



Request for Proposal Congenital Syphilis Study

INTRODUCTION AND BACKGROUND

The March of Dimes Foundation (MOD) is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy.

To address the problem of increasing cases of Congenital Syphilis (CS), the March of Dimes joined in a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC). The number of CS cases in the United States increased by 46% between 2012 and 2015; evidence from CDC suggests that cases of CS are concentrated geographically and certain population groups are disproportionately affected. CS can lead to fetal loss, infant death, or a life of major health problems. But CS is highly preventable making every case needless.

To better inform CS prevention efforts, including how to communicate effectively with patients and providers about the infection, more information is needed about patient knowledge of sexually transmitted diseases (STDs), syphilis during pregnancy, patient decision-making around whether to seek prenatal care, and patient use of CS prevention behaviors during pregnancy. Additionally, more information is needed about provider awareness of the resurgence of CS, provider attitudes and practices related to syphilis testing/re-testing during pregnancy, and provider information-seeking related to CS.

STATEMENT OF WORK

MOD, in partnership with the CDC, seeks consulting services to design, implement, and analyze two qualitative assessment components, each to be carried out in two high-morbidity jurisdictions.

- 1) With CDC and MOD, design and conduct a qualitative assessment of prenatal care providers in at least two counties (chosen from a selected list of high-morbidity CS counties) in order to better understand their knowledge, attitudes, and practices around CS and its prevention as well as to understand where they access new information on the topic and what messages may resonate with them;
- 2) With CDC and MOD, design and conduct a qualitative assessment of pregnant women at high risk for syphilis infection who reside in the same two high-morbidity counties in order to better understand their knowledge, attitudes, and practices around CS and its prevention, as well as to understand what messages may resonate with them;
- 3) Analyze the assessment data using qualitative methods appropriate for the interview strategy used and prepare a report of the findings from both assessments for the March of Dimes and CDC.

The following should guide the proposal development.

Selecting high-morbidity geographic areas:

- Given the epidemiology of CS, which disproportionately affects the Central Valley in California and a select number of other counties nationwide, this assessment work should be carried out in two distinct US counties.
 - All proposals must include at least one of the most-affected Central Valley counties: Fresno County (CA) or Kern County (CA).
 - Ideally, proposals will also include a second high morbidity CS county selected from the following list: Bexar County (TX), East Baton Rouge County (LA), Harris County (TX), Miami-Dade County (FL), Ouachita County (LA), or Tarrant County (TX).
 - However, strong proposals that address only two California counties will be considered.
- Local knowledge of both the selected counties and the CS epidemic will be useful for working with local departments of health and guiding the selection of appropriate prenatal care providers and high-risk pregnant women for this assessment.

1. Prenatal Care Provider Assessment:

- Questions should be answered using an in-depth interview methodology, ideally interviewing a total of 16-20 prenatal care providers (8-10 per selected county).
- All interviews should be conducted with clinical providers who play a role in CS prevention during pregnancy; common provider types include obstetricians, nurse midwives, and family practice physicians or advanced practice nurses conducting prenatal care, but may justifiably include less-traditional provider types, like emergency department physicians. Diversity in provider types is appreciated, although it is assumed the majority of interviews would be with obstetricians.
- Participants should be distributed across more than one provider-group or practice and should ideally be balanced on a variety of characteristics, including experience in practice and experience working in the geographic area.
- March of Dimes and CDC would like to review the in-depth interview field guide that will be used to conduct this portion of the assessment—possibly recommending additional areas of exploration—before it is submitted to an internal review board (IRB). More information about the IRB is in “Guidelines for Proposal” section.

2. High-risk Pregnant Woman Assessment

- Questions should be answered using a focus group discussion (FGD) methodology, ideally carried out with no less than 8 focus groups of 6-8 pregnant women each (4 focus groups per selected county).
- ‘High-risk’ is challenging to define, but for the purposes of this assessment might best be captured by recruiting women from labor and delivery or prenatal care facilities that serve the county’s Medicaid-eligible population.
- Incentives should be offered to FGD participants, which the consultant or consultant service would oversee.

- FGD participants should be balanced on a variety of relevant characteristics, including race/ethnicity, age, education, income, and parity. Depending on the counties selected, it may be important to stratify FGDs by Spanish language and/or facilitate some FGDs in Spanish.
- If a sufficient number of high-risk pregnant women cannot be recruited for participation, recently pregnant women (prior 3 months) may also be included.
- March of Dimes and CDC would like to review the FGD field guide that will be used to conduct this portion of the assessment—possibly recommending additional areas of exploration—before it is submitted to IRB.

3. Data Analysis

- As part of the proposal process, the applicant is asked to describe how they will approach data analysis. (For example, describe the software package, plans for developing and organizing data by codes/themes, and how discrepant findings will be addressed.)

DELIVERABLES

The consultant will work primarily with MOD’s Manager of Special Projects and participate in regular conference calls with MOD and CDC. The consultant will provide the instruments to be used for both assessments and the transcripts from the in-depth interviews with prenatal care providers and from the focus groups with high-risk pregnant women.

At the end of the project, the consultant will produce a report that summarizes the key findings from the two assessments and will present the findings in a slide presentation at a meeting of staff from CDC and MOD. This final report will include abstracts summarizing the findings, methodology, and conclusions. The final report *may* be used for development into a manuscript(s) to be submitted to a peer-reviewed journal. Whether to develop a manuscript for publication will be part of the discussion of the assessments.

PROJECT SCHEDULE

The applicant is asked to develop a proposed timeline for the project to complete the work within one year. The applicant is assumed to have an understanding of the subject prior to proposal submission so time will not need to be devoted to a literature review.

TASK / EVENT	RESPONSIBLE	DUE DATE
RFP release	MOD/CDC	June 15, 2017
Notification of intent to submit proposal	Applicants	June 15 through July 14, 2017 at 5 PM (eastern)
Proposal due date	Applicants	July 14, 2017 at 5 PM (eastern)
Selection and notification of consultant	MOD/CDC	August 15, 2017 at 5 PM (eastern)
Project launch meeting (including discussion of target counties)	MOD/CDC/ Consultant	August 31, 2017
Project completion	MOD/CDC/ Consultant	August 31, 2018

GUIDELINES FOR PROPOSAL

The entire proposal submission process must be completed online on or before 5:00 PM (ET) on Friday, July 14, 2017 to <http://modresearchgrants.egrant.net>. Please direct any questions to cs-study@marchofdimes.org. All questions previously asked, along with their responses, are located in the "Frequently Asked Questions (FAQ)" document under "Congenital Syphilis Study" at <http://marchofdimes.org/research/research-grants.aspx>.

1. Notification of Intent. Notification is automatically provided when the applicant registers at <http://modresearchgrants.egrant.net>.
2. Cover Letter. (2 pages or less) Submit a complete and signed cover letter.
3. Executive Summary. (4 pages or less) Identify the main features and benefits of establishing a relationship with your organization and highlight the strengths of your approach to conducting audience assessment.
4. Understanding of Engagement and Work Plan. (12 pages or less) Describe the applicant's understanding of the project expectations and provide a work plan with a proposed timeline. Outline the activities necessary to meet the requirements put forth in the Statement of Work. Describe how your organization plans to recruit participants for the two assessments. Describe the plan to offer appropriate incentives to participants that are consistent with federal government guidelines. Since this project is a cooperative agreement, budget time for discussion with CDC and the March of Dimes, especially during the design of the instruments proposed for the two assessments.
5. Capacity and Experience. (4 pages or less) Describe the relevant experiences of the applicant(s) and/or the applicant organization to demonstrate understanding of the project, knowledge about the subject of the project, and ability to complete the tasks. Describe relevant experience(s) (if any) working on a similar activity that was funded by the CDC or another federal government agency, including the ability to accept, monitor and report on federal expenses and revenue specific to this project.

Describe the key personnel who will support this project and provide relevant educational background and work experience of those who will provide services on this project. Include names, titles, and contact information. Where appropriate, curriculum vitae (CV) and resumes should be included in the appendix.

Outside resources. If outside resources must be contracted to complete the tasks, identify the agencies or individuals to be contacted and the tasks they will be asked to complete. In the event that any personnel are removed or diverted, the consultant will notify the March of Dimes and provide replacement information.

6. References. (1 page or less) Provide references from two organizations for which you have provided services comparable to those outlined in this RFP. For each reference, include a contact name, title and phone number.

7. Budget and budget narrative. (no page maximum/minimum) Prepare a detailed budget that is clearly linked to the activities described in the proposal narrative and consistent with guidelines used by CDC for proposals for funds (https://www.cdc.gov/healthyouth/fundedpartners/pdf/budget_guidelines.pdf). Based on the Statement of Work, provide a breakdown of fees and services provided.
8. IRB Plan. (2 pages or less) Submit a brief statement of the consultant's Institutional Review Board (IRB) Plan. Identify the IRB that the consultant will use.
9. Appendix/Appendices. (no page maximum/minimum) Prepare a timeline written as a calendar or spreadsheet. Include appropriate resumes and/or CVs as detailed in Capacity and Experience section of this document.

For the convenience of the reviewers, please adhere to the following formatting guidelines.

- Minimum font size: 11 pt.
- Acceptable fonts: Calibri or Arial
- Line spacing: Double spaced
- Page margins: 1 inch all the way around, excluding headers and footers
- Page size: standard 8-1/2 x 11
- Header or footer: Each page should be identified with either the name of the applicant organization or Principal Investigator's last name. The commonly used acronym of the applicant organization is acceptable.

EXPECTED NUMBER OF AWARDS

One award is expected.

CRITERIA FOR SELECTION

The contract for this congenital syphilis study will be awarded to an individual or organization. The ideal applicant will have prior work/consulting experience with demonstrated skill in qualitative assessment and report writing; ability to gather information from multiple sources and adapt a data collection plan to stakeholder needs; knowledge about the public health issues of sexually transmitted disease or desire to learn this content areas and quick ability to do so. Experience in the field of public health, particularly maternal and infant health or sexually transmitted diseases, strongly preferred. Experience working with Federal organizations/agencies is preferred. Knowledge of both selected counties and the CS epidemic will be useful for working with local departments of health and guiding the selection of appropriate prenatal care providers and high-risk pregnant women for this assessment.

Selection of the consultant will be based upon the proposals submitted with appropriate consideration given to criteria set forth in this RFP. Evaluation will be based on the applicant's capabilities, responsiveness and cost structure as covered in the RFP.

The following elements will be primary considerations in evaluating all submitted proposals:

1. Completion of all required responses in the RFP.
2. Understanding of Engagement and Work Plan (under Guidelines for Proposal) is complete, time-framed, and realistic.
3. Applicant's capacity, experience, and knowledge to deliver quality service and resources in accordance with the Study's needs and expectations.
4. Budget is realistic and clearly linked to outcomes and project activities. All activities are allowable.

VALID OFFER PERIOD

The pricing, terms, and conditions stated in your response must remain valid for 90 days from the date of delivery of the proposal to the March of Dimes.

CONFIDENTIALITY/NON-DISCLOSURE

The information contained in this RFP (or accumulated through other written or verbal communication) is confidential. It is for proposal purposes only and is not to be disclosed or used for any other purposes.

Information received in response to this RFP will be held in strict confidence and will not be disclosed to any party other than with the March of Dimes and CDC, without the express written consent of said applicant.

ADMINISTRATION INFORMATION

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