

**PUBLIC INFORMATION & COMMUNICATION SERVICES  
NIH TASK ORDER (For Use by Other Federal Agencies)**

**RFTOP NUMBER: RFTOP 252 (CDC 31)**

**TITLE:** Traumatic Brain Injury Information and Materials Needs Assessment Project

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

**A. Point of Contact Name:**

Helen Mitchell

Email: [hjm3@cdc.gov](mailto:hjm3@cdc.gov)

Phone: 770-488-1114

**Mailing and Billing Address:**

CDC/PGO

Helen Mitchell, Contract Specialist

Mailstop 71

2920 Brandywine Road

Atlanta, GA 30341

**B. Proposed Period of Performance:** The performance period begins with date of award and the overall end date is **September 30, 2006 for Phase I and Optional Phase II.**

**C. Pricing Method:** Cost Plus Fixed Fee

**D. Proposal Instructions:** Proposals are to be submitted electronically to Helen Mitchell, [hjm3@cdc.gov](mailto:hjm3@cdc.gov) by 4PM on July 15, 2005.

Questions are to be submitted via email to Helen Mitchell, [hjm3@cdc.gov](mailto:hjm3@cdc.gov) by June 23, 2005 at 4PM EST.

***Award will not occur until all special clearances (see below) have been received.***

F. TASK DESCRIPTION:

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

**Title:** Traumatic Brain Injury Information and Materials Needs Assessment Project

**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, 8, 9, and 11.

**Page Suggestion:** No more than 25 pages is suggested for the proposal. Attachments for such items as bios and CVs are allowed.

**Budget format suggestion:**

One itemized budget for all tasks is sufficient. Include itemized budget for any subcontractors used.

**Funding Range:** (check one)

- Under \$100,000
- Over \$100,000 but less than \$300,000
- Over \$300,000 but less than \$500,000
- Over \$500,000 but less than \$700,000
- Over \$700,000 but less than \$1,000,000
- Over \$1,000,000

**Type of Pricing Requested:** (check one)

- Cost Plus Fixed Fee
- Other (Specify) \_\_\_\_\_

**Background:**

Each year, an estimated 1.4 million Americans sustain a traumatic brain injury (TBI). Of those, 235,000 are hospitalized and survive (CDC 2001; Langlois et al. 2004). TBIs are prevalent among all age groups, with the young and the elderly at the greatest risk, and can be attributed to a variety of incidents and activities. In the U.S., the majority of TBIs results from motor vehicle-related collisions, drowning, firearms, athletic activities, and interpersonal violence. For many individuals the injury causes temporary pain and inconvenience, however, for approximately a third of individuals, the injury causes disability, chronic pain, and a profound change in lifestyle (Thurman et al. 1999). Individuals may also experience changes in the way

they behave and feel, as well as changes in their physical functioning, mood, and ability to communicate. Therefore, after a TBI, individuals and their families or caregivers may feel lost and confused. Unfortunately, some of these people will not receive information on interventions and services available to them, placing them at greater risk for a longer recovery, adverse outcomes, and depression.

In general, most people in the U.S. are uninformed about brain injuries and their potential repercussions. They are also often unaware of national, state, and local organizations that work on the behalf of individuals with brain injuries. A recent U.S. survey revealed that public awareness about brain injury is low. It was found that, one in three Americans is not familiar with the term “brain injury.” (Harris Interactive Inc. 2000)

Over the past five years, CDC has worked to increase knowledge of brain injuries, such as TBI, nationwide by developing numerous health education and communication initiatives. In 1999, CDC published *Facts About Concussion and Brain Injury: Where to Get Help*, an 18-page brochure written for people who have sustained a mild TBI and their family members or caregivers. In 2000, the brochure was translated for the Spanish-speaking population. In 2002, CDC produced its first TBI educational tool kit specifically for primary-care physicians. This tool kit, titled, *Heads Up: Brain Injury in Your Practice*, contains practical, easy-to-use clinical information, patient information in English and Spanish, scientific literature, and a CD-ROM that enables physicians to print out additional hard copies of some of the materials in the kit.

In addition to printed materials, CDC communicates information regarding TBI through the Internet. Information about the incidence and prevalence of disability, causes of TBI, characteristics of people who have had a TBI, groups at risk, outcomes and consequences, and prevention can be found on CDC’s website (<http://www.cdc.gov/ncipc>). The website also contains additional resources (eg, fact sheets and links to related websites). Most CDC-published TBI materials, including those mentioned in this article, are available on the website for downloading and for ordering free of charge.

CDC also works closely with partner organizations, such as the Brain Injury Association of America and state and local agencies, to raise public awareness about TBI. However, state and local organizations vary in their ability to develop and disseminate materials and in their capacity to reach a diversity of audiences.

Although CDC has made strides in surveillance of TBI and educating the public about this type of injury, disparities in the occurrence and outcomes of brain injuries across different age and racial/ethnic groups give evidence to gaps in information and/or services available. (Hart et al. 2005) To close these gaps, CDC is committed to understanding the needs of the current at-risk and target populations, as well as those of professionals, agencies, and organizations working in this field.

## **Description of Work:**

The goal of this information and materials needs assessment is to determine the type of materials useful to varied audiences including: health care professionals, educators, patients, families and caregivers, law and policy makers, community-based organizations, and state and local agencies. This project should also provide insight into the extent of which current materials are able to reach a diversity of audiences (professionals, individuals with a TBI and their families and caregivers, and the general public), determine the deficiencies in information, training, education, and services and programs available, and report on and develop ways to close the information and resource gaps that are uncovered. This project has been divided into phases. Phase I will be funded in FY 05 and phase II is contingent upon CDC funding in FY06. The following activities are ideas/suggestions for conducting a nationally-based needs assessment for TBI. The CDC is interested in the contractor's expert recommendations on the best methods for conducting such a needs assessment.

### **Phase I: Research**

- Conduct a survey to determine the availability, diversity, and usefulness of materials available for health care professionals (clinical, research, and program-based), educators (teachers, counselors, and educational psychologists), patients, families and caregivers, law and policy makers, TBI experts, and national, state and local agencies (health departments, community-based organizations, BIAA and affiliate organizations).
- Complete literature review and Internet research of relevant literature and materials available.
- Determine extent of education and training materials and courses available to health care professionals, educators, and students. Determine deficiencies in reaching target audiences and whether materials are culturally competent and accessible to diverse and multi-lingual audiences.
- Prepare a report of the findings of materials needs assessment findings.
- Organize and conduct a meeting of experts to gain perspectives on potential information or resource gaps (provide needs assessment report ahead of time and have them assist with determining what other materials are needed, who to target etc.).
- Focus test the concepts outlined in the expert meeting with target audience

### **Phase II: Materials Development** (contingent upon new CDC funding in FY06)

- Develop new materials to fill need (will include graphic design/layout).
- Test concepts and new materials (content, layout, readability etc.).
- Produce materials (make revisions to graphic design, content and get ready for printing, etc.).
- Create campaign to promote newly developed materials.
- Develop a distribution plan and methods of reaching the target audience.
- Print and distribute materials.

### **Items from CDC appropriate for preparation of proposals:**

*Website for the National Center for Injury Prevention and Control ([www.cdc.gov/injury](http://www.cdc.gov/injury))*

*Website for the Brain Injury Association of America ([www.biausa.org](http://www.biausa.org))*

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

*List of potential organizations that are sources for TBI information and who disseminate this information to the public.*

**Deliverables:**

**Phase I: Research**

1. Submit OMB clearance package to CDC by **September 16, 2005**.
2. Conduct a needs assessment as described in the description of work by **March 2006**.
3. Develop a report based on the needs assessment findings and submit to CDC by **June 2006**.
4. Host expert meeting by **July 2006**.
5. Focus test the concepts outlined in the expert meeting with target audience by **August 2006**.
6. Develop a report of focus test findings and submit to CDC by **September 2006**.

**Phase II: Materials Development**

1. Develop new materials
2. Focus test new materials
3. Produce materials
4. Print new materials
5. Distribute/Promote

*(See the Description of Work section for details related to each task outlined in the above list of deliverables)*

**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 factors will be more important than the cost in this evaluation.*** 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 for this RFTOP are as follows:

Criteria	Points or relative <u>Value of criteria</u>
Technical Approach	<u>30%</u>
Staffing and Management	<u>20%</u>
Similar Experience	<u>15%</u>
Expert Recommendations	<u>30%</u>
Prior Experience	<u>5%</u>

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 of the cost proposal shall be conducted to determine the reasonableness of the contractor's cost proposal.

**Proposed Technical Monitor:**

Jane Mitchko, Health Communications Specialist  
National Center for Injury Prevention and Control  
Mailstop F-41  
4770 Buford Highway NE  
Atlanta, GA 30341-3724  
[zlo5@cdc.gov](mailto:zlo5@cdc.gov)  
770-488-1043

**Project Officer: Brittney Spilker, Office of Health Marketing**