

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 27, 2004**

RFTOP#203 - CDC-15      TITLE: *Evidenced-Based Approaches, Measures, and Tools for Promoting Tobacco Cessation Efforts Among American Indians and Alaskan Natives*

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

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B. PROPOSED PERIOD OF PERFORMANCE: Date of award through March 31, 2006.

C. PRICING METHOD: Cost Plus Fixed Fee

D. PROPOSAL INSTRUCTIONS: **Page Suggestion:** CDC suggests that contractors limit their proposal for this task order to no more than 20 pages of text for the technical proposal. The narrative should include a staffing plan, key deadline dates, and a general approach as well as specifics about the deliverables. Attachments such as staff bios/cv's are acceptable, but not required and will not be part of the technical evaluation process. Total page suggestion: 35 pages maximum, please **Budget format suggestion:** The budget should be included as an Excel spreadsheet. A budget narrative is also acceptable. Budgets, staff hours, and ODC's (other direct costs) for this task order request should be organized around the deliverables described herein. Please sum all totals for hours per deliverable and hours total as well as costs per deliverable and total project. Other important budget suggestions: Any subcontractor budgets should also be itemized. Because this is a multi-phased project, please include a budget for total project as well

as a budget for each phase and each task (set of deliverables). Budgets for any additional or alternative proposals by the contractor should be presented as **optional budget spreadsheets**.

**Funding Range:** Under \$100,000

E. RESPONSE DUE DATE: **August 10, 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:

- Task 1: Communications Research
- Task 7: Outreach minority/underserved populations
- Task 8: Product development
- Task 11: Communications meeting/conference support

**Note:** CDC understands that it cannot fully fund both phases of this project with our current budget. Certain deliverables, tasks, and phases may be fully funded at a future date. These tasks will be negotiated as Phase B following completion of Phase A.

**H. Type of Pricing Requested:**

X Cost Plus Fixed Fee

**DEPARTMENT OF HEALTH AND HUMAN SERVICES BACKGROUND:**

*“Scientific evidence provides a tragic picture of the health effects of smoking across a lifetime. We all need to strengthen our efforts to prevent young people from ever starting to smoke and to encourage smokers of all ages to quit.”*

—Richard H. Carmona, MD, Surgeon General, U.S. Public Health Service

Tobacco use remains the leading preventable cause of death in the United States, causing more than 440,000 deaths each year and resulting in an annual cost of more than \$75 billion in direct medical costs. Nationally, smoking results in more than 5.6 million years of potential life lost each year.

Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 4,000 young people under the age of 18 try their first cigarette. More than 6.4 million children living today will die prematurely because of a decision they will make as adolescents — the decision to smoke cigarettes.

The Office on Smoking and Health (OSH) is a division within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), which is one of the centers within the Centers for Disease Control and Prevention (CDC).

OSH is responsible for leading and coordinating strategic efforts aimed at preventing tobacco use among youth, promoting smoking cessation among youth and adults, protecting nonsmokers from environmental tobacco smoke (ETS), and eliminating tobacco-related health disparities.

OSH accomplishes these goals by:

- expanding the science base of tobacco control.
- building capacity to conduct tobacco control programs.
- communicating information to constituents and the public.
- facilitating concerted action with and among partners.

OSH is responsible for conducting and coordinating research, surveillance, laboratory, and evaluation activities related to tobacco and its impact on health. For example,

- OSH is developing a set of core evaluation indicators for state programs and is evaluating the effect of tobacco prevention and control programs nationwide.
- OSH is developing survey instruments and methods to help assess tobacco use in specific populations, including racial/ethnic minority groups and people of low socioeconomic status.

OSH researches, develops, and distributes tobacco and health information nationwide. OSH responds to over 100,000 tobacco-related requests annually, 60,000 of which come through the Internet. In the past year, OSH distributed more than 800,000 publications and video products. In addition, visits to CDC's tobacco control Web site increased from 2 million in 2001 to more than 3 million in 2003. OSH has provided these materials and resources to educators, employers, pastors, public health workers, and other community leaders working to prevent people from starting to use tobacco, garner support for clean indoor air and other policy changes, and help those who use tobacco to quit. In partnership with other federal, state, and local agencies, OSH communicates key tobacco messages through the media, schools, and communities.

#### **DESCRIPTION OF WORK:**

Over the last several years, OSH has worked to develop evidenced-based, approaches, tools and measures for promoting tobacco cessation efforts among various population groups. A fairly new revised resource to promote quitting smoking and community involvement in tobacco control among African Americans is called *Pathways to Freedom*. This product was the result of years of research and study of the population and the development of creative and culturally appropriate methods for addressing cessation among community members.

In a similar fashion, OSH would like to be able to provide state-of-the-art cessation and community education materials for the American Indian/Alaskan Native community. In order to accomplish a first step towards this goal, OSH recently finished a Review of the Literature on Smoking Cessation Among American Indians and Alaska Natives. This review explored the published and unpublished literature and materials as it related to specific criteria of community competence. Promising practices and cessation protocols were identified and discussed, as were the gaps and limitations in our knowledge of AI/AN smoking cessation. In this review of literature, several major findings emerged. Some of them include:

- Smoking cessation approaches, using a cultural revitalization techniques, employing multilevel community, family and individual level programs and using culturally appropriate measures and messages, is recommended.
- The cultural revitalization approach to smoking cessation utilizes storytelling, artwork, symbols and designs to evoke connectiveness to a group and to a culture, creating a strong tie to acceptable behaviors and processes.
- Cessation approaches that seem to work include social support, using local resources, and including extended family networks at multigenerational levels.
- It has been found that working with the resources of the community, in community decision-making regarding policies, activities, and group efforts, is more valuable, facilitating community “buy-in” and acceptability.
- Who carries the message to “stop smoking” is an important consideration, as initiation often starts in a social setting with cousins, siblings, peers, or friends.
- The influence of the AI/AN cultural, which value non-interference, may be a significant factor in the social acceptability of smoking in some Indian communities.
- Culturally appropriate measures of such constructs as readiness to quit, depression, illness beliefs, harm reduction, fatalism, spirituality, patterns of smoking, are urged.
- The patterns of smoking use among AI/AN groups are distinct and need to be considered in designing cessation intervention programs.
- There is a need to examine the potential of replicating of validated programs or tools/measures used in the general population.
- Interventions should be directed at health behaviors and management of chronic illness among AI/ANs such as diabetes, obesity, cancer, and CVD, while taking into consideration special groups such as urban Indians, women, elders, and the disabled.
- There is a lack of published, documented studies that have used rigorous testing in program research and evaluation.

Building upon this review of literature and other work that has been done on this topic prior to the contract award, CDC and the contractor will strengthen current partnerships with members of the community and form new ones. This group will be comprised of researchers, epidemiologists, and other experts in community health and will act as an external working group of advisors to guide us during each phase of this project. OSH and contractors will work to select working group members and decide upon meeting dates, topics, etc. As the working group meets, participants will discuss earlier findings and recommendations/research on tobacco cessation efforts for the American Indian/Alaskan Native population and the obvious data and research gaps that exist.

The participants will provide recommendations for future directions to OSH. Using this as a foundation, contractor will work with OSH to evaluate various recommendations of the working group and will decide on a strategic framework for addressing key findings and recommendations. Some possible outcomes of this project could include the following: culturally specific information on nicotine replacement therapies, links to clinical guidelines and systems for cessation, and specific strategies for community mobilization.

Building from earlier CDC literature reviews and data collection, contractor will work with experts and members of the community to possibly collect additional data; review published and

unpublished works; and compile anecdotal evidence and case studies of tobacco control and cessation efforts with American Indian/Alaskan Native tribes and nations. Contractor will also have access to OSH expertise and will have the opportunity to pursue current research findings and research capability of our staff.

At the completion of this project, the following objectives should be met:

1. A core external working group that will provide recommendations for any concepts, products, and dissemination strategies that might develop.
2. Strengthened and enhanced cessation and community education resources to complement existing strategies, materials, and initiatives for reducing tobacco use in American Indian/Alaskan Native populations; and
3. An evidenced-based approach model on which to base the development and revision of other culturally competent materials for other population groups.

**ITEMS FROM CDC APPROPRIATE FOR PREPARATION OF PROPOSALS:**

The following Web site links to the *Pathways to Freedom* cessation guide. The goal of this project is not to duplicate this effort for American Indians/Alaskan Natives, but this product may provide helpful background information for the preparation of proposals.

<http://www.cdc.gov/tobacco/quit/pathways.htm>

CDC has also prepared several other documents of our work on cessation. This is the link:

<http://www.cdc.gov/tobacco/how2quit.htm>

**ITEMS FROM CDC APPROPRIATE FOR TASK COMPLETION:**

CDC will provide any new scientific or health communication materials from our office that are relevant to this task. We will also give prompt input and direction from OSH's policy, epidemiology, and health communication staff. Previous literature reviews, expert panel summaries, and other relevant information will also be available to the contractor upon the reward.

**DELIVERABLES:**

**Phase A: Pre-Product Development**

*Working Group Formation, Communication, Meetings/In-Depth Interviews, Activity Summaries, Concept Testing Research Sessions, Reports, and Recommendations for final products*

**Task 1:**

*External Working Group Activities*

Deliverable One: *Working Group Formation*. Contractor will work with CDC to select members for our external working group of approximately 12-20 researchers, epidemiologists, communicators, and other experts in community health.

**Deliverable Due Date: November 30, 2004**

Deliverable Two: *Working Group Communication & Concept Testing Preparation*. Contractor will facilitate work group communication. Members will work through conference calls, e-mails, and other forms of communication to design and prepare for 1-2 formal working group meetings to discuss cessation research and recommendations for upcoming products and materials. This deliverable also includes communication with the work group to strategize and design content for the moderator's guides, screener, etc. in preparation for the message/concept testing discussion sessions.

**Deliverable Due Date: February 28, 2005**

Deliverable Three: *Working Group Formal Meetings/In-Depth Interviews*. Contractor will prepare for and conduct 1-2 formal meetings with external working group members. One of the meetings should occur after the concept testing sessions to discuss product development. If deemed necessary, another formal meeting can be conducted prior to the concept testing sessions. During the meetings, contractor will conduct in-depth interviews as necessary (approximately 5, but not more than 8). These interviews will be conducted without the use of a standardized format. Interviewees may also be key members of the community that we may have missed during the formation of our working group.

**Deliverable Due Date: August 31, 2005**

Deliverable Four: *Working Group Activity Summaries*. Contractor will prepare working group meeting summaries of the recommendations given at each of the organized meetings.

**Deliverable Due Date:** each summary is due within 60 days of the meeting. Final summary should be received by CDC no later than **October 31, 2005**.

## **Task 2:**

### ***Message/Concept Testing Research Sessions & Report***

Deliverable One: *Conduct Concept Testing Sessions*. Contractor will conduct at least 2, but no more than 4 concept testing research sessions with no more than 9 participants each. Through the use of the moderator's guide and screeners, contractor will partner with the working group members to decide on locations, content, etc. of these sessions.

**Deliverable Due Date:** Concept testing sessions should start by **March 31, 2005** and finish up by **May 31, 2005**.

Deliverable Two: *Concept Testing Report*. Contractor will provide research session summaries, top lines, reports, and transcripts to CDC. The report will provide the research questions, describe the methodology, list the test materials, and a summary of findings.

**Deliverable Due Date: December 31, 2005.**

## **Task 3:**

***Recommendations for final products based on the research conducted in the prior tasks for this project, and a dissemination plan.***

**Deliverable One: Product Recommendations.** Based upon the external working group meetings and the concept testing sessions, contractor will share its recommendations for products with CDC staff for their review and feedback. Contractor will provide a timeline and list of products. Based on CDC's Office of Smoking and Health review, comments, and approval of the recommendations, contractor will adjust its list of final products if necessary and time line to streamline the design and production of the materials and dissemination.

**Deliverable Due Date: March 31, 2006.**

**Phase B: Product Development**

*Printer-ready proto-types, electronic files, and other supporting material of the final products, and dissemination plan.*

**Requirements for this phase will be determined and negotiated following the completion of Phase A.**

**DELIVERABLES SUMMARY AND TIMELINE:**

<b>Deliverable Description:</b>	<b>Due Date:</b>
Working Group Formation	November 30, 2004
Working Group Communication & Concept Testing Preparation	February 28, 2005
Conduct Concept Testing Sessions	May 31, 2005
Working Group Formal Meetings/In-Depth Interviews	August 31, 2005
Working Group Activity Summaries	October 31, 2005
Concept Testing Report	December 31, 2005
Product Recommendations	March 31, 2006

**PROPOSED PERIOD OF PERFORMANCE:**

The performance period begins with the date of award through March 31, 2006.

**SPECIAL CLEARANCES:**

*Check all that apply:*

- OMB  
 Human Subjects  
 Privacy Act

Production Clearances:

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

**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. **Technical and price factors will be treated equally.** 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: Technical evaluation for this RFTOP are as follows

<u>Criteria</u>	<u>Points or Relative Value of Criteria</u>
Technical Approach	25
Demonstrating Effectiveness	15
Staffing and Management	15
Similar Experience	20
Expert Recommendations	10
<u>Client Satisfaction</u>	<u>15</u>
Total:	100

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.*

Demonstrating Effectiveness:

Contractors are to provide any evidence of previous strategic planning and creative materials development that have resulted in effective communication programs and products. CDC understands that clients don't always fund evaluation and that programs are not always implemented as recommended. For this reason, we are leaving this category open for discussion of any evaluation that might have been conducted (formative, process, outcome). Examples: a) formative might include concepts that were extremely well received by the client or the intended audience with few revisions necessary; b) process might be the number of web site hits.

Because this project is about evidence-based strategies and measures, CDC wants contractors to provide a 1-2 page narrative about no more than 3 previous clients within the past 5 years. Government and non-profit examples would be more useful to CDC, but private sector examples are acceptable.

*This criteria will be evaluated according to the contractors' ability to demonstrate past effectiveness in their communication programs and products. Contractors who can demonstrate effective formative, process and outcomes of their strategic and creative materials will be scored favorably.*

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.*

**Client Satisfaction:**

Client satisfaction is an important and often excluded part of the evaluation process. CDC considers a contractor's dedication to client satisfaction and resolution of client dissatisfaction an important evaluation tool. Contractors who regularly assess the level of client satisfaction will be scored favorably. Any number of tools can be used for this assessment. Contractors should describe any client satisfaction tools they currently use and an escalation plan for client dissatisfaction (1-2 pages).

*This criteria will be evaluated by the demonstration of a regularly used client satisfaction assessment tool and dissatisfaction resolution process. Contractors who can demonstrate this will be scored favorably.*

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