Strategies to Repair Equity and Transform Community Health (STRETCH) Initiative: Evaluation Design and Implementation

Request for Quotes (RFQ)

Date Issued: March 2, 2022

Date Response Due: March 23, 2022

CDC FOUNDATION CONTACT

Angela Corbin
Senior Program Officer
Acorbin@cdcfoundation.org
PURPOSE
Through this Request for Quotes (RFQ), the CDC Foundation is soliciting proposals from a contracting entity/Contractor with expertise in evaluation design and implementation, particularly with a focus on systems change while incorporating an equitable evaluation approach that allows for real-time feedback collection, synthesis, and incorporation into project activities. The Contracting entity/Contractor will prepare a final evaluation report to be shared with all STRETCH Initiative partners.

BACKGROUND AND NEED
Powered by the infusion of new, historic levels of federal funding, governmental public health and its partners have a once in a generation window of opportunity, driven by political will and the dual pandemics of COVID-19 and structural racism, to finally achieve the vision of vibrant, healthy communities where all can lead their healthiest lives. Effectively seizing this moment will require integrating current and new components of the public health system and promoting effective cross-sector and cross-agency coordination to build a culture of health. This requires addressing the root cause of health inequities, including systemic racism and other structural biases, and activating a sense of shared responsibility across all sectors of society to utilize and share these new resources effectively, efficiently, and equitably.

The Strategy to Repair Equity and Transform Community Health (STRETCH) Initiative brings together state public health agencies (SPHAs) and their partners, such as academia, community-based organizations, public health institutes, local health foundations and the private sector, with the goal of:
1. Designing meaningful, lasting systems change to create inclusive, equitable public health systems.
2. Embedding equity into priorities, programs, policies, and practices.
3. Leveraging new funding through financing strategies to drive impact.

Ten SPHAs have been selected to participate in the STRETCH initiative, which aims to help the agencies develop connections and strategies to work with intermediaries more effectively and leverage new federal funding opportunities in ways that advance equity and community wellbeing.

The SPHA’s have created teams composed of cross-sector members bringing together key players such as their health equity officer, finance team members, local and county health departments health director or deputy, intermediaries, and community members. The SPHA teams are developing projects to align with and address their unique state priorities. Tailored technical assistance and capacity building will help these agencies reach their specific goals and strengthen their community partnerships.

The uniqueness of the STRETCH initiative presents a rare opportunity for program evaluation and data collection that focuses on health equity and systems change. The purpose of the evaluation is to measure the impact of shared resources, tailored technical assistance provided, and capacity building efforts received by each SPHA team. We want to use the evaluation to communicate the value of this work and the effectiveness of our approach. Additionally, we hope to learn from this evaluation so that we may improve our practice in future projects. Finally, we are conducting formative evaluation internally for quality improvement purposes and would like the evaluator to provide us with feedback on our internal evaluation and learning processes.

Technical Assistance (TA) Learning Community Design
ASTHO, CDCF, and MPHI will collaborate to provide peer-to-peer learning opportunities and tailored technical assistance to participants, including access to subject matter experts. The TA will provide selected states with evidence based/informed tools and practices focused on building leadership capacity in strengthening community partnerships to bolster equitable and resilient communities. The core principles of health and racial equity provide the foundation for the work states will be undertaking to support communities.
PARTNER RECOGNITION

Michigan Public Health Institute (MPHI)

The Michigan Public Health Institute works at the state, local and national level to advance public health through innovation and collaboration. MPHI is a Michigan-based and nationally engaged nonprofit public health institute with over 30 years of experience transforming public health systems through a broad and deep network of partnerships. MPHI projects carry the voice of communities to policy makers and researchers and increase community capacity to improve health and well-being and reduce the underlying drivers of disparities. As a collaborative partner, MPHI facilitates strong and productive relationships among community members, community-based organizations, researchers, governmental agencies, and advocacy organizations.

The Association of State and Territorial Health Officials (ASTHO)

The Association of State and Territorial Health Officials (ASTHO) are the national membership organization for state and territorial health officials (S/THOs), representing 57 jurisdictions. ASTHO supports a strong network of state health agency expert staff including 20 affiliates representing an array of state public health agency leaders; an active Alumni Society of former S/THOs; peer collaboratives including state health deputies, financial officers, human resources; and numerous partnerships with national and state public health organizations (NACCHO, Big Cities Health Coalition and Public Health Foundation). ASTHO has a deep and nationally recognized history of developing state and territorial public health (S/TPH) leaders by equipping them with skills to establish evidence-based health equity policy and practices within their jurisdictions.

SERVICES REQUIRED

The CDC Foundation seeks proposals from experienced Contracting entities/Contractors to develop measures that address the success of the three STRETCH initiative goals. These individuals will design credible and feasible evaluations that address identified purposes and questions. They will determine appropriate methods to answer evaluation questions using quantitative, qualitative, and mixed methods techniques that will result in a detailed report of their findings.

Scope of Work:

Below is a list of required tasks related to this opportunity

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Questions</td>
<td>Finalize evaluation focus and questions using the program materials that are attached.</td>
</tr>
<tr>
<td>Evaluation Plan</td>
<td>Prepare an evaluation plan for review and sign-off by the project team.</td>
</tr>
<tr>
<td>Methodology</td>
<td>Identify the data sources and appropriate methods to answer evaluation questions.</td>
</tr>
<tr>
<td>Analyze</td>
<td>Analyze data and interpret results to answer the evaluation questions of the program.</td>
</tr>
<tr>
<td>Reporting</td>
<td>Provide routine internal reports to the Project Team throughout the course of the contract, as well as a final report of the findings.</td>
</tr>
<tr>
<td>Stakeholder engagement</td>
<td>Collaborate with the Project Team throughout the entirety of the contract, including review of any tools, questionnaires, draft reports, and presentations.</td>
</tr>
</tbody>
</table>
Engagement with Project Team

1. **Project Kick-off Meeting.** The Contractor shall conduct a virtual kick-off meeting with the Project Team (CDCF, ASTHO, and MPHI) to review project tasks, timeline, and plan for the project. The Contractor shall prepare a memo summarizing notes and actions items to the Project Team.

2. **Timeline/Work Plan.** The Contractor shall prepare a detailed timeline and work plan for accomplishing the remaining tasks of the contract, incorporating input from the kick-off meeting. The Contractor shall first submit a draft timeline and work plan for review by the Project Team following the kick-off meeting.

3. **Project Coordination and Communication.** The Contractor shall assign a project lead to serve as the primary point of contact for coordination of the project and execution of deliverables. The Contractor shall provide contact information and bios for all personnel assigned to project.

4. **Planning, Development and Finalization of Project Deliverables.** The Contractor shall implement the approved work plan to develop evaluation methods and measures that address the success of the three STRETCH initiative goals.

Pre-Planning
- Timeframe: Contract begins April 15, 2022, and ends on February 13, 2023
- Planning meeting with contractor, CDC Foundation, MPHI, and ASTHO on April 19th, 2022

**Deliverables Schedule**

<table>
<thead>
<tr>
<th>Task</th>
<th>Deliverable</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline/Work Plan</td>
<td>Draft of timeline and workplan</td>
<td>April 26, 2022</td>
</tr>
<tr>
<td></td>
<td>Finalized timeline and workplan</td>
<td>May 3, 2022</td>
</tr>
<tr>
<td>Evaluation Plan</td>
<td>Updated evaluation plan with final questions, methodology, and data sources</td>
<td>June 15, 2022</td>
</tr>
<tr>
<td>Internal Reporting</td>
<td>Status reports to Project Team submitted bi-monthly on the 15th of the month</td>
<td>June 15, August 15, October 15, and December 15, 2022</td>
</tr>
<tr>
<td>Final Report</td>
<td>Final evaluation report</td>
<td>February 13, 2023</td>
</tr>
</tbody>
</table>

**SUBMISSION REQUIREMENTS**

Proposals should be submitted by email to the CDC Foundation at acorbin@cdcfoundation.org. Proposals should be no more than 5 pages, single spaced, 11-point font, not including appendices, and should address the following:

1. The agency’s proposed approach to each of the tasks outlined in the scope of work. As you do so, pay particular attention to:
   a. How will you work with the project team and other stakeholders throughout the evaluation process?
   b. What sorts of measures might you look for as evidence of program effectiveness?
   c. What is your approach or methodology to identify the contributions made by the STRETCH initiative to systems change within the participating SHAs?
   d. How will you balance the need for information with the potential burden on SPHAs to provide information or data?

2. Appendices:
   a. Projected budget for each task, broken down by labor hours, labor rate, and item costs where possible.
   b. Examples of previous work to develop and implement similar projects.
   c. Team structure, including a description of how senior members will be involved, primary point-of-contact, and tasks of each team member; and
d. Brief bios of team members.

**Budget Requirements**

Financial quotes for all submissions should not exceed **$144,695.00**. The final award amount is contingent on submission of a detailed and reasonable budget proposal to be approved by The CDC Foundation.

The detailed budget with narrative should include all anticipated costs that represent the total project fees and may include management, administrative, design, development, subcontractor, production, printing costs and indirect costs. Proposals must build operating costs into direct costs and minimize indirect costs to no more than 8 percent. The indirect is capped to maximize funds available for direct program costs. Please note that the CDC foundation is an independent 501(c)(3) organization and is not subject to federally negotiated indirect rates.

**Attachments**

<table>
<thead>
<tr>
<th>Items</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 1: STRETCH Framework</td>
<td>Designed to guide efforts to create meaningful change and achieve health equity in your communities. By addressing root causes through systems change approach, the STRETCH Framework is meant to re-frame and re-imagine current public health models to lead to more equitable outcomes. This framework emphasizes partnering with communities and intermediaries to stretch the impact your agency can achieve.</td>
</tr>
<tr>
<td>Attachment 2: STRETCH Logic Model</td>
<td>A graphic illustration of the relationship between the STRETCH objectives, activities, and its intended outcomes.</td>
</tr>
<tr>
<td>Attachment 3: STRETCH Evaluation Workplan</td>
<td>Should include the STRETCH objectives with potential outcomes and measures.</td>
</tr>
</tbody>
</table>

**Communications during the RFQ Period**

Applicants may submit questions related to this RFQ until **5:00pm ET on March 11, 2022**, via email to acorbin@cdcfoundation.org and by phone at (717) 460 – 0114. An RFQ Supplement containing the submitted questions and responses will be shared on the CDC Foundation website by **5:00pm ET on March 14, 2022**.

**Selection Criteria**

Submissions will be evaluated on applicants’ qualifications, expertise, and reasonableness of cost. The following outlines the criteria that reviewers will use to guide their evaluation of each application.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Application Selection Criteria</th>
<th>Weight</th>
</tr>
</thead>
</table>
| **Approach** | The proposed approach that demonstrates your ability to deliver on each of the project tasks outlined in the evaluation scope, including:  
  a. How you work with the project team and other stakeholders throughout the evaluation process;  
  b. What sorts of measures might you look for as evidence of program effectiveness;  
  c. Your approach or methodology to identify the contributions made by the STRETCH initiative to systems change within the participating | **25%** |
<table>
<thead>
<tr>
<th>Experience</th>
<th>Organizational reference to all related experience including CVs for all project staff which reflect tenure and/or education, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Examples of previous work to develop and implement similar projects;</td>
</tr>
<tr>
<td></td>
<td>b. Team structure, including a description of how senior members will be involved, primary point-of-contact, and tasks of each team member;</td>
</tr>
<tr>
<td></td>
<td>c. Brief bios of team members.</td>
</tr>
<tr>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>Cost Proposal</td>
<td>Reasonableness of proposed rate</td>
</tr>
<tr>
<td></td>
<td>The extent to which projected budget for each task is broken down by labor hours, labor rate, and item costs.</td>
</tr>
<tr>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>
Program: STRETCH Initiative Logic Model

**Situation:** Public Health Agencies (PHAs) have received an influx of Federal funding following the COVID-19 epidemic. Improved equity and data information systems are areas of increased importance in light of experienced difficulties during the pandemic.

**Goal:** PHAs are able to leverage fully the opportunities of the current moment to create a strong, equitable, sustainable, public health system that achieves equity and creates resilient communities.

**Objectives:**
1. Using newly available funding to create and execute public health financing strategies that drive the greatest, most equitable public health impact;
2. Designing meaningful and lasting systems change and create inclusive and equitable public health systems; and
3. Embedding equity into PHAs strategic priorities, partnership approaches, program development and implementation, policies and practices.

---

### Inputs
- Increased federal funding to support COVID-19 response.
- Assistance from STRETCH team staff (ASTHO, CDCF, MPH, RWJF)
- CDC Foundation Workforce staffing/coordination
- Intermediaries (e.g., local health providers, faith community orgs, universities, CBOs)
- State Health Agencies

---

### Outputs
- **Interpersonal**
  - Foundational capabilities survey
  - Facilitate trainings focused on the needs of each state
  - Provide individual mentorship and coaching with subject matter experts
  - Create collaborative learning opportunities between PHAs and the broader community and public health systems’ members

- **Organizational**
  - Assess of PHAs’ current mechanisms for engaging intermediaries and community partners
  - Support mutually beneficial and respectful engagement with partners
  - Assess PHA’s readiness and identify structural barriers to equity in the organization.

- **Systemic**
  - Conduct Key Informant Interviews (KII)

- **TBD**
  - Provide training and technical assistance to embed equity into PHAs’ strategic priorities.
  - Equity assessment

---

### Activities
- **Interpersonal**
  - Number of people trained
  - Practical guide and training model which is distributed through a comprehensive communications strategy
  - Improved leadership capacity in strengthening community partnerships and creating equitable and resilient communities

- **Organizational**
  - Best practices to guide blending and braiding of resource streams.
  - National technical assistance resources, including a practical guide and training model
  - Trainings, curriculum and/or other resources are created for PHAs’ leadership on equitable practices and policies and PHAs effectively engage in partnerships with CBOs and other community organizations
  - Evaluation report documents impact within PHAs and partner organizations
  - Braided funding models for each PHA
  - Assess readiness and identify structural barriers to equity in the organization and to create and implement policies and procedures that bolster strategic priorities

- **Systemic**
  - New partnerships with Intermediaries
  - Mapping and understanding the change levers created by the various funding streams for state/local level and federal-level public health
  - Developed communications campaign focused on equitable public health messaging

---

### Products
- **Interpersonal**
  - Learning communities are used to share best practices for equitable strategy, policy and partnership planning and implementation.
  - State, territorial and/or tribal health officers (STHOs) and their executive teams’ have improved capacity to grow their influence and improve communication skills to collaborate and align policy and practice across sectors to build healthy and resilient communities
  - Enhanced leadership capacity in strengthening cross-sector community partnerships and shared prioritization with communities to tackle systems change

- **Organizational**
  - PHAs implement policies and procedures that bolster strategic priorities
  - PHAs have identified internal policies, practices and procedures to revise in order to improve and advance equity
  - Increased investing in infrastructure
  - Hiring procedures that improve and reinforce organizational equity are shared with PHA leadership for consideration
  - Existing federal funds are optimized to:
    - Build sustainable infrastructure
    - Sustainably integrate health equity into public health functions and services
    - Integrating equity and social justice into public health functions and services

- **Systemic**
  - Distribute technical assistance resources nationally via a multi-faceted communications effort
  - Peer learning and support systems established to sustain partnerships beyond this initiative

---

### External Factors/Risks
- Political context may be variable
- PHAs are understaffed/burnout

---

### Assumptions

---

### Outcomes – Impact
- **Interpersonal**
  - PHA’s build equity and anti-racist approaches into practices/policies for hiring
  - Expanded community partnerships

- **Organizational**
  - PHAs are transformed to anti-racist organizations

- **Systemic**
  - Sustainable public health infrastructure with improved policy, practice and data technology
  - Increased number of vibrant and resilient communities
  - Strengthened PH partnerships and systems
  - Funds are regularly disbursed to communities and organizations that support public health response efforts
  - Optimal use of funding to advance health equity and create resilient communities
  - Strategic alignment with communities, state and local organizations, intermediary organizations

---

**Medium (3-5 yrs)**

---

**Long (> 5yrs)**

---
### Introduction

Strategies to Foster Equity and Tackle Systemic Health: STRETCH (Strategies to Repair Equity and Transform Community Health) will engage intermediary organizations, such as local health providers, state health coalitions, and others, to support governmental and public health agencies (SPHAs) to achieve health equity and create resilient communities. While SPHAs are integral to establishing a culture of health, they face challenges in creating the lasting systems change needed to achieve the vision of healthy and resilient communities. These challenges arise from a dynamic public health landscape that includes deepened by the global pandemic on the public health risks of racism and oppression. STRETCH aims to engage SPHAs in partnerships and strategies aligned with communities, state and local organizations, intermediary organizations, and others to address these challenges.

#### Timeline

<table>
<thead>
<tr>
<th>Objective</th>
<th>Timeline Resources Team Responsibilities</th>
<th>Strategies</th>
<th>Outcomes</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1</strong></td>
<td><strong>Strategies</strong></td>
<td><strong>Outcomes</strong></td>
<td><strong>Measures</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>