



National Association of County & City Health Officials

REQUEST FOR PROPOSALS

Overdose and Harm Reduction:

Communications and Media Consultant

National Association of County and City Health Officials (NACCHO)

Date of Release: November 22, 2023

***Applications are due by: December 15th, 2023, by 5:00 pm ET**

SUMMARY INFORMATION

Project Title: Overdose and Harm Reduction: Communications and Media Consultant

Proposal Due Date and Time: December 15th, 2023, by 5:00 pm ET

Selection Announcement Date: On or around December 22nd, 2023

Source of Funding: Centers for Disease Control and Prevention (CDC)

Funding Amount: Base funding up to \$750,000 with possible additional funding of up to \$150,000

NOA Award No.: 5NU38OT000306-03-00, 6 NU38OT000306-04-01, 6 NU38OT000306-05-01, 6 NU38OT000306-05-05

Estimated Period of Performance: January 1st, 2024 – July 31st, 2024

Point of Contact for Questions Regarding this Application: Stacy Stanford, Overdose, Injury and Violence Prevention Team; IVP@naccho.org

OVERVIEW

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 2,800 local health departments (LHDs) across the country. These city, county, metropolitan, district, and Tribal departments work to protect and improve the health of all people and all communities. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

PURPOSE AND BACKGROUND

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is **seeking a consultant to develop and disseminate effective and research informed messaging through a national anti-stigma campaign that amplifies the humanity, stories and strengths of people who use drugs to promote a narrative of support, opportunity, and shared community.** The comprehensive campaign should address social stigma and take a holistic approach to solutions for communities to support harm reduction and reduce stigma and discrimination for people who use drugs. We hope to offer an alternative to the pervasive narrative that villainizes people who use drugs, promotes criminal responses, and perpetuates the racism that has been built into the social constructs of our media and society around drug use.

The number of people dying from an overdose exceeded 110,000 between April 2022 and May 2023, with thousands more surviving an overdose, living with a substance use disorder, or experiencing drug-related injury or harm.¹ Between 2019 and 2020, drug overdose deaths rose 30% across all people in the United States but rose 44% among Black people and 39% among Indigenous people.² These and other health inequities are the results of long-standing racism toward Black, Indigenous, and People of Color, operationalized through discrimination,

disinvestment, the “war on drugs,” and other structural forces.^{3,4,5} Research shows that drug use stigma, and discrimination as a result of drug use stigma, adversely impacts mental and physical health^{6,7}. Compared to other forms of social stigma, stigma against drug use has been found to be greater than that against smoking, obesity, and mental illness^{8,9}. Stigma toward people who use drugs is widespread among the general public as well as professionals who interact with people who use drugs, rooted in the belief that drug use reflects a lack of willpower and moral failing.¹⁰ For example, 90% of adults in the United States report an unwillingness to having someone with a substance use disorder (SUD) marry a loved one, 78% would not hire a person with a SUD for a job, and 75% of physicians believe people who use drugs are dangerous.¹¹ A decrease in stigma surrounding substance use, with a specific focus on Black, Indigenous, and People of Color who use drugs, is critical to reducing overdose deaths and other drug-related harms.

The media’s historical negative portrayal of drug use and substance use disorders plays a significant role in the perpetuation of this stigma and further contributes to the dehumanization of people who use drugs.¹² Higher levels of stigma were associated with greater support for punitive policies and lower support for public health–oriented policies.¹³ Using person-first, humanizing language and exposure to positive and strengths-based narratives in the media can positively influence the way that society views people who use drugs. Therefore, public health campaigns can be utilized as a strategy to address stigma.¹⁴

ELIGIBILITY AND CONTRACT TERMS

NACCHO will select and fund one (1) award through this RFP. This will be a fixed-price, deliverables-based consultant contract. This consultant should work with other consultants and subject matter experts (SMEs) as necessary to complete the work. However, NACCHO will only contract with and provide funds to one (1) consultant.

Selected applicants will enter into an agreement with NACCHO using the [standard contract terms and conditions](#). Agreement with the majority of NACCHO standard contract terms and conditions is a requirement. Do not sign or send back the contract with the application. If additional funding is available, a contract amendment will be initiated with added funds and an updated scope of work.

Should your organization need to propose any changes to the terms and conditions, please inform us immediately; however, NACCHO reserves the right to accept or decline such changes. Significant changes, which could affect the agreement’s timely execution, may impact your selection as a successful application. Agreeing to NACCHO’s Resolution of Disputes and Governing Law is expected and aside from those two clauses, limited modifications to the terms or contract language can be accommodated. Contractors that cannot agree to the majority of NACCHO’s contract language should not apply for this initiative.

TECHNICAL REQUIREMENTS

NACCHO is seeking a communications and media consultant to develop a national campaign. The applicant should have the following skills and expertise.

- Demonstrated experience in development of national communication and media campaigns that include web content, video, and print resources.
- Demonstrated experience in video production and editing.
- Experience developing research-based communication messages about public health topics or issues with evaluation data to show effectiveness.
- Experience developing campaigns that can be modifiable for local context and local capacities (e.g., small CBO or LHD teams).
- Topical knowledge in overdose, substance use, harm reduction is strongly preferred but not required, although alignment with the values of harm reduction should be demonstrated through the application.
- Experience working in coordination with experts and co-designing campaigns.

SCOPE OF WORK

While the consultant applicants should propose their own approach, this campaign will be co-created with a team that includes people with lived or living experience, harm reductionists, and substance use stigma experts.

Roles and Responsibilities:

- The **consultant** will coordinate and schedule all meetings and conference calls using appropriate visual platforms for effective ideation/brainstorming virtual meetings.
- The **consultant** will subcontract with appropriate partners and expert advisors. Expert advisors should be identified in the proposal.
- The **consultant** will create all media and digital files to be hosted on NACCHO's website.
- **NACCHO and CDC** will provide guidance and support for identifying and connecting with experts as necessary.
- **NACCHO POC** will serve as a resource to the contractor to ensure adequate completion of the SOW and achievement of project goals.

Campaign Design PHASE 1

- The consultant will plan the agenda and facilitate a kick-off call with NACCHO and CDC to determine (if not already selected) the expert advisors.
- The consultant will prepare a detailed timeline and a campaign management plan including the tasks and deliverables associated with the contract; incorporating input from the kick-off meeting.

- The consultant will conduct a landscape scan that includes but is not limited to:
 - Relevant and recent local, state and national campaign messages
 - General themes in current media that contribute to narratives that villainize people who use drugs (e.g., “failed cities” and “urban disorder”)
 - Any evidence in message effectiveness per published evaluations
 - Media methods and channels implemented for effective campaigns
- The consultant will conduct a virtual workshop/experience/process to sharpen the focus of the goals, identify main and secondary audiences for the campaign, and metrics in partnership with the campaign team (CDC, NACCHO, expert advisors) answering the question, “*What do we want to see changed as a result of this campaign?*”

Campaign Design PHASE 2

- The consultant will synthesize data gathered from the initial workshop and the landscape scan and present it to the campaign team within a communication framework and theory of change. This workshop should:
 - solidify ideas based on the evidence around the kinds of messages most likely to be effective;
 - outline how we can likely measure the desired effect, and
 - help us better understand what a national/state/local campaign will do for us.

Campaign Design PHASE 3

- Consultant will use data and ideas from phases 1 and 2 to create prototypes based on the characteristics agreed upon by the campaign team for an effective campaign solution (e.g., local approach with media spots that can be customized for a local community organization or the health department). Each solution should include sample messages, methods and metrics.
- Consultant will test prototype messages and materials with the main and secondary audiences to validate campaign themes and strategies. Provide a summary report on testing and adjust campaign as necessary.
- Consultant will create draft campaign messages and metrics for final campaign team approval.

Campaign Execution PHASE 4

- Consultant will finalize digital and media resources (print, videos), evaluation instruments, and create final implementation plan(s).

- Consultant will carry out implementation plan and create any technical supporting resources (i.e. for customizing the campaign, sharing materials, etc.), develop a press release and media package, and establish a system for monitoring campaign outcomes.

Deliverables Chart

The following chart outlines the deliverables to be produced by the consultant; however, a finalized scope of work will be agreed upon post consultant selection.

Primary Task/Deliverable	Documentation	Estimated Timeline	Funding %	Payment Schedule
PHASE 1a	Agenda and notes	January 2024	1% of funding	Invoice #1 Due by or before January 15th
1b	Timeline and campaign management plan	January 2024	3% of funding	Invoice #2 Due by or before February 28th
1c	Landscape scan summary report	February 2024	5% of funding	
1d	workshop agenda, summary report	February 2024	5% of funding	
1e	Monthly check-in calls with NACCHO	January – February 2024	2% of funding	
PHASE 2	Framework for change, Workshop agenda, summary report	March 2024	8% of funding	Invoice #3 Due by or before March 31st
PHASE 3a	Prototype with sample messages, methods and metrics	April 2024	7% of funding	Invoice #4 Due by or before May 30th
3b	Message testing strategy and summary report	April – May 2024	10% of funding	
3c	Draft campaign with final ideas	May 2024	10% of funding	

3d	Monthly check-in calls with NACCHO	March – May 2024	3% of funding	
PHASE 4a	Final campaign materials, implementation plan	June 2024	10% of funding	Invoice #5 Due by or before June 30th
4b	Press release, media package, evaluation tracking system	July 2024	35% of funding	Invoice #6 Due by or before July 31st
4c	Monthly check-in calls with NACCHO	June – July 2024	2% of funding	

APPLICATION PROCESS

- Review the requirements and expectations outlined in this RFA.
- Applicants are urged to carefully consider activities that will be both meaningful and feasible to accomplish during the previously described project timeframe.
- The application must include the following items to be deemed complete:
 - Complete narrative that addresses all sub-domains outlined in the following section
 - Line-item budget and budget narrative
 - Completed attachments (detailed below)
 - The applicant must be registered with the System for Award Management (SAM) and proof of registration with its SAM number provided. For applicants without a SAM number, please submit an application immediately, as delays are common in application processing. Please plan accordingly to ensure an active SAM number at the time of submission
- All necessary information regarding the project and application process may be found in this Request for Proposal (RFP). Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing the Overdose, Injury, and Violence Prevention Team at IVP@naccho.org.
- **Applications must be submitted no later than December 15th, 2023, by 5:00 pm Eastern Time.** Please submit your application as a PDF to NACCHO's Overdose, Injury, and Violence Prevention team at IVP@naccho.org with the subject line, *Overdose and Harm Reduction: Communications and Media Consultant application*.
- NACCHO will confirm receipt of all applications within two business days, however, confirmation of receipt does not guarantee verification of completeness.

APPLICATION NARRATIVE

1. **Project Narrative (scored)** – not to exceed five (5) pages – that includes:
 - a. **Introduction (not scored)**: a brief overview of the organization and a summary of key points of the proposal.
 - b. **Proposal (35%)**: a narrative of the proposed activities and partnerships.
 - c. **Implementation capacity (20%)**: Describe relevant experience that demonstrates the consultant or organization's ability to design and develop public health communication campaigns. Include information that demonstrates knowledge of, and alignment with, the values of harm reduction.
 - d. **Communications plan (35%)**:
 - i. A description of the methodology proposed to meet each of the deliverables listed above. This might include alternate or additional deliverables based on the applicant's expertise in consideration of the time available.
 - ii. Quantify the types and number of outputs (messages, methods, channels, etc.) estimated from your approach.
 - iii. List the staff that will be involved in the work and their role.
 - iv. List the possible expert advisors and how they will be included and paid.
 - v. The organization's production and revision process.
 - e. **Challenges (10%)**: Identify potential challenges to the proposed activities and how to address them.
2. **Line-item budget and narrative (not scored not included in page count)**:
 - a. Applicants must complete a detailed [line-item excel budget](#) and accompanying [narrative](#) using the forms provided. Please review the detailed instructions in the linked templates before developing your budget proposal.
 - b. Applicants should have a base budget **not to exceed \$750,000** (this should include paid media costs with the understanding that the process will dictate final campaign details) Applicant can include additional media costs should funds be available up to \$150,000. Answers to the following questions, required to facilitate the contracting process:
 - i. Does your organization have prior experience in federal contracting? (Yes/No)
 - ii. Has your organization completed a single Audit? (Yes/No)Please see Appendix A for a list of unallowable costs.
3. **Up to three (3) examples of relevant work (not scored not included in page count)**.
4. **Attachments (not scored not included in page count)**:
 - a. Budget Required: Complete and submit the [Budget](#) and [Budget Narrative](#) templates
 - b. Required: Complete and submit the [Vendor Information Form](#)
 - c. Required: Complete and submit the [Certification of Non-Debarment](#)
 - d. Required: Submit a [W-9](#)

- e. Required: Proof of active registration with SAM.gov in accordance with active DUNS number
- f. Required: Complete and submit the Federal Funding Accountability and Transparency Act (FFATA) [form](#).
- g. Required: Resume(s) of staff involved in project

SELECTION AND NOTIFICATION PROCESS

NACCHO will score the application narrative holistically to assess the following areas:

- Strength of the narrative with a strong understanding of the project goals and suggested iterative approach.
- Feasibility of implementation, including demonstration of subject matter expertise and a reasonable proposal for timeline and goals.
- Relevant experience conducting the proposed activities.

Incomplete applications will not be reviewed.

Applicants will be notified of their selection status by e-mail to the project point of contact listed in the application on or around **December 22nd, 2023**. Selected applicants will be required to confirm participation and agreement with the contract scope of work after receiving a notification. The designated point of contact for selection must be available to receive and respond to the notification and any necessary budget revisions within five business days.

CITATIONS

1. NCHS, National Vital Statistics System. Provisional Drug Overdose Death Counts (available from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>). Accessed 11/6/2023.
2. Kariisa, M., Davis, N. L., Kumar, S., Seth, P., Mattson, C. L., Chowdhury, F., & Jones, C. M. (2022). Vital signs: Drug overdose deaths, by selected sociodemographic and Social Determinants of health characteristics — 25 states and the District of Columbia, 2019–2020. *Morbidity and Mortality Weekly Report (MMWR)*, 71(29), 940–947. https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm?s_cid=mm7129e2_w
3. Cohen, A., Vakharia, S. P., Netherland, J., & Frederique, K. (2022). How the war on drugs impacts social determinants of health beyond the criminal legal system. *Annals of Medicine*, 54(1), 2024–2038. <https://doi.org/10.1080/07853890.2022.2100926>
4. Provine DM. Race and Inequality in the War on Drugs. *Annu Rev Law Soc Sci*. 2011;7(1):41-60. doi:<https://www.annualreviews.org/doi/10.1146/annurev-lawsocsci-102510-105445>
5. André Douglas, Pond Cummings, and Steven A. Ramirez, The Racist Roots of the War on Drugs and the Myth of Equal Protection for People of Color, 44 U. ARK. LITTLE ROCK L. REV. 453 (2022). Available at: <https://lawrepository.ualr.edu/lawreview/vol44/iss4/1/>
6. Ahern J, Stuber J, Galea S. Stigma, discrimination and the health of illicit drug users. *Drug Alcohol Depend*. 2007;88(2-3):188–196. doi: 10.1016/j.drugalcdep.2006.10.01
7. Latkin C, Davey-Rothwell M, Yang JY, Crawford N. The relationship between drug user stigma and depression among inner-city drug users in Baltimore. MD. *J Urban Health*. 2013;90(1):147–156. doi: 10.1007/s11524-012-9753-z
8. Barry CL, McGinty EE, Pescosolido BA, Goldman HH. Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatr Serv*. 2014;65(10):1269–1272. doi: 10.1176/appi.ps.201400140
9. Phillips LA, Shaw A. Substance use more stigmatized than smoking and obesity. *Journal of Substance Use*. 2013;18(4):247–253. doi: 10.3109/14659891.2012.661516.
10. *Reducing the Stigma of addiction*. Johns Hopkins Medicine. (n.d.). <https://www.hopkinsmedicine.org/stigma-of-addiction#:~:text=Research%20demonstrates%20that%20stigma%20damages,care%20within%20health%20care%20settings>.
11. Washington University in St. Louis . (2022, March 1). *Developing communication strategies to reduce addiction stigma*. Translational Science Benefits Model. <https://translationalsciencebenefits.wustl.edu/case-study/developing-communication-strategies-to-reduce-addiction-stigma/>
12. Daniel Roy Sadek Habib, Salvatore Giorgi & Brenda Curtis (2023) *Role of the media in promoting the dehumanization of people who use drugs*, The American Journal of Drug and Alcohol Abuse, 49:4, 371-380, DOI: 10.1080/00952990.2023.2180383

13. Alene Kennedy-Hendricks, Ph.D., Colleen L. Barry, Ph.D., M.P.P., Sarah E. Gollust, Ph.D., Margaret E. Ensminger, Ph.D., Margaret S. Chisolm, M.D., Emma E. McGinty, Ph.D., M.S. Social Stigma Toward Persons With Prescription Opioid Use Disorder: Associations With Public Support for Punitive and Public Health–Oriented Policies. *Psychiatric Services*. 2017;5(462-469). DOI: 10.1176/appi.ps.201600056
14. Lefebvre, R. C., Chandler, R. K., Helme, D. W., Kerner, R., Mann, S., Stein, M. D., Reynolds, J., Slater, M. D., Anakaraonye, A. R., Beard, D., Burrus, O., Frkovich, J., Hedrick, H., Lewis, N., & Rodgers, E. (2020). Health communication campaigns to drive demand for evidence-based practices and reduce stigma in the Healing Communities Study. *Drug and Alcohol Dependence*, 217, 108338. DOI: 10.1016/j.drugalcdep.2020.108338

APPENDIX A – LIST OF UNALLOWABLE COSTS

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. NACCHO reserves the right to request a revised cost proposal, should NACCHO and CDC determine applicant's proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget include:

- Alcoholic Beverages; 2 CFR 200.423; Costs of alcoholic beverages are unallowable.
- Bad Debts; 2 CFR 200.426; Bad debts (debts which have been determined to be uncollectable), including losses (whether actual or estimated) arising from uncollectable accounts and other claims, are unallowable. Related collection costs, and related legal costs, arising from such debts after they have been determined to be uncollectable are also unallowable. See also § 200.428.
- Contributions and donations; 2 CFR 200.434; Costs of contributions and donations, including cash, property, and services, from the non-Federal entity to other entities, are unallowable.
- Entertainment Costs; 2 CFR 200.438; Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with prior written approval of the Federal awarding agency.
- Equipment and other capital expenditures; 2 CFR 200.439
- Fines and Penalties; 2 CFR 200.441; Costs resulting from non-Federal entity violations of, alleged violations of, or failure to comply with, Federal, state, tribal, local or foreign laws and regulations are unallowable, except when incurred as a result of compliance with specific provisions of the Federal award, or with prior written approval of the Federal awarding agency. See also § 200.435.
- Fund raising and investment management costs; 2 CFR 200.442
- Goods or services for personal use; 2 CFR 200.445; Costs of goods or services for personal use of the non-Federal entity's employees are unallowable regardless of whether the cost is reported as taxable income to the employees.
- Independent Research & Development, 45 CFR 75.476
- Interest; 2 CFR 200.449; Costs incurred for interest on borrowed capital, temporary use of endowment funds, or the use of the non-Federal entity's own funds, however represented, are unallowable. Financing costs (including interest) to acquire, construct, or replace capital assets are allowable, subject to the conditions in this section.
- Lobbying; 2 CFR 200.450; The cost of certain influencing activities associated with obtaining grants, contracts, or cooperative agreements, or loans is an unallowable cost.

o Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

Procure or obtain, Extend or renew a contract to procure or obtain; or

Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

Telecommunications or video surveillance services provided by such entities or using such equipment. iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements

Please note this is not an exhaustive list, please see Standard unallowable costs are identified in 2 CFR 200, Subpart E—Cost Principles.