

PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS)  
NIH - TASK ORDER

RFTOP# 89

TITLE: Evaluation of Asian Language Brochure Distribution

PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

A. ADMINISTRATIVE INFORMATION:

Point of Contact Name: Victor S. Buyny  
Contract Officer

James Carder  
Contract Specialist

Proposal Address: Research Contract Branch, OM  
[U.S. Mail] National Cancer Institute  
6120 Executive Boulevard  
Executive Plaza South  
Suite 600, Room 6114  
Bethesda, MD 20892-7196

Proposal Address: Research Contract Branch, OM  
[Hand Delivered] National Cancer Institute, Suite 600  
6120 Executive Boulevard, MSC 7196  
Bethesda, MD 20852

Billing Address Research Contract Branch, OM  
National Cancer Institute  
6120 Executive Boulevard  
Executive Plaza South  
Suite 600, Room 6114  
Bethesda, MD 20892-7196

B. PROPOSED PERIOD OF PERFORMANCE: September 18, 2002 to September 17  
2003

C. PRICING METHOD: Cost Plus Fixed Fee (Level of Effort)

D. PROPOSAL INSTRUCTIONS: Proposals should be submitted electronically to  
[carderj@mail.nih.gov](mailto:carderj@mail.nih.gov) Please enter in the subject line the following text, "RFTOP# 89-

Proposal from {insert your firm's name}.” A signed task order form will later be requested from the selected firm. In addition to the information described below, proposals should include a section that details possible evaluation strategies. Each suggested strategy should be no more than 10 pages typewritten, 1.5-spaced. This section should also describe the merits and drawbacks of each strategy. Also, the suggested strategies should recognize that a fast timeline is required for initial effort in developing the evaluation plan and putting the first steps of the evaluation plan into practice.

#### **ESTIMATED LEVEL OF EFFORT**

It is anticipated that approximately 2,460 labor hours (558 professional, 580 professional support, 686 administrative support, and 636 other support) will be required to complete this contract.

**NOTE:** The estimate is not intended to be restrictive for proposal purposes.

E. RESPONSE DUE DATE: August 29, 2002 at 2:00p.m. EDT.

F. TASK DESCRIPTION:

#### **Background**

In partnership with the Centers for Medicare & Medicaid Services (CMS), NCI produced a series of brochures for Asian American and Pacific Islander (AAPI) women in Chinese, Tagalog, Vietnamese, and English that NCI wishes to distribute to intermediary groups that serve AAPI women. The National Cancer Institute's (NCI) Office of Communications (OC) Health Promotion Branch (HPB) is developing a brochure distribution plan that will engage partners to promote routine mammography screening among these women.

#### Core Strategies and Phasing

1. Brochure Distribution Activities: [August 2002 and ongoing]
2. Engage Partners in Brochure Distribution [August 2002 and ongoing]

#### **Rationale**

According to a recent article in the International Journal on Cancer, breast cancer incidence is rapidly rising among Asian-American women. Breast cancer is the most frequently diagnosed cancer among women of many AAPI groups in the United States. It is the most common type of cancer among Chinese women, and the second most common among Vietnamese women (Miller et al., 1996). AAPI immigrants who have lived in the U.S. for 10 years are 80% more likely to develop breast cancer than recent immigrants (Ziegler et al., 1993). Filipina women born in the U.S. have a 60% higher risk for breast cancer than women born in the Philippines (Ziegler et al., 1993). Rates for

mammography screening are low among Asian American women compared to African American and Caucasian women, according to a study conducted by the National Institute of Health in 1998. According to CMRI—the largest federally designated Quality Improvement Organizations (QIO) for the Medicare program—barriers to screening among AAPI women include a general lack of understanding about breast health, mammography, and the benefits of early detection. In addition, many AAPI women fail to be screened because of language and cultural barriers.

### **Goal**

The goal of this outreach effort is to distribute these Asian language brochures via key partners and AAPI organizations, health professional organizations and health professionals, health advocacy organizations, and related government programs. Distributing the brochures to these groups is a necessary way to reach the primary audience, AAPI women, and to the secondary audiences that influence them.

### **Objectives**

- Measure the number of brochures in each language distributed as a result of the distribution activities
- Generate brochure orders via cancer.gov and CIS, especially calls to CIS from cities targeted by this effort
- Engage core partners in the effort to promote and distribute the Asian-language brochures
- Promote the brochures in the online and offline communications outlets available through these partners
- Distribute the brochures at partners' key events, conferences and meetings

### **Intended Audiences**

#### Primary

- American women of Asian and Pacific Islander descent, either newly emigrated or long term citizens, ages 40 and older, with special emphasis on women who speak Chinese, Vietnamese, and Tagalog, and AAPI women with Medicare ages 65 and older

#### Secondary

- Staff at Asian community, social service, and advocacy organizations who serve these populations
- General practitioners and other health professionals who serve large AAPI populations

## Target Areas

This effort will focus special attention on geographic areas that have the largest populations of AAPIs based on U.S. Census and other data sources, for example (but not limited to), areas designated by the U.S. Office of Management and Budget (OMB) in Consolidated Metropolitan Statistical Area (CMSAs) (based on U.S. Census Data) as having large concentrations of Asian Americans and Pacific Islanders:

Ethnicity	CMSA	Population
Chinese	New York-Northern New Jersey- Long Island, NY-NJ-CT-PA	495,000
	San Francisco-Oakland-San Jose	460,000
	Los Angeles-Riverside-Orange County, CA	365,000
	Boston-Worcester-Lawrence, MA-NH-ME-CT	80,000
	Chicago-Gary-Kenosha, IL-IN-WI	66,000
Filipino	Los Angeles-Riverside-Orange County, CA	370,000
	San Francisco-Oakland-San Jose	320,000
	New York-Northern New Jersey- Long Island, NY-NJ-CT-PA	160,000
	Honolulu, HI	125,000
	San Diego, CA	120,000
Vietnamese	Los Angeles-Riverside-Orange County, CA	235,000
	San Francisco-Oakland-San Jose	145,000
	Houston-Galveston-Brazoria, TX	64,000
	Dallas-Fort Worth, TX	45,000
	Washington, DC/VA/MD/WV	45,000

### Strategy 1: Asian Language Brochure Promotion and Distribution Plan

In areas with high concentrations of AAPI women, the Asian Language Brochure series will be distributed through but not limited to the following channels:

- AAPI organizations, including general health, women, advocacy, community, small business, cultural, faith-based, and/or social service organizations
- Advocacy organizations that deal with cancer, women, and/or health (not necessarily AAPI)
- Health professionals, Asian health providers, acupuncturists, general family physicians, OB-GYNs, and internists
- NCI Channels and Online Distribution (e.g., notifying Cancer Information Service (CIS) specialists, Special Population Networks (SPNs), Public Affairs Network (PAN), and patient education networks; posting on cancer.gov and CIS Publications Locator)
- Federal, State, and Local Government Agencies

About 100 AAPI organizations, including general health, women, advocacy, and social service organizations and about 40 advocacy organizations that deal with cancer, women, and/or health (not necessarily AAPI) will be contacted via telephone to determine their interest in receiving a promotional packet. Interested groups will be sent a promotional

packet, which will include letter of introduction, sample brochure, fax reply sheet to place order, and instructions on ordering brochures online from NCI. Package may also include drop-in news article announcing availability and suggestions on how to distribute the brochures to their constituency.

About 1,500 promotional packets will be assembled for distribution at up to six relevant conference exhibits and/or may be sent to:

- Members of American Academy of Family Physicians (AAFP) sorted by physicians who treat large numbers of Asian American women (if possible);
- Medicare contractors, including but not limited to Quality Improvement Organizations (QIOs), identified by CMS who serve large numbers of Asian American women;
- Doctors, hospitals, and clinics in counties with high concentrations of Asian American women that provide mammography screening at an affordable price identified through CDC's Breast Cancer Early Detection Program (BCEDP);
- Physicians and other health professionals, such as acupuncturists who serve Asian American women, determined through phone survey.

All resources and information from this initiative will be made easily available through NCI Channels, especially the Cancer Information Service (CIS) and its partnership program, as well as Online Distribution NCI's Internet portal, cancer.gov. The English version of the brochure would be available online in html and the translated versions in Adobe PDF. These resources will be placed within the search function and on the breast cancer information page with links to the NCI Publications locator. With a centralized location online, key partners and/or other visitors can access and download all related information.

Federal and state agencies will be contacted to work through their existing programs, newsletters, or other outreach efforts unique to these entities to promote brochure distribution. Federal agencies include but are not limited to: the Office on Women's Health (OWH), Office of Minority Health (OMH), Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC) and CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and the Centers for Medicare and Medicaid Services. State agencies and departments of health, include but are not limited to: New York, Pennsylvania, California, Illinois, Massachusetts, Hawaii, Texas, Washington, Virginia, and Washington D.C.

### **Strategy 2: Engaging Key Partners**

The goal of this strategy is to expand the reach of the outreach effort by accessing members and constituents of key groups that primarily serve the primary audience. NCI recognizes that many government, provider, and advocacy groups share in its mission to prevent and treat breast cancer.

By reaching out and including these groups as partners in the Asian American outreach strategy, NCI benefits from their knowledgeable of the culture, values, and beliefs in AAPI communities, as well gains access through their communications networks. Key partners may include, but not be limited to: the Centers for Medicare and Medicaid Services (CMS) and their contractors, the Quality Improvement Organizations (QIOs), the Komen Foundation, the Office of Women’s Health (OWH), the National Asian Women’s Health Organizations (NAWHO), and the Association of Asian Pacific Community Health Organizations (AAPCHO).

Specific tactics may include:

- Promote the Asian-language brochures to the 40 trainers via NAWHO’s listserv for trainers
- Disseminate the brochures nationally to and through the 40 NAWHO trainers
- Distribute the brochures to the specific health care providers trained by NAWHO trainers
- Promote and disseminate the Asian-language brochures to AAPCHO clinic staff and health care providers
- Disseminate the brochures through AAPCHO’s extensive network of Community Health Organizations
- Promote the brochures in all online and offline OWH communications outlets, including the National Women’s Health Information Center
- Disseminate the brochures to the OWH regional coordinators for distribution to the health organizations they serve
- Promote the brochures in Komen’s online and offline communications outlets.
- Promote the brochures in CMS’ online and offline communications
- Promote the brochures to Medicare providers and QIOs

### **Purpose**

The purpose of this task order is to develop and conduct an evaluation of the Asian language brochure distribution and partnership activities in support of this effort. The contractor must have expertise in practical program evaluation design and implementation, reflecting extensive experience with a range of methodologies, including qualitative and quantitative techniques (such as: survey research and questionnaire design, focus groups, interviewing techniques, familiarity with quality control for data entry and data management). Also, the contractor must present solutions that are grounded in evaluation theory, yet balanced for real-world applications.

### **Tasks:**

The contractor shall perform the following tasks:

#### **A. Planning and Implementing the Evaluation**

During the year following award of the contract, the contractor shall design and with the approval of the government execute a series of evaluation activities linked to goals and objectives that will track and measure the effectiveness of the brochure dissemination and partnership activities in support of this effort. The contractor shall meet with HPB as needed during the development of the evaluation plan, which is to be revised as necessary throughout the duration of the outreach effort and its evaluation.

To be considered for award of the contract, the Contractor shall prepare a Task Order Management Plan describing the technical approach, organizational resources, and management controls to be employed to meet the strategies, cost, performance and schedule requirements throughout task order execution. Within 10 business days following the award of the contract, the Contractor shall arrange and participate in an initial meeting with HPB to discuss the outreach effort and the needs, scope, and timeline of the evaluation plan.

Within 5 business days of the initial meeting, submit to HPB (a) timeline for developing the evaluation plan and (b) relevant and measurable program objectives, including outcome and/or process objectives. The first draft of the evaluation plan, which will likely have similar elements to the award proposal, will be presented to HPB within 30 business days from the initial meeting.

In the evaluation plan, the contractor shall:

- Identify appropriate process and/or outcome measures for all components of the outreach effort.
- Detail appropriate data collection methods and instruments and indicate if and when OMB clearances would be necessary and obtained.
- Describe how and when baseline data would be collected, and provide a timeline for all work to be undertaken.
- Indicate what kind of tracking system would be used to assess implementation of outreach effort components.
- Describe methodology that would measure effectiveness of promotional activities and exposure of target audiences to outreach effort messages.

The Contractor shall assist outreach effort planners in refining goals, objectives, and methods. The contractor shall provide assistance to ensure that appropriate systems are in place to conduct the evaluation.

The contractor shall develop and pre-test data collection instruments for each of the kinds of tasks described in the outreach effort strategies and include a preliminary timeline as to when these data collection instruments would be administered. The contractor will prepare OMB Clearance Package(s) as necessary for the Office of Cancer Communication for this project.

The Contractor shall conduct all data collection activities in accordance with the master timeline and analyze all data collected and report on the analysis in a form appropriate to the data. For each evaluation activity, the Contractor shall provide summaries, which use descriptive and graphical summaries to present quantitative data and/or written summaries to present qualitative data.

The Contractor shall prepare a Final Report that has a final evaluation plan, copies of all instruments used in the evaluation, the results of the evaluation, discussion of the results and conclusions about them, and any recommendations.

### **B. Project Management and Administration**

The Contractor shall perform the technical and functional activities needed for program management of this SOW, including productivity and management methods such as quality assurance, work breakdown structure, and human engineering at the contract level. The Contractor will provide the centralized administrative, clerical, documentation and other related functions. The Contractor shall provide project management staff with strong communication and interaction skills, a customer service focus, and expertise and knowledge in evaluation.

The Contractor is responsible for quality assurance, evaluating the accomplishments of the research and data entry staff, and ensuring that the evaluation plan is being implemented in a timely and methodologically sound manner. The Contractor is responsible for ensuring that all data is completely accurate. The Contractor shall provide data entry and data maintenance support until the end of the contract period. The Contractor shall anticipate potential problems and advise the government Project Officer about the project direction and implications of direction and/or decisions. Evaluation activities should be appropriate for the time and money available. The evaluation plan should be compatible with all NCI technology, and the contractor shall provide all documents and data in hard copies and electronically.

The Contractor shall designate a project manager who will serve as the primary point of contact for the period of performance. The Contractor's project manager shall be responsible for preparing work plans, timelines, and reports, securing the government's approval on proposed activities, supervising contractor staff and issuing related assignments, monitoring contract progress, and maintaining budget control. The project manager shall promptly advise HPB of anticipated or actual departures from the work plan schedule and if the timeline or tasks need to be revised.

The Contractor shall provide written meeting summaries within 2 business days of all meetings. These summaries shall (a) summarize discussion (b) present next steps, timing, and the organization responsible for each next step. If a phone conversation results in additional assignments, changes in direction or scope of work, or changes that impact the

timeline, the conversation shall be considered a meeting and documented in a meeting summary.

The Contractor shall provide status reports once a month (monthly). The status report will include, as a minimum, the work completed during the previous period, the tasks to be completed during the next period, funds spent and funds available in the contract.

#### G. EVALUATION FACTORS

The technical proposal will receive paramount consideration in the selection of the Contractor for this Task Order. All evaluation factors, other than cost or price, when combined are significantly more important than cost or price. However, cost/price may become a critical factor in source selection in the event that two or more offerors are determined to be essentially equal following the evaluation of all factors other than cost or price. In any event, the Government reserves the right to make an award to that offeror whose proposal provides the best overall value to the Government.

**Evaluation factors will be weighted according to the percentages below:**

1. Technical Approach (50%)

For award of the contract, the contractor shall detail in the allotted number of pages how the contractor proposes to conduct the evaluation, including what specific strategies the contractor would use. In the addition the contractor shall demonstrate:

- A clear understanding of the requirements for developing and implementing the evaluation of the outreach effort A clear understanding of evaluation practice and theory Familiarity and experience with the types of research methodologies likely to be useful in evaluating the outreach effort
- The ability to describe the type of data collection recommended as part of the evaluation plan

2. Competences and Experience of Personnel (35%)

The contractor should provide a management plan and qualified staff to implement all aspects of the required work. Research and evaluation expertise, especially experience in process evaluations of national outreach efforts, and the ability to implement practical solutions are critical. Names, credentials, educational background and training, documented experience, and availability and percentage of time for all staff working on the project must be presented. Résumés or curricula vitae may be attached as appendices.

3. Corporate Experience (15%)

The contractor shall have experience in the following:

- Developing and conducting practical program evaluation that is grounded in solid theory, but with a focus on meeting the needs of both program goal attainment and program stakeholders.
- Preparing *brief, clear, and concise* reports and presentations from data.
- Making recommendations based on data for program modifications.

The contractor shall provide as appendices:

- No more than two examples of previous evaluation plans and reports with recommendations.
- No more than two examples of a documented and well-defined research methodologies in program evaluation.

Task Order# NICS-89 TITLE: Evaluation of Asian Language Brochure Distribution:  
PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0 \_\_\_\_\_

Contractor:  
Points of Contact:  
Phone- Fax-  
Address:

TOTAL ESTIMATED COST: Pricing Method: CPFF  
TOTAL ESTIMATED NUMBER OF HOURS:  
PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR: \_\_\_\_\_  
Signature Date

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED  
THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE  
PRICE/COST IS REASONABLE.

Billing Reference # \_\_\_\_\_  
Appropriations Data: \_\_\_\_\_  
(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED:

\_\_\_\_\_  
FAX # Signature - Project Officer Date

APPROVED: \_\_\_\_\_  
FAX # Signature - Contracting Officer Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR  
ESTIMATED TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL  
OF THE CONTRACTING OFFICER & PICS COORDINATOR

APPROVED: \_\_\_\_\_  
Signature -Anthony M. Revenis, J.D., NIH-PICS Coordinator Date