

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)  
DIVISION OF HEALTH COMMUNICATION  
ATLANTA, GEORGIA 30333**

**Date Issued:** 7/5/2005

**Date Response Due:** 7/26/2005

**Questions are to be submitted via email to Helen Mitchell @ [hjm3@cdc.gov](mailto:hjm3@cdc.gov)  
by July 21, 2005**

**Proposals are to be submitted via email to Helen Mitchell @ [hjm3@cdc.gov](mailto:hjm3@cdc.gov)  
By July 26, 2005.**

**TITLE: Health Communication Formative Research Archive Expansion  
CDC 20 RFTOP #262**

**Contract reference:** This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) for health communication services were awarded. This RFTOP includes tasks described in the contracts as Service categories 1 (communication research), 12 (database development and management), 13 (information tracking and referral), 14 (web design, development, and management), and 15 (website usability testing).

**Page Limitation:** No more than 25 pages

The budget should be included as an Excel spreadsheet. The narrative plan should include a staffing plan, key deadline dates, and general approach.

**Budget Format Suggestion:** Itemize budgets, staff hours, and other direct costs by deliverable. Budgets for any additional or alternative proposals by the contractor should be presented as **optional budget spreadsheets**. Please sum all totals for hours per deliverable and hours total as well as costs per deliverable and total project. This project will likely be funded in three phases: (1) Hosting, (2) Updating, and (3) Expanding.

**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:**

Evidence suggests that health communication messages and materials are more effective when they are tailored or created for audiences sharing certain characteristics, such as demographic features, concern about an issue, or a behavioral readiness stage. The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances Disease Registry (ATSDR) have conducted numerous formative research activities with intended audiences prior to the development of health communication campaigns for a range of topics. Such studies tend to produce large reports which are rarely published in the academic literature. Typically, the reports are read only by program personnel and their communication contractors, and then filed away. In addition, CDC and ATSDR programs rarely share audience profiles or unpublished information on the health behaviors and behavioral antecedents that could be used to inform new health communication interventions. Similarly, no method currently exists for CDC to assess which theoretical orientations, creative approaches, or other health communication strategies are being used in formative research across the agency.

To address this issue, The Health Communication Formative Research Archive was created. It is a searchable database of formative research results, i.e., information collected from participants that is intended for use in creating health communication strategies and materials. The information is organized and can be searched by a number of audience or program characteristics. Ready access to this database informs CDC staff about audiences that others at CDC have worked with, allows current formative research to avoid duplication and build on previous efforts, and clarifies training needs in the area of communication-relevant formative research.

The Archive currently houses 119 reports that can be accessed through an Intranet portal by staff and contractors for planning purposes. However, many more reports exist across CDC, including those associated with intervention research projects funded through cooperative agreements, Prevention Research Centers (SIPS), and small business grants (SBIRs), among others. While the Formative Research Archive was launched in February 2005, internal staff and contractors may not be aware of this useful information-sharing tool and may not contact the contractor supporting the archive about suggested additions.

***Archive Specifics***

This Archive is hosted on an external server but is password-protected and can only be accessed through URL: <http://intranet.cdc.gov>. Internal staff and contractors can access this information through the CDC Intranet. The information is displayed through a template that is consistent with the look and feel of the CDC Web page template (<http://www.cdc.gov>). Persons who are not CDC staff members may not access this database due to the confidentiality agreements signed by

many of the research participants. Users are able to search for relevant reports by topic (e.g., nutrition, physical activity, etc.), population characteristic, study characteristic, or intervention characteristic. The database may also be searched by keyword. When the user clicks on the search button, the database generates a list of relevant reports. When a user clicks on a specific report, a summary in a series of categories appears. The user may also view the report in its entirety. The template also allows the user to print the document, obtain answers to frequently asked questions (FAQs), and communicate with archive managers via e-mail.

In Phase 1, this task order seeks to expand the length of time that the website is hosted and that inquiries received through the “Contact Us” function are hosted. In Phase 2, the task order seeks to increase the number of reports housed by the Archive (by gathering and abstracting/coding reports) by adding more current reports. Finally, in Phase 3, this task order seeks to refine the program used to run the Archive (based on user feedback and/or usability testing), add an “or” search function, and expand the universe of reports that are eligible for inclusion by drawing from formative research funded by mechanisms outside of the Office of Communication contracts.

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

The contractor is asked to host, update, expand, and improve upon The Health Communication Formative Research Archive. The Health Communication Formative Research Archive is comprised of complete and coded versions of reports on formative research including focus groups, in-depth interviews, rapid ethnographic studies, telephone surveys, mall interviews, and other pertinent audience-focused knowledge, attitude, or behavior research reports as well as pre-testing reports conducted by/for CDC and ATSDR. The update should include reports available during the period beginning March 1, 2004 and ending March 1, 2005, beginning with those funded through the contract mechanism managed by the Division of Creative Services within the Center for Health Marketing. For the expansion, formative research performed by CDC/ATSDR and its contractors and other grantees to guide the development of large-scale health communication campaigns (particularly in agency-wide priority topic areas, such as obesity, preparedness, flu preparedness, and adolescent-targeted prevention of poor nutrition, physical activity, sexual risk behaviors, violence prevention, and unintentional injuries/drinking and driving) are the top priority, followed by formative research conducted through cooperative agreements and other contract mechanisms to guide community health interventions relevant to other health topics. The contractor is asked to work with CDC to implement a systematic strategy for expanding the existing archive beyond reports performed under contracts managed by the Office of Communication (OC), and to employ this strategy in all updates during the funding period. The contractor is asked to use a systematic strategy to collect formative research reports by contacting project officers of additional funding mechanisms, which may include: other contracts, cooperative agreements, small business grants (SBIRs), and Prevention Research Center grants (SIPS), among others. The contractor is also asked to collaborate with CDC Information Technology staff to ensure that the database is functional and compliant for screen reader use (meet 508 standards), the external web page is accessible only through the CDC intranet, and the template is consistent with the look and feel of the CDC template and updated accordingly. The contractor is asked to improve the functionality of the archive using feedback

from the “contact us” feature and findings from usability testing (if available), among other inputs. The contractor will host the archive on an external server, make updates as needed, and manage inquiries from the “contact us” feature. For purposes of the proposal, it is estimated that 100 reports averaging 50 text pages each will be added to the existing archive per year.

The contractor is also asked to supply to the contractor for an HHS intranet database (see <http://www.health.gov/communication/>) the already coded information that is both relevant to the health categories of that database and that is deemed publicly sharable by the CDC technical monitor who supplied the report.

If the technical monitor should determine that the database should be hosted on the CDC intranet, the contractor will cooperate in the importation of the database and perform fidelity checks of the imported database until the contractor and technical monitor are satisfied that a faithful version is available on the intranet.

This work is organized in three phases: Hosting, Updating, and Expanding. Phase I activities will surely be funded this year. Phases II and III will be funded in subsequent years as additional funding becomes available. The particular tasks are spelled out below and categorized by phase.

## **FIRST PHASE (Hosting)**

### **Task 1. Hosting the database and managing inquiries**

The contractor shall host the database on a password protected server and manage inquiries from the “Contact Us” feature. Examples include responding to inquiries in a timely manner, incorporating feedback as needed to improve archive functionality and navigation within the limits of available funding and technical feasibility, and forwarding inquiries that cannot be answered by the contractor to appropriate CDC contacts.

## **SECOND PHASE (Updating)**

### **Task 2. Updating and maintenance of data sets**

The contractor shall update the archive annually by (a) collecting reports based on formative research conducted under the Office of Communication contract and completed since the last update, (b) coding these newly collected reports according to the coding scheme used previously, and (c) appending the new coded information and full reports to the existing data sets.

### **Task 3. Making minor revisions in the database**

The contractor shall make minor quarterly revisions in the format, coding scheme, or coded content based on comments from users and other inputs.

### **Task 4. Improving Archive functionality and navigation**

The contractor shall incorporate user feedback (i.e., suggestions from the “Contact Us” box, usability testing, and the Technical Monitor) to improve the functionality and navigation of the archive. The contractor shall also add an “OR” feature to the search capacity of the archive.

#### **Task 5. Importation to CDC Intranet**

If and when the Archive is hosted on the CDC intranet, the contractor shall send to CDC an entire current data set, and will update and revise the dataset in this manner from then on (i.e., there will be no entry mechanism at CDC for individual revisions to the database application, the updated data set will be re-imported as a whole instead).

#### **Task 6. Review and fidelity check of intranet archive**

If and when the Archive is hosted on the CDC intranet, the contractor shall review the imported intranet Archive for fidelity to the original design (and consistency with the CDC template) and perform validation exercises as needed.

### **THIRD PHASE (Expanding)**

#### **Task 7. Collecting research reports to be archived**

The contractor shall assist CDC in developing and implementing a strategy for expanding the list of reports beyond those funded through the OC contracts and then shall collect the reports on the expanded list, code them, and add the full reports and coded information to the dataset. As in the updating Phase, obtaining each report in electronic or hard copy format will be the work of the contractor.

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

1. A Mock-up page in electronic format.
2. Coding scheme.
3. Technical specifications (computer languages used for coding, etc.).

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

1. Meetings with key CDC subject matter experts as required.
2. The expanded list of research projects.
3. Phone numbers and contact information of technical monitors of the formative research on the expanded list and of aforementioned HHS staff and their contractors.

#### **DELIVERABLES:**

Phase 1.

1. An initial meeting in which minor preliminary revisions in the database and the intended expansion of the list of eligible reports are discussed and suggestions are made for such expansion (to be held within 30 days of award).
2. Ongoing meetings with CDC Division of Health Communication staff and IT staff to

- clarify requirements and plan project details (phone call on the 15<sup>th</sup> of each month).
3. A summary of the “Contact Us” inquiries by function or topic (i.e., usability/navigation, referral, reports suggested, etc.) every 3 months (September 15, 2005; December 15, 2005, and so on).

Phase 2.

4. During report collection, regular communication with CDC project officers (phone call on the 15<sup>th</sup> of each month).
5. One updated datafile including reports collected from projects funded by the OC funding mechanism and collected prior to March 1, 2005, due September 30, 2005, and annual datafiles of this nature after that throughout the funding period.
6. For each update, an index of all files coded to date in an EXCEL file (due dates the same as in #4 above).
7. For each update, a letter stating that the intranet version of the updated database is faithful to the original version in format and function (due dates the same as in #4 above).

Phase 3

8. An updated datafile including reports completed prior to March 1, 2005 and based on formative research funded through the expanded list of eligible funding mechanisms, due September 30, 2005. Similar datafiles will be due annually after that for the duration of the funding period. These datafiles may be combined from those in Phase two above, and the remaining tasks may be combined in this way as well.
9. One updated datafile including reports collected from the expanded list of funding mechanisms and, due September 30, 2005.
10. For each expanded update, an index of all files coded to date in an EXCEL file (due dates the same as in #4 above).
11. For each update, a letter stating that the intranet version of the updated database is faithful to the original version in format and function (due dates the same as in #4 above).

**PERIOD OF PERFORMANCE:**

Date of award through **May 14, 2007**. This RFTOP will be renewed annually and is subject to modification. It is expected that the first update, the consultation with CDC IT staff, and the initial minor revisions will be completed by September 30, 2005. This RFTOP may be funded in phases, depending on the availability of funding. Proposals should separate out the cost of hosting the website and responding to inquiries (Task 6 above) from the full cost of performing all tasks.

**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, with price and other factors identified below considered. Price and technical factors will be weighted 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 for this RFTOP are as follows:

Criteria	Points or relative <u>Value of criteria</u>
Technical Approach	30
Staffing and Management	30
Prior Experience	30
Past Performance Evaluations	10

Technical Approach:

Contractors are to provide a discussion of their 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.

Prior Experience:

Provide information reflecting the contractor’s organizational capacity for projects similar in complexity, scope and purpose. Include specific examples of related work by describing examples and/or providing links to URLs.

Past Performance Evaluations:

Contractors are asked to submit past performance evaluations on related work as evidence of their capacity to produce high quality deliverables that meet or exceed expectations of the funding organization.

- C. Cost Evaluation: A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the contractor’s cost proposal.
- D. Past Performance Evaluations: See above.

**Proposed Technical Monitor:**

May Kennedy

D42

[Mbk5@cdc.gov](mailto:Mbk5@cdc.gov)

404-639-7273

**Project Officer:** Brittney A. Spilker, Division of Creative Services