

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

**REQUEST FOR TASK ORDER PROPOSAL**

**Date Issued: July 23, 2004**

RFTOP#CDC-16      TITLE: : Translation, dissemination, and evaluation of Community Guide Recommendations, as well as best/promising practices for the prevention and control of obesity

**PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS**

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B. PROPOSED PERIOD OF PERFORMANCE: Date of award through December 31, 2007.

C. PRICING METHOD: Cost Plus Fixed Fee

D. PROPOSAL INSTRUCTIONS **Page Suggestion:** CDC suggests that Contractors limit their proposals for this task order to no more than 30 pages for the technical proposal. CDC reviewers value economy of language and precision in explanation. Applicable examples of previous work, staff work qualifications and other ancillary materials should be provided in appendices. **Budget format suggestion:** CDC suggests that Contractors provide in an MS Excel spreadsheet an itemized budget for each Task and deliverable listed, rolled up into a single budget encompassing all Tasks. **Funding Range:** Over \$500,000 but less than \$700,000

E. RESPONSE DUE DATE: **August 13, 2004**

**F. QUESTIONS DUE: No later than July 30, 2004**

- G. **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 Tasks 1 - 6.

**Background:**

In the United States, obesity has risen at an epidemic rate during the past 20 years. One of the national health objectives for the year 2010 is to reduce the prevalence of obesity among adults to less than 15%. Research indicates that the situation is worsening rather than improving. Results from the 1999-2000 National Health and Nutrition Examination Survey (NHANES), using measured heights and weights, indicate that an estimated 64 percent of U.S. adults are either overweight or obese.

Research studies have shown that obesity increases the risk of developing a number of health conditions including type 2 diabetes, hypertension, coronary heart disease, ischemic stroke, colon cancer, post menopausal breast cancer, endometrial cancer, gall bladder-disease, osteoarthritis, and obstructive sleep apnea.

The purpose of this task order is in line with the CDC mission: "To promote health and quality of life by preventing and controlling disease, injury, and disability." Chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the United States; poor diet and physical inactivity are two major contributing factors. The Chronic Disease Center at CDC aims to promote healthy personal behaviors, prevent death and disability from chronic diseases, and accomplish these goals in partnership with health and other agencies. The Division of Nutrition and Physical Activity (DNPA) takes a public health approach to address the role of nutrition and physical activity in improving the public's health and preventing and controlling obesity and other chronic diseases.

One such approach has been to provide support to the Yale Prevention Research Center (PRC) to assess the effectiveness of published obesity interventions in school, worksite, medical care and community settings. The conclusions will be published as a chapter for the *Guide to Community Preventive Services*.

The Guide to Community Preventive Services of the U.S. Preventive Services Task Force conducts a systematic review of the published literature on interventions aimed at obesity reduction and control as part of its assessment of community preventive services. However, the Guide process is lengthy and periodic. In addition, the level of evidence required for Guide recommendations is, by design, very high with the gold standard being a randomized control trial. Meta analyses are used to support recommendations that must be based on a preponderance of ample evidence of effectiveness.

Considerable resources have been expended to conduct a systematic review of the literature on the effectiveness and impact of interventions intended to promote healthy weight and/or reduce and control overweight and obesity. By definition, the Guide process ends with the issuance of its recommendations based on its evidence review. To complement Guide activities, CDC will

expend additional resources through this task order to translate and disseminate the Guide recommendations, and best/promising practices for the worksite and medical care settings.

Examples of this effort for the worksite and medical care settings might include development of messages for specific audiences such as employers, employees, and employee assistance/lifestyle programs. The target audience for the medical care setting might include hospital administrators, medical researchers, and patients. In addition, potential dissemination efforts may include message development for health insurance companies, labor unions, and others who are important stakeholders on worksite and medical care initiatives. Example programs include, but are not limited to: Healthtrac Program at Citibank, DaimlerChrysler/UAW National Wellness Program, Global Wellness Initiatives (2002) at Motorola, Project Health Track at Union Pacific and the Lifestyle Program at the CDC, National Center for Chronic Disease Prevention and Health Promotion.

### **Description of work:**

The purpose of this task order is to prevent and control obesity and other chronic diseases through the translation, dissemination and evaluation of science-based nutrition and physical activity intervention recommendations and best/promising practices. The goal is to ensure that key audiences have received, accepted, and intend to use the Guide's recommendations and supporting science, as well as identified best/promising practices.

### **Tasks:**

#### **Task 1: Discussion with Project Staff**

Within one week of receipt of the approved task order, the Contractor shall participate in a conference call with CDC Project Staff to discuss the technical and administrative requirements of the project.

#### **Task 2: Identification of target audience**

The Contractor will work with CDC on identifying target audiences within worksite and medical care settings for dissemination of Best/Promising Practices Documents and related products.

#### **Task 3: Create Best/Promising Practices Document and related products for dissemination to target audiences**

This task involves the translation of the Community Guide recommendations and CDC provided Best/Promising Practices into products that can be disseminated to the target audiences (as identified in Task 2 above) for worksite and medical care settings. Contractor shall draft a Best/Promising Practices Document, written up in the form of a monograph and a publishable manuscript. This Task also involves the development of creative materials/products that will reach the identified target audience in the worksite and medical care settings. In addition, it will involve planning and making recommendations for the most relevant communication channels to reach the targeted audiences for each setting. CDC has already identified venues to be utilized

for dissemination, including ads in scientific journals and the lay press and banners for other relevant websites to link to CDC's website.

Contractor shall work with CDC workgroups to develop and draft articles suitable for publication in Morbidity and Mortality Weekly Report (MMWR) and a scientific journal such as the American Journal of Preventive Medicine. Contractor shall also develop and disseminate a Best/Promising Practices draft document, as well as a series of related interim products in a variety of formats to identified worksite and medical care target audiences; interim products might include chapter specific recommendations as separate publications in print and on the Internet, office posters, pamphlets, and tool kits. Contractor should develop the art and copy for these tools for use in the worksite and medical care settings, depending on the audience specific to each setting.

#### **Task 4: Formative evaluation of Best/Promising Practices document and related products for dissemination:**

The Contractor will pretest the Best/Promising Practices document and related products developed by the Contractor for each setting (e.g. poster, booklet, website link, tool kits) for such qualities as acceptability, clarity, and appeal, and to provide feedback and suggestions for changes. The Contractor will pretest the materials developed with four focus groups in each of four cities in different areas of the United States (total of 16 focus groups). For budgeting purposes, the Contractor should identify costs for four focus groups each in San Diego CA, Denver CO, Boston MA, and Chicago IL). The focus groups will be conducted with members randomly chosen from the target audience identified by the Contractor for the worksite setting only.

Sixteen focus groups (four in each city) will be conducted with randomly selected members of the target audiences identified by the Contractor in collaboration with CDC. The Contractor will be responsible for recruiting focus group participants, developing a moderator's guide in collaboration with CDC, conducting the focus groups, and analyzing and reporting on the results, including making suggestions about how the materials can be revised. Upon approval from CDC, the Contractor will be responsible for implementing the recommended changes to the "Best/Promising Practices" document and other related products for dissemination.

The Contractor shall then conduct post-testing of the revised document and products with four focus groups in each of four cities in different areas of the United States (total of 16 focus groups). For budgeting purposes, the Contractor should identify costs for four focus groups each in Seattle, WA; Rochester, NY; Birmingham, AL; and San Diego, CA). The focus groups will be conducted with members randomly chosen from the target audience identified by the Contractor for the worksite setting only.

The Contractor will be responsible for identifying and recruiting focus group participants, developing a moderator's guide in collaboration with CDC, conducting the focus groups using products developed by the Contractor and approved by CDC, and analyzing and reporting on the results.

Process:

The Contractor shall perform the following tasks:

- 1) Identify and recruit participants from the identified target audiences for the worksite setting for focus groups (32 focus groups total, of 6-8 people each, 8 groups in each of four cities; 16 focus groups pretest and 16 focus groups post test)
- 2) Collaborate with CDC to develop moderator guides
- 3) Provide a facility in each location with audio/video recording and viewing capabilities
- 5) Provide necessary incentives to participants
- 6) Provide an experienced moderator and conduct thirty-two focus groups
- 7) Analyze and report results

**Task 5: Implement Best/Promising Practices dissemination plan**

Contractor shall disseminate approved products through appropriate venues to identified target audiences within the worksite and medical care settings.

**Task 6: Outcome Evaluation**

The proposed outcome evaluation would focus on two major areas within the worksite setting only:

1. Describing the extent to which Community Guide recommendations are adopted and their impact on workplaces that adopt the recommendations.
2. Identifying successful strategies in translation and dissemination that foster adoption of recommended practices and policies as identified by the Community Guide.

The results of this evaluation would be used to inform future Guide chapters such as those related to obesity prevention interventions in schools and community care settings.

The Contractor would work closely with CDC to develop potential evaluation questions, determine priorities questions for the project, coordinate participation among stakeholders, and develop evaluation protocols, instruments, documents, and reports.

The nature and scope of the particular evaluation questions would be determined by CDC in collaboration with its Contractor; however potential questions and sub-questions might include the following:

1. Describing the extent to which Community Guide recommendations are adopted and their impact on workplaces that adopt the recommendations.

- What entities have adopted the guidelines/interventions?
- What was the motivation to adopt them?
- To what extent has adoption of these practices been dependent on the strength of scientific evidence as specified in the Guide?
- What barriers and facilitating factors have affected implementation?
- How faithfully have implementers followed the Guide recommendations? What variations have been developed? With what change in effectiveness?
- To what extent does the nature of the entity that adopted the recommendation (employer vs. labor union) influence how the recommendation is actually implemented in the worksite?
- To what extent do worksites/employers monitor or evaluate the impact of the interventions adopted?
- To what extent do employers attribute positive results to their adoption of the Guide recommendations?
- What unintended or unexpected side-effects have resulted from adoption/implementation?

2. Identifying successful strategies in translation and dissemination that foster adoption of recommended practices and policies as identified by the Community Guide and Best/Promising Practices.

- What strategies were used for Guide recommendations?
- For what target audiences?
- Was the understanding/acceptance of the target audience as expected based on the formative evaluation used to craft the messages?
- To what extent do implementers attribute their action to the translation and dissemination efforts of CDC?
- What strategies for translation and dissemination were most effective in motivating implementers of the interventions/recommendations promoted in the Guide?

Evaluation activities are likely to include surveys, telephone interviews, and site visits to understand both the motivations of implementers as well as the programs and interventions implementers. A key issue that must be determined early in the process is identifying

appropriate dependent variables for the evaluation—that is, deciding whether the study will examine employers, individuals, programs or corporate policies, etc.

- Task 6a: In close collaboration with CDC, coordinate a meeting of key stakeholders to participate in the design of the evaluation. The Contractor shall cover the travel expenses for the panel and write a summary report of the meeting proceedings and recommendations from the panel. The report shall be submitted within 30 days of the meeting.
- Task 6b: In close collaboration with CDC and incorporating stakeholder input, develop an evaluation protocol based on the outcome of Task 1. This includes protocol, any survey instruments to be used, interview guides, site visit guide and any other types of instruments needed to carry out the protocol.
- Task 6c: For any methods requiring OMB or IRB clearance, the Contractor shall prepare and submit the necessary clearance packages to the project officer including completed required forms and supporting materials for submission to OPPE and OMB. The Contractor shall incorporate changes as directed by this clearance process.
- Task 6d: Conduct interviews, administer survey, and conduct site visits as specified in the protocol.
- Task 6e: Analyze and synthesize data gathered in Task 6d above. The Contractor shall maintain all data collected in an organized fashion, in both hard copy and electronic version (compatible with Microsoft Office), and make it available to CDC within 15 business days of the reporting period.
- Task 6f: Convene meeting of key stakeholders to share preliminary results. The Contractor shall cover the travel expenses for the panel and write a summary report of the meeting proceedings and recommendations from the panel. The report shall be submitted within 30 days of the meeting.
- Task 6g: The results from Task 6e above shall be written in the form of a manuscript worthy of publication.
- Task 6h: Develop additional translation and dissemination pieces (ones that might build on the results of the evaluation itself. For example, if we find that certain types of worksites are having exceptional results, we might want them to develop some at-a-glance type products aimed at those kinds of employers/worksites.)

### **Task 7: Community Guide and Promising Practices Dissemination Presentations**

It is anticipated that CDC will need to present the objectives, strategic plans, key activities and expected outcomes to diverse audiences in conference and informal settings. Modules should be

prepared that could be presented in 5, 15 and 30 minute units. The presentation materials will be available electronically (PowerPoint) and include, but not be limited to, talking points, overheads, slides and handouts.

**Ongoing tasks:**

Contractor will be required to meet monthly with government program managers to establish expectations, to determine communication goals, to discuss the materials and recommended methodology for each setting and to reach agreement/approval on finalized materials.

**Items from CDC appropriate for task completion:**

CDC will provide the following documents for Contractor reference which should be used at varying phases of this task order:

1. Community Guide recommendations for worksite and medical care settings
2. Best/Promising practices interventions for worksite and medical care settings
3. Copies of HHS and OMB clearance policies and forms
4. Existing CDC materials as requested
5. CDC webpage guidelines
6. List of pools of potential participants for worksite focus groups

**Deliverables:**

Task 1:

Briefing teleconference with CDC staff (90 minutes maximum), within one week of receipt of the approved task order, to discuss the proposed best/promising practices. Minutes of the initial meeting teleconference will be due within 10 days after the teleconference occurs.

Task 2:

Target audience assessment report shall be provided to the project officer in hard copy and electronic format.

Deliverable due date: December, 2004

Task 3:

Supplement to the MMWR, published in a scientific journal, such as the American Journal of Preventive Medicine.

Deliverable due date: November, 2005

Best/Promising Practices document and related products for dissemination to target audiences.

Deliverable due date: November, 2005

Task 4:

The Contractor shall produce the following products from the process evaluation:

- 1) Audiotapes from focus groups
- 2) Transcription of focus groups
- 3) Summary (topline) reports after each focus group
- 4) Initial draft and revised final report of the findings from all sixteen pretest focus groups. The report will include the findings from the focus groups and suggestions for how the dissemination products can be revised.
- 5) Initial draft and revised final report of the findings from all sixteen post-test focus groups. The report will include the findings from the focus groups and suggestions for any further revisions of the dissemination products.
- 6) Monthly Reporting: The Contractor shall provide the technical monitor an electronic copy of task activities contained in the monthly report that is prepared for the project officer. This report shall include the amount of money expended to date and the money remaining by task.

Deliverable due date: April 2006

Task 5:

Report of proposed venues for dissemination of Best/Promising Practices document, MMWR supplement and other related products.

Deliverable due date: March 2006

Implementation of dissemination plans. March 2006

Task 6:

Implement evaluation plans.

- 6a. Plan and coordinate a stakeholder teleconference. Contractor shall identify key stakeholders and convene a working group to gather input from stakeholders on potential evaluation questions and to have them participate in selecting the priority questions for this evaluation. Contractor shall develop an agenda, make arrangements, and prepare a summary report. At the end of the meeting, there should be a clear list of evaluation questions and the scope of the evaluation should be identified (are we going to study individuals, certain kinds of employers, etc.) Contractor shall provide a meeting summary in report format.

Deliverable due date: December 2005

- 6b. Completed protocol, any survey instruments to be used, interview guides, site visit guide and any other types of instruments needed to carry out the protocol shall be sent in hard copy and electronic format to the project officer.

Deliverable due date: January 2006

- 6c. For any methods requiring OMB or IRB clearance, the Contractor shall prepare and submit clearance packages to the project officer including completed required forms and supporting materials for submission to MASO and OMB. The Contractor shall incorporate changes as directed by this clearance process.

Deliverable due date: January 2006

- 6d. Copies of all raw data, including interviews and completed surveys, as well as an initial draft and revised final report of the findings shall be provided to the project officer. Site visit reports shall be submitted to the project officer within 15 days of completed visit.

Deliverable due date: September 2006

- 6e. Written report (draft version prior to final version)

Deliverable due date: December 2006

- 6f. Meeting summary report shall be submitted within 30 days of the meeting.

Deliverable due date: 30 days after the meeting

- 6g. Report in the form of a manuscript worthy of publication.

March 2007

- 6h. Written documentation of all work plans, methodology, results, analysis, dissemination plans, toolkit modules and other products related to this task shall be completed and delivered to the project officer.

Deliverable due date: December 2007

#### Task 7:

The presentation modules and materials shall be delivered to the project officer electronically (PowerPoint) and include, but not be limited to, talking points, overheads, slides and handouts.

Deliverable due date: May 2007

**Period of Performance:**

The performance period begins with date of award and the overall end date is December 31, 2007.

**Special Clearances:**

*Check all that may apply:*

- OMB
- Human Subjects
- Privacy Act

Production Clearances:

- 524 (concept)
- 524a (audiovisual)
- 615 (printing)

HHS policy requires that health-related media products receive approval from the Office of the Assistant Secretary for Public Affairs before release to the public. The Contractor shall prepare and submit the necessary clearance packages to the project officer including completed required forms and supporting materials in accordance with HHS policy. The package must be approved before “concept/theme package” can be placed into production. Contractor should be prepared to attend any meeting to discuss the materials offered in the clearance package. The Contractor shall incorporate changes as directed by the clearance process.

All evaluation tools must receive a clearance through the CDC Management Analysis and Services Office. For any methods requiring OMB or IRB clearance, the Contractor shall prepare and submit the necessary clearance packages to the project officer including completed required forms and supporting materials for submission to MASO and OMB. The Contractor shall incorporate changes as directed by this clearance process.

**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:

Points or relative Criteria	<u>Value of criteria</u>
Technical Approach	40
Staffing and Management	30
Similar Experience	30

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 and examples of past performance.

*This criteria will be evaluated to determine appropriate experience of assigned personnel.*

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