

Request for Proposals: Advancing Tobacco Prevention and Control in Rural America

Deadline for Submission: 5:00 p.m. CT, November 30, 2017

Introduction

Although considerable progress has been made in reducing cigarettes smoking in the United States over the past several decades, marked disparities in smoking persist across population groups. One of the most notable and persistent disparities in smoking rates pertains to where a person lives. More specifically, people who live in rural areas are more likely to use tobacco, particularly cigarettes and smokeless tobacco products, than their counterparts living in urban areas. According to national survey data, cigarette smoking rates are approximately five percentage points higher among rural residents compared to urban residents; with more than one-quarter of U.S. rural residents currently smoking cigarettes. Additionally, youth who live in rural areas are three times as likely as both urban and suburban youth to smoke cigarettes. Rural residents are also more likely to be exposed to secondhand smoke and less likely to have access to programs that can help them quit tobacco use.

Simply living in a rural community is not in and of itself the reason for the difference in tobacco use between rural and urban communities. Factors that have generally contributed to higher rates of tobacco use across the country, such as poverty, stress, and targeting by the tobacco industry, are particularly prominent in rural areas. Other contributing factors are more specific to rural cultures and communities, such as the economic dependence on tobacco growing and a greater level of social acceptance of smoking. The result is a recurrent cycle of persistently higher rates of tobacco use, social and personal acceptance of tobacco use as the norm, and lack of evidence-based tobacco control policies and resources.

Through a cooperative agreement with CDC's Office on Smoking and Health, the National Network of Public Health Institutes (NNPHI) will produce an expert report that will inform the public health and healthcare fields on how to advance tobacco prevention and control in rural America. For this project, tobacco prevention and control is defined as preventing initiation, supporting cessation, supporting smoke-free air, and addressing disparities. The expert report should include information on the unique rural contextual factors, especially how health care is often structured and how public health services are provided, in addition to various cultural factors often found in rural America that may affect the success of tobacco prevention and control efforts. Additionally, the report should consider how emerging technologies such as web-based platforms and apps can advance tobacco prevention and control in the rural landscape. The report should include significant input from state-level public health chronic disease directors so that feasible recommendations are provided on how to advance tobacco prevention and control in rural America.

Eligibility

NNPHI Category A and B members that have available staff and capacity to complete key informant interviews, conduct an evidence review, and produce an expert report by June 30, 2018 are eligible to apply for this opportunity.

The selected member public health institute must have direct experience with rural health and tobacco prevention and control. Additionally, the ideal public health institute will also have expertise in the following areas:

- Key informant interviews;
- Evidence reviews;

- Report writing;
- Working collaboratively with national partners

Funding Available

NNPHI and the selected public health institute will negotiate the budget and work plan, providing clarification of roles for NNPHI staff and roles of public health institute staff, once the institute partner is selected based on the criteria referenced below. It is estimated that the primary expenses for the selected institute will be staff time for participating in project meetings, limited primary data collection (i.e., key informant interviews), significant secondary data review and analysis (i.e., the evidence review), and preparation of content for the final report. NNPHI will utilize its report template for this initiative, so the selected public health institute will need to factor in graphic design or communications support. Extensive travel is not anticipated for this project.

Timeline

All activities will be implemented between now and June 30, 2018. Any extensions beyond June 30, 2018 will be dependent on future articulation of carryover guidelines for CDC's Cooperative Agreement with NNPHI.

Scope of Work

NNPHI will leverage its network of public health institutes and national partners, including its recent experience convening the National Conference on Tobacco or Health, to facilitate CDC OSH's desire to develop an expert report related to Advancing Tobacco Prevention and Control in Rural America. Working together, NNPHI, CDC and other partners will contribute to the development of the report. The selected public health institute will collaborate with NNPHI and be responsible to NNPHI for major deliverables listed below. Following publication, NNPHI will facilitate a process to reach a broad audience of public health professionals as well as audiences from other sectors that will benefit from the recommendations in the expert report.

The primary deliverables NNPHI is seeking from the selected institute will be:

- 1) To complete an evidence review of published and grey literature, full scan of organizational websites, trainings and other known resources that address the heavy burden of tobacco use in rural America;
- 2) To participate in an advisory committee including rural stakeholders and state-level chronic disease directors to refine a strategy for compiling the most up-to-date evidence, interventions and emerging technology regarding the heavy burden of tobacco use in rural America;
- 3) To develop major sections of content for an expert report on *Advancing Tobacco Prevention and Control in Rural America* that will advance knowledge and efforts to reduce the burden of tobacco use in rural populations.
- 4) To collaborate with NNPHI and CDC OSH on a dissemination strategy for the expert report.

How to Apply

Please submit your proposal to lfox@nnphi.org no later than **5 p.m. CT, November 30, 2017**. Appendix A includes a listing of elements NNPHI requests in response to this solicitation as well as a past performance template. NNPHI is limiting responses to five pages or less, not including resumes and past performance submissions. After submitting your proposal, if you do not receive a confirmation of receipt by COB on December 1st, please email lfox@nnphi.org to ensure receipt. **In fairness to applicants, NNPHI will not accept any proposals received after the deadline.** All applicants will be notified of their selection status by **December 10, 2017**. NNPHI may interview finalist organizations.

Use of Funds: NNPHI will negotiate a contractual agreement with the selected public health institute. Use of funds will be subject to the terms and conditions of NNPHI's umbrella cooperative agreement with the CDC. .

Notice to Applicants

Please be advised that NNPHI reserves the right to modify the terms of the RFP with reasonable notification to all interested parties. This RFP and any related discussions or evaluations by anyone create no rights or obligations whatsoever. NNPHI may cancel or delay this solicitation at any time at its own discretion. Anything to the contrary notwithstanding, the contract executed by NNPHI and the selected applicant, if any, will be the exclusive statement of rights and obligations extending from this solicitation. Applicants are further advised that resumes and past performance examples that applicants submit in response to this solicitation shall populate NNPHI's internal database of SMEs and past performance.

Appendix A: Requested Information

Not required to be submitted in order

Legal name of organization:

Contact person for this application:

Email address:

Phone:

1) Past Performance, Experience and Reputation [60% - recommended length three pages or less]

- Describe your interest in this work. Provide a brief description of your organization's overall capacity and expertise relevant to this project.
- Briefly describe and provide links to past experiences/projects that *demonstrate* your ability to complete the tasks as anticipated. Please include topical experience related to tobacco prevention and control and rural health. Please also describe skills related to working collaboratively with national partners to produce a report, including conducting evidence reviews and key informant interviews.
- Please provide one or more of your strongest past performance summaries (see template below – does not count toward page limit).

2) Staffing and Approach to Work [20% - recommended one page or less]

- Please list the project manager and each staff person proposed for the project. Briefly describe their experience and qualifications for this work. **Please include a copy of brief staff bios in your application (does not count toward page limit; NNPHI prefers 2 page format v long CV but will accept either).*
- For each team member proposed, also please note any limitations regarding their availability to contribute to this project (e.g., major times out of office, other projects requiring 100% time, etc.).

3) Budget [20% - recommended one page or less]:

- Please provide a budget table including loaded hourly rates for project manager and proposed team members for this project.
- Please provide a brief narrative describing your organization's ability to bill NNPHI monthly with detailed hours per team member.

NNPHI PAST PERFORMANCE TEMPLATE:

YOUR ORGANIZATION:

CONTACT (at your organization):

PROGRAM/PROJECT NAME:

FUNDING ORGANIZATION (i.e., the client):

CLIENT CONTACT:

CLIENT CONTACT EMAIL/PHONE:

TOTAL VALUE:

PROJECT DESCRIPTION: *detail regarding accomplishments and deliverables, as well as narrative regarding overcoming any challenges*

DATE STARTED:

DATE COMPLETED:

URL (if available)