline reports after conducting research in each city (up to 3 cities), with the last topline to be delivered to CDC no later than 11/19/04.
- Contractor will provide verbatim transcripts and audiotapes from research by 12/3/04.
- Contractor will provide an overall topline report after conducting research in all cities by 12/10/04.

**Task 4 Deliverables for process evaluation of the Prevention in Care social marketing campaign targeting healthcare professionals in the private sector and their work with HIV positive individuals**

- Contractor will develop a process evaluation plan, specifying evaluation questions, data to be collected and by what means, and how the data will be analyzed by 9/29/04.
- Contractor will implement the process evaluation plan by 10/27/04 .
- Contractor will produce a draft report of the process evaluation findings by 2/4/05.
- Contractor will produce a final report of the process evaluation findings by 3/31/06.

**Task 5 Deliverables for evaluation planning for the perinatal social marketing campaign targeting healthcare professionals in the private sector to improve maternal health and reduce neonatal transmission of HIV**

- Contractor will develop a process and outcome evaluation plan, specifying evaluation questions, data to be collected and by what means, and how the data will be analyzed by 10/29/04.
- Contractor will prepare any necessary clearance packages for data collection methods that require them (i.e., human subjects, office of management and budget, and/or privacy act clearance) by 11/26/04.

**Additional deliverables:**

- Contractor will meet with Technical Monitor and other designees via conference call no later than 9/8/04.
- Contractor will develop an execution plan that includes timelines for each task and tracking of the progress of these tasks, no later than 9/8/04.
- Contractor will deliver all materials in a format that can be used by the Government to produce materials.
- Contractor will participate in meetings, training, formative research, and conference calls as needed.
- Contractor will submit weekly reports that detail services, impressions, concerns, recommendations and other information necessary that track the status and updates on the progress of the campaign, with the first report due no later than 9/8/04.
- Contractor will submit monthly budget status reports that outline by task money spent that month and cumulatively, with the first report due no later than 10/1/04.

**Period of Performance:**

Through March 31, 2006.

**Special Clearances:**

*Check all that apply:*

- OMB
- Human Subjects
- Privacy Act

The Government will obtain necessary Departmental clearances and approvals for all materials. The Contractor will submit all materials for approval by the Technical Monitor prior to final production and use.

**Evaluation Criteria:**

- A. **Award:** This task order will be awarded to the contractor whose proposal is considered to be the most advantageous to the Government, price and other factors identified below considered. The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.

**B. Technical Evaluation:**

<u>Criteria</u>	<u>Points or relative Value of criteria</u>
Technical Approach	35%
Staffing and Management	20%
Similar Experience	30%
Expert Recommendations	10%
Prior Experience	5%

**Technical Approach:**

Contractors are to provide a discussion of their technical approach for providing the services required for this task order. This criteria will be evaluated according to the soundness, practicality, and feasibility of the contractor's technical approach for providing the services required for this task order.

**Staffing and Management:**

Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this task order; and (2) a management plan that describes their approach for managing the work, to include subcontract management if applicable. This criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror's staffing and management plans for this task order.

**Similar Experience:**

Provide information reflecting the contractor's organizational capacity for projects similar in complexity and scope. This criteria will be evaluated to determine appropriate experience of assigned personnel.

**Expert Recommendations:**

Contractors are to provide ideas and/or suggestions about creative and/or innovative ways to accomplish either the processes or products described in this task. This criteria will be evaluated by examining the creative ideas offered and the rationale that supports the ideas presented.

**C. Cost Evaluation:** A cost analysis shall be conducted to determine the reasonableness of the contractor's cost proposal.

Point of Contact:

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