

# Getting Further Faster: Training and Technical Assistance Request for Application (RFP) – Building Evaluation, Continuous Quality Improvement, and Data Use Capacity of Multi-Sector Partnerships/Coalitions to Improve Chronic Disease Conditions by Addressing Social Determinants of Health

## I. Summary Information

**Purpose:** The purpose of this funding opportunity is to identify one (1) training and technical assistance (TTA) provider to support the evaluation, continuous quality improvement (CQI), and data use capacity of up to 50 multi-sector partnerships/coalitions participating in the Improving Social Determinants of Health – Getting Further Faster initiative. The primary purpose of the overall initiative is to conduct a retrospective impact evaluation to identify best, promising, or emerging practices that advance health equity and improve chronic disease conditions by addressing the social determinants of health (SDoH). As a complement to this national evaluation, NACCHO and ASTHO will be selecting TTA providers who will support selected coalitions in the following areas: 1) program evaluation, CQI, and data use; 2) communications; and 3) multi-sector partnership/coalition development and sustainability – all delivered with racial and health equity lenses - to build community capacity to employ SDoH approaches to improving chronic disease. The chosen evaluation and CQI TTA provider will coordinate and work with up to two additional TTA providers who will cover the other topic areas (see other posted RFPs).

**Proposal Due Date and Time:** March 15, 2021 by 5:00 PM EST

**Selection Announcement Date:** April 5, 2021

**Maximum Funding Amount:** \$350,000

**Estimated Period of Performance:** The performance period for the project is from April 5, 2021, to July 31, 2021; however, given the scope of the project activities, we anticipate that the timeline may need to be extended. Regardless, please submit a proposal that adheres to the April to July 2021 timeframe. Details regarding the possible changes to the timeline and any possible carryover requirements will be finalized with the selected TTA provider during the contract process and execution.

**Point of Contact:** [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org)

## II. Description of RFP

### Purpose

NACCHO and ASTHO have identified community multi-sector partnerships/coalitions with a demonstrated successful history of advancing health equity and addressing the SDoH that impact chronic disease prevention through one or more of the following areas: a) built environment, b) community-clinical linkages, c) food insecurity, d) social connectedness, and e) tobacco free policies. Preference was given to communities with partnerships or coalitions that have strong involvement from local and/or state public health departments. (see the [participant RFA](#) and [FAQs](#) for more details).

The purpose of this funding is to competitively hire TTA providers that will support up to 50 coalitions that have demonstrated success in improving chronic disease health outcomes and advancing racial and health equity by addressing SDoH in priority populations. This TTA will be done as a complement to a mixed methods and retrospective national evaluation that will focus on the documentation of best, promising, and emerging practices, challenges, lessons learned, and achieved outcomes related to addressing the SDoH that impact chronic disease prevention through the aforementioned areas. It is critical that while the provision of TTA is to provide valuable capacity-building assistance to the selected

coalitions, building upon their prior successes to advance their current and future efforts, this support should not detract from the ability of selected coalitions to fully and actively engage in the national evaluation.

Based upon the TTA scope that was outlined in the participant RFA and an assessment of grantee needs, TTA support is needed in program evaluation, CQI, data application, communications, partnership development, racial and health equity, and sustainability efforts related to employing SDoH approaches to improving chronic disease. The TTA for this project across topic areas should be conducted through culturally responsive practices and with a racial and health equity lens. This includes designing a TTA process that acknowledges and highlights the viewpoints and experience, particularly those based on institutionalized racism and discrimination and/or disadvantage of other social categories, of the participating communities. Both process and output assessments are required within each, and across all, TTA topic areas. Results from these assessments are expected to be documented and shared in a formal TTA summary report with the participating communities and the funding partners, comprised of CDC, NACCHO, and ASTHO.

This RFP focuses on providing TTA in the areas of program evaluation, CQI, and using data to inform program implementation and sustainability efforts – all incorporating racial and health equity principles and practices – and will include a series of deliverables that support the following objectives:

1. Increase capacity to assess impact of activities and conduct local equity-focused evaluations.
2. Employ CQI approaches to assess existing SDoH strategies, in conjunction with the national evaluator.
3. Use data to increase the sustainability of current SDOH efforts to address barriers and assets for improving chronic disease prevention.
4. Apply racial and health equity principles and approaches within and across all TTA topics.

These objectives will complement and support the TTA from other providers (see other RFPs) in the areas of developing strategies for communicating impact, including sharing evaluation findings/results to the larger community and key stakeholders, and multi-sector partnership/coalition development and sustainability.

The TTA provided through this RFP will focus on the following areas and be applied through a racial and health equity lens:

1. **Employing Evaluation and CQI Techniques:** evaluation and CQI techniques, best practices, and resources to support local evaluation and CQI efforts, including data collection, analysis, and application.
2. **Using Evaluation, CQI, and Data to Inform Practice, Improvement, and Sustainability:** methods for using data, both primary and secondary, to inform program implementation, improvement, and sustainability efforts

This TTA will inform tailored coalition action plans for each site that will incorporate successful approaches and next steps to addressing the SDoH for improving health outcomes for chronic disease conditions. The coalition action plans may include planned action, assessment, communications, and sustainability components, to help sites build on prior accomplishments and successes.

### **Eligibility**

Providers with demonstrated experience providing expert TTA in employing evaluation, CQI, and data application techniques to inform practice, improvement, and sustainability to a large cohort of

communities are eligible to apply. All TTA provided must include culturally responsive practices and be centered in racial and health equity, delivered to a large-scale for community-level multisectoral partnerships/coalitions, which includes local and state public health departments, and be relevant to addressing chronic disease conditions employing one or more of the SDoH areas indicated above.

### **Project Activities/Expected Outcomes/Expectations and Deliverables**

All selected TTA providers will work collaboratively with each other, NACCHO, ASTHO, CDC, an evaluation contractor, and the community partnerships/coalitions to ensure that the TTA complements and does not detract from the national evaluation.

This collective TTA will build the capacity of sites through the following four areas: 1) Employing Evaluation, CQI, and Data Application Techniques, 2) Communicating Impact, 3) Using Evaluation and CQI, and Data to Inform Practice, Improvement, and Sustainability, and 4) Creating and Sustaining Multi-Sector Partnerships/Coalitions – all provided with a racial and health equity lens. This includes training and supporting sites to adopt and employ tailored coalition action plans applying TTA content, resources, and data-informed and innovative practices to address the SDoH for improving health outcomes for chronic disease conditions. The coalition action plans will include, and build on, existing work of the identified communities that is highlighted in the national evaluation and the TTA process and may include action, assessment, communications, and sustainability planning. It is expected that TTA activities will be designed for both the entire cohort, as well as more tailored TTA to sub-cohorts, based upon site needs. Trainings and products developed by TTA providers will also be designed to be relevant, within reason, to other (non-awarded) communities engaged in chronic disease work to broaden the program’s impact. Below is a proposed outline of the project deliverables.

#### **Deliverable 1: Lead the Development of Coalition Action Plans**

- All TTA providers will collectively work with sites to develop and implement coalition action plans tailored to each partnership/coalition, which will incorporate all of the following TTA areas:
  - **Employing Evaluation and CQI Techniques:** Information on how sites plan to continue their local evaluation and quality improvement efforts based on tools and resources available to them.
    - Example: Identify techniques for evaluating impact on refugee and immigrant populations, trainings on data sharing across multiple organizations, best practices for engaging community in the evaluation process, training on conducting social network analysis, support the development of a formal theory of change model, etc.
  - **Using Evaluation and CQI to Inform Practice, Improvement, and Sustainability:** Information on how to utilize results from evaluations to inform future implementation of initiatives, programs, and policies, as well as sustain current work
    - Example: Identify innovative ways to incorporate the management of SDoH effectively into care models, connect SDoH initiatives to better patient outcomes and lowered health care costs to inform the inclusion of this work in clinical settings, develop strategic planning tools and resources to identify and propose innovative solutions to improve local food production and delivery systems, etc.

- **Communicating Impact:** Message tailoring and dissemination strategies that can be implemented, incorporating local and national evaluation results, to communicate program impact to the larger community and key stakeholders.
  - Example: Develop strategies for better communication with residents and decision makers affected by policy change, translate evaluation results into powerful communications directly supporting policy advocacy, identify strategies to communicate the connection between healthy food and health and well-being and how to access the services and resources to maintain food security, etc.
- **Creating and Sustaining Multi-Sector Partnerships/Coalitions:** Strategies on identifying partners, forming coalitions, organizing, and meaningfully involving community stakeholders, and sustaining engagement over time.
  - Example: Develop strategies to sustain collaborations with the E-Referral Network Providers, building trust and relationships to improve health during the COVID-19 pandemic, techniques for including partners not traditionally involved in the health care delivery system to improve quality of care as measured by chronic diseases known to be related to food insecurity, etc.
- All components of the coalition action plan will be developed and implemented through a racial and health equity lens.
- The evaluation, CQI, and data application TTA provider will be responsible for leading the coalition action planning development and implementation process in coordination with the other TTA providers. This includes training sites on action and measurement planning and incorporating elements from the other TTA providers pertaining to communicating impact and creating and sustaining multi-sector partnerships/coalitions.
- All TTA providers will be responsible for reviewing and providing feedback on submitted coalition action plans.

**Deliverable 2: Develop and Deliver Virtual TTA Workshops**

- All TTA providers will jointly participate in a TTA kick-off call with all sites in April 2021 (date TBD).
- Collectively, TTA providers will develop, coordinate and deliver virtual workshops covering the four (4) above TTA areas to the following audiences:
  - All-cohort: Interactive 90-minute webinars/workshops for all coalition-awardees facilitated 1-2 times per month between April and July 2021 (5 total: 3 for the evaluation, CQI, and data application topics; 1 for the communicating impact topic; and 1 for the creating and sustaining multi-sector partnerships/coalitions topic).
  - Sub-cohort: Interactive, deep dive 60-90-minute workshops for sub-cohorts of coalition grantees, grouped by interest in each TTA area, with 3-4 sub-cohort workshops developed and facilitated on evaluation, CQI, and data application; 2 on communicating impact, and 2 on creating and sustaining multi-sector partnerships/coalitions (or 7-8 sub-cohort workshops total, offered over 4 months (April to July 2021)).
- For this RFP, content should be relevant to evaluation, CQI, and data application, and include best/promising/data-informed/innovative methods/strategies/practices, tool/resource recommendations, and case examples.

### **Deliverable 3: Provide 1:1 TTA**

- Each TTA provider will provide individualized, tailored TTA to coalition-grantees on an as-needed basis (i.e., requested by grantees) between April and July 2021, further providing relevant best/promising/data-informed/innovative methods/strategies/practices, tool/resource recommendations, and case examples. A brief monthly summary of TTA calls is to be provided to NACCHO and ASTHO by each TTA provider.

### **Deliverable 4: Create/Tailor and Provide TTA Resource**

- Throughout the grant period each TTA provider will develop/tailor a minimum of two (2) resources for their TTA area based upon site needs, but also relevant to broader (i.e., non-grantee) audiences. These are to be in addition to already existing tools/resources that are to be shared throughout the period of performance. Examples could include developing a replication toolkit comprised of resources, both developed by the TTA provider or within the public domain; or creating a directory of relevant secondary data sources relevant to addressing chronic disease conditions by employing the five (5) SDoH areas of focus, among others.

### **Deliverable 5: Lead Project Coordination and Joint TTA Plan**

- All TTA providers will be required to join monthly project coordination calls with ASTHO, NACCHO, CDC, and other consultants to ensure project timelines and activities are aligned and do not create scheduling conflicts.
- Selected TTA providers will also be expected to co-develop and manage a comprehensive TTA plan, under NACCHO and ASTHO's guidance, to inform overall project design and execution.
- The TTA provider chosen for this RFP will be responsible for leading the coordination of all TTA providers and ensuring there is alignment between all areas of TTA outlined above.

### **Deliverable 6: Co-develop and Administer a TTA Assessment**

- Selected TTA providers will also be expected to co-develop, administer, and summarize the findings from a pre-post assessment, in consultation with NACCHO, ASTHO, CDC, and the national evaluator, to capture changes in knowledge, skills, and abilities of participants, customer satisfaction, and other process and output metrics, as a results of TTA provided.

### **Availability of Funds**

NACCHO intends to award up to \$350,000 for the activities described in this RFP for one (1) evaluation, CQI, and data application TTA provider. Applicants, however, are allowed to submit an application for more than one TTA topic/RFP.

## **III. Requirements for Financial Award**

### **Allowable Expenses**

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$197,300).

### **Required Grant Activities to be Covered by Award**

1. Lead the development of individual coalition action plans for participating sites in coordination with other TTA providers.
2. Participate in a TTA provider kick-off call for all sites.
3. Host three (3) all-cohort and three-to-four (3-4) sub-cohort virtual sessions/trainings with sites.

4. Provide and document 1:1 ad hoc TTA to requesting sites pertaining to evaluation, CQI, and data application.
5. Create/Tailor two (2) and provide additional relevant tools and resources.
6. Participation in monthly project planning/coordination calls.
7. Develop a joint TTA plan, co-developed with other TTA providers.
8. Provide feedback on submitted coalition action plans, in coordination with the other TTA providers.
9. Co-develop, administer, and summarize the findings from a pre-post assessment to capture changes in knowledge, skills, and abilities of participants, customer satisfaction, and other process and output metrics, as a result of TTA provided.

**Period of Performance**

The end date of the performance period for the project is July 31, 2021; however, given the scope of the project activities, we anticipate that the timeline may need to be extended. Regardless, please submit a proposal that adheres to the April to July 2021 timeframe.

<b>Month</b>	<b>Activities</b>
<b>March 2021</b>	TTA provider(s) on-boarded
<b>April 2021</b>	TTA provider(s) participate in an all-cohort TTA kick-off call Pre TTA assessment summary report All-cohort TTA workshop* Sub-cohort TTA workshop(s)* Ad hoc TTA
<b>May 2021</b>	All-cohort TTA workshop* Sub-cohort TTA workshop(s)* Ad hoc TTA Resource(s) developed#
<b>June 2021</b>	All-cohort TTA workshop* Sub-cohort TTA workshop(s)* Ad hoc TTA Resourced(s) developed#
<b>July 2021</b>	All-cohort TTA workshop* Sub-cohort TTA workshop(s)* Ad hoc TTA Pre-post assessment summary report

Notes:

\* Three (3) 90-minute all-cohort workshop and three-to-four (3-4) 60-90-minute sub-cohort workshops are required for each TTA topic area and may be scheduled across April to July in consultation/coordination with NACCHO, ASTHO, and CDC.

# A minimum of two (2) resources/tools are required for each TA topic area and must be finalized in consultation with NACCHO, ASTHO, and CDC no later than May 31, 2021, for the first resource, and June 30, 2021, for the other(s).

#### IV. Required Proposal Content and Selection Criteria

Applications will be reviewed and scored by NACCHO, ASTHO, and CDC based on the following criteria, totaling 100 points:

<u>Criteria</u>	<u>Weights of Criteria</u>
Technical Approach	40 points
Staffing and Management	30 points
Similar or Previous Experience	30 points

##### A. Technical Approach

- a. A description of the process proposed to meet each of the deliverables listed above.
- b. A detailed work plan and timeline of all the activities that will be conducted for successful implementation of the project.

##### B. Staffing and Management

- a. The applicant is to provide a staffing plan that demonstrates an understanding of the labor requirements for this task order to include proposed labor categories and levels of effort.
- b. The applicant is to provide a management plan that describes the approach for managing the work, to include subcontract management if applicable.
- c. The applicant is to provide the name of the primary staff and other significant contributors, including qualifications and role. Appendix may be used for CV and resume information.

##### C. Similar or Previous Experience

- a. A description of the applicant's experience providing TTA that is centered in racial and health equity to large scale, community-level multisectoral partnerships/coalitions, local and state public health departments (L/SHD), tribal partners, and/or U.S. territories. Specifically supporting the documentation of best practices, challenges, lessons learned, and achieved outcomes related to addressing the social determinants of health (SDoH) and improving racial and health equity and chronic disease outcomes in priority populations within employing evaluation and CQI techniques and using evaluation, CQI, and data to inform practice and sustainability.
- b. Inclusion of at least two (2) examples of products that illustrate the applicant's expertise/experience providing TTA in employing evaluation, CQI, and data application techniques to inform practice, improvement, and sustainability to a large cohort of communities. This can include example community-level action plans, a TTA provider plan, TTA materials on these topic areas and/or materials from communities that the TTA provider has previously worked with in showing how they used evaluation, CQI, and/or data use techniques to inform practice, improvement, and sustainability.

##### D. Budget and Budget Narrative

- a. Provide a detailed *fixed price per deliverable* budget, including detailed projected costs for the completion of the project. Maximum award is up to \$350,000. Please use the template link below which outlines the general format in which the budget should be presented. A budget narrative must accompany the budget and explain the costs associated with each proposed activity. If funding will go toward staff salaries, please include a copy of your negotiated fringe rate.

[Attachment A – Budget Template Excel Form](#)  
[Attachment B – NACCHO Contract Template](#)

This amount includes all expenses incurred in the performance of the contract. This amount shall be paid for work that has been judged acceptable by NACCHO according to the following schedule:

- a. **Disbursement I: \$175,000** – Upon completion of April and May activities outlined in the above period of performance timeline.
- b. **Disbursement II: \$175,000** – Upon completion of June and July activities outlined in the above period of performance timeline and completion of all deliverables.

- E. **Response to Draft Contract:** NACCHO and selected applicant will enter into a *sub-grant* agreement. A draft agreement between NACCHO and the selected applicant is available in **Attachment B. Review the agreement’s terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application.** NACCHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.
- F. **Additional Required Information:** Please download and complete the [Certification of Non-Debarment](#), [Vendor Information Form](#), and [W-9](#) to include in your application. All applicants must also include their responses (yes/no) to the following two questions within their application:
  - a. Does the organization have prior experience in Federal Contracting? (Y/N)
  - b. Has the organization completed a Single Audit? (Y/N)

**APPLICATION**

COVER LETTER/ CONTACT INFORMATION				
Organization Name				
Street Address				
City/State/Territory				
Lead project contact ( <i>agency-designated project contact for all matters pertaining to the project</i> ):				
Name				
Email				
Phone				
Lead finance contact ( <i>agency-designated finance contact for all matters pertaining to processing contracts and invoices</i> ):				
Name				
Email				
Phone				
Contact List for Core Team: The three- to six-person core TTA team that will be actively engaged to achieve the goals. (add lines as needed)				
Name	Title	Organization	Email	Phone

<b>A. TECHNICAL APPROACH</b>				
Description of process for meeting deliverables (see details above) Detailed workplan (see details above) Detailed timeline of activities (see details above)				
<b>B. STAFFING AND MANAGEMENT</b>				
Staffing plan and management plan (see details above) Name, qualifications, and role of primary staff and significant (see details above)				
<b>C. SIMILAR OR PREVIOUS EXPERIENCE</b>				
Description of the technical assistance provider’s experience (see details above) Attach at least two (2) examples of products that illustrate the applicant’s expertise/experience.				
<b>D. BUDGET &amp; BUDGET NARRATIVE (ATTACH)</b>				
Attach completed budget template Attach completed budget narrative template Attach copy of negotiated fringe rate (if funding will go toward staff salaries)				
<b>E. RESPONSE TO DRAFT CONTRACT</b>				
A draft agreement between NACCHO and the selected applicant is available in <b>Attachment B. Review the agreement’s terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application.</b> NACCHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.				
<b>F. ADDITIONAL REQUIRED INFORMATION</b>				
Attach completed <a href="#">Certification of Non-Debarment</a> Attach completed <a href="#">Vendor Information Form</a> Attach completed <a href="#">W-9</a> Response to the following two questions: a. Does the organization have prior experience in Federal Contracting? (Y/N) b. Has the organization completed a Single Audit? (Y/N)				

## V. Submission Information

### Application Procedure

NACCHO must receive applications by 5:00 PM EST March 15, 2021. Please submit an electronic copy of

the application along with all requested attachments to NACCHO staff at [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org). Incomplete applications or applications received after the deadline will not be considered.

**Timeline (subject to change):**

February 17, 2021: RFP released

March 15, 2021 5:00 PM EST: Deadline for submission of grant proposals

April 5, 2021: Contract award announced

April 5, 2021: Contract period commences

April – May 31, 2021: Development and provision of tool/resource #1

April – June 30, 2021: Development and provision of tool/resource #2 (and others)

April – July 2021: Provision of TTA

July 2021: TTA assessment report submitted

**Applicant Questions and Guidance**

*NACCHO will support interested applicant to offer guidance and address specific questions about the RFP. Interested parties may contact NACCHO staff via e-mail at [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org) to schedule a one-on-one call.*

**Funding and Disclaimer Notices:**

This project is supported by a grant from the Centers for Disease Control and Prevention (RFA- CDC- RFA-OT18-1802). CDC does not endorse any product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC or Health and Human Services.

This RFP is not binding on NACCHO, nor does it constitute a contractual offer. Without limiting the foregoing, NACCHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.