

Foundation for a Healthy Kentucky

Request for Proposals (RFP)



Creating a Culture of Health in Appalachia: Disparities and Bright Spots
Practical Recommendations and Strategies to Support Positive Health Outcomes in Appalachia



August 2018

1. Introduction

1.1 Purpose

The Foundation for a Healthy Kentucky is partnering with the Robert Wood Johnson Foundation (RWJF) and the Appalachian Regional Commission (ARC) to explore health in the Appalachian Region through a series of research reports. To date, this multi-part health research initiative—“Creating a Culture of Health: Disparities and Bright Spots”—has produced the following reports:

1. [*Health Disparities in Appalachia*](#) (August 2017) measures population health in Appalachia and documents disparities between the Region and the nation as a whole, as well as disparities within the Appalachian Region.
2. [*Identifying Bright Spots in Appalachian Health: Statistical Analysis*](#) (July 2018) describes the results of the regression analysis used to assess how each of the 420 Appalachian counties scored on 19 different health indicators and then identifies counties with better-than-expected outcomes, given their characteristics and resource levels. Forty-two Appalachian counties were identified as Bright Spots.
3. [*Exploring Bright Spots in Appalachian Health: Case Studies*](#) (July 2018) presents in-depth studies of 10 of the 42 Bright Spot counties identified through the statistical analysis. This report explores local perceptions of practices and activities that may be associated with better-than-expected health outcomes.

In addition to the reports, an interactive website, HealthinAppalachia.org, has been launched, which houses data from the reports and offers customizable, downloadable reports, maps, and charts.

Taken together, these products provide a basis for understanding and addressing health in the Appalachian Region and identifying factors that support a Culture of Health in Appalachian communities.

This RFP solicits proposals for the fourth report in the series. This report will synthesize the findings of the first three reports to identify health challenges in Appalachia and recommend practical strategies and actions to address those challenges. The recommended strategies and actions should foster and support positive health outcomes throughout the Appalachian Region and be tailored to at least three key groups of stakeholders: community leaders, funders, and policymakers.

The partners’ ultimate goal is that, together, the four reports produced through this initiative will provide the key groups of stakeholders with:

- A comprehensive overview of population health throughout the Appalachian Region;
- An overview of local assets and community-based activities that may support positive health outcomes; and

- Data tools, practical recommendations, and policy guidance that can be used by communities and their partners as they work to improve health outcomes and socioeconomic vitality throughout Appalachia.

1.2 Partners

Appalachian Regional Commission

The Appalachian Regional Commission (ARC) is an economic development agency of the federal government and 13 state governments focusing on 420 counties across the Appalachian Region. ARC's mission is to innovate, partner, and invest to build community capacity and strengthen economic growth in Appalachia to help the Region achieve socioeconomic parity with the nation.

ARC invests in the health of the Appalachian Region via grantmaking, strategic partnerships, research, and advocacy, both to improve individual and community health outcomes and to strengthen the economic competitiveness of the Region. ARC is the only federal entity exclusively devoted to the unique concerns of Appalachia. The Commission believes that a healthy population is critical for the Region's economic and community development; supporting a healthy population is a key component of ARC's strategic goal of strengthening the capacity of Appalachia to compete in the global economy.

Foundation for a Healthy Kentucky

Funded by an endowment, the mission of the nonpartisan Foundation for a Healthy Kentucky is to address the unmet health needs of Kentuckians by developing and influencing policy, improving access to care, reducing health risks and disparities, and promoting health equity. Since the Foundation opened its doors in 2001, it has invested more than \$27 million in health policy research, advocacy, and demonstration project grants across the Commonwealth.

Robert Wood Johnson Foundation

For more than 40 years the Robert Wood Johnson Foundation (RWJF) has worked to improve health and health care. RWJF is working with others to build a Culture of Health where attaining the best health possible is a fundamental and guiding social value that helps define American culture. It's an America in which all people—no matter what their background, heritage, socioeconomic status or current state of well-being happens to be—have an equal right to live longer, healthier lives.

1.3 About the Appalachian Region

The Appalachian Region, as defined in ARC's authorizing legislation, is a 205,000-square-mile region that follows the spine of the Appalachian Mountains from southern New York to northern Mississippi. The Region includes 420 counties in 13 states, and is home to more than 25 million people. It includes all of West Virginia and parts of 12 other states: Alabama, Georgia, Kentucky,

Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia. Forty-two percent of the Region's population is rural, compared with 20 percent of the national population.

The Region's economy, once highly dependent on mining, forestry, agriculture, chemical industries, and heavy industry, has become more diversified, and now includes a variety of manufacturing and service industries. In 1965, one in three Appalachian residents lived in poverty; during the 2011–2015 period, the Region's poverty rate was 17 percent. Approximately 70 percent of Appalachian counties (295 out of 420) were considered high poverty in 1960 (at least one and a half times the U.S. average); during the 2011–2015 period, that percentage had declined to 21 percent (87 out of 420).

These gains have transformed the Region from one of widespread poverty to one of economic contrasts: some communities have successfully diversified their economies, while others still require basic infrastructure such as roads, health clinics, and water and sewer systems.

1.4 The RFP Process

All organizations or teams interested in pursuing the scope of work outlined below are invited to respond with a description of their proposed approach; credentials of the principal parties undertaking the proposed work, noting experience in the preparation of similar studies and reports; a timeline for project completion with appropriate milestones; proposed costs; and at least three professional references. More detailed instructions for submitting materials are provided in Section 3.

An advisory committee representing the Foundation, ARC, and RWJF will review proposals and select the contractor for this report. The selected contractor will be expected to incorporate advisory committee feedback and guidance into the study process and deliverables as appropriate and present to the advisory committee following submission of the final report.

2. RFP Submission Information

2.1 General Terms and Conditions

Documentation submitted in response to this RFP will be distributed to members of an advisory committee representing Foundation, RWJF, and ARC staff. Submissions will remain in the control of this group and will not be used for other purposes without prior written consent of the applicant. Please note that the selected research team will be asked to release the contents of their proposal. Proprietary and confidential information must not be submitted under this request.

The successful applicants will be required to enter into an Agreement with the Foundation for a Healthy Kentucky. This Agreement will define programmatic administration, project participant responsibilities and, by signing the Agreement, the participants will agree to work with the Foundation and ARC towards the objectives of the project. The Foundation anticipates a single award (with disbursements based on agreed upon timeline and deliverables) for accomplishment of a mutually agreed upon scope of work, to be conducted over the study period.

2.2 Scope of Work

Many of the health and economic challenges facing the Appalachian Region are documented in the first report in the series, *Health Disparities in Appalachia*. The second report in the series, *Identifying Bright Spots in Appalachian Health: Statistical Analysis*, describes the results of the regression analysis used to assess how each of the 420 Appalachian counties scored on 19 different health indicators and then identifies counties with better-than-expected outcomes, given their characteristics and resource levels. This analysis identified forty-two Appalachian counties—the top 10 percent of counties in the Region—as Bright Spots. The third report in the series, *Exploring Bright Spots in Appalachian Health: Case Studies*, presents in-depth studies of 10 of the 42 Bright Spot counties identified in the statistical analysis, digs deeper to explore local perceptions of practices that may be associated with better-than-expected health outcomes, and summarizes promising strategies that may be replicable in other communities.

The scope of work for this report includes synthesizing the findings from the first three reports and offering recommendations for practical strategies and actions that support positive health outcomes in the Appalachian Region. There are at least three stakeholder groups to consider—community leaders, funders, and policymakers—and the findings and recommendations should be tailored to each of these groups. Thoughtful, well-conceived suggestions for additional key stakeholder groups are welcome but not required.

The content and framing of the report should draw from the first three reports in the series, and include elements such as:

- Identification of specific health challenges facing the Region including both health outcomes (e.g., cancer mortality, poisoning mortality), and health drivers or determinants (e.g., smoking prevalence, physical inactivity);
- Summary of the activities and strategies identified through the case studies that address those challenges;
- Identification of additional activities, strategies, and evidence-based practices not found in the case studies that warrant consideration;
- For each of the key stakeholder groups, recommend practical actions, strategies, evidence-based practices, and approaches aimed at successfully addressing the identified health challenges. These may include specific activities, programs, and policies, as well as any other action area that may potentially lead to change; other ideas are welcome and encouraged. These recommendations should be supported by a thorough literature review as well as engagement with key informants.

The scope of work requires a qualified team to effectively complete all project objectives. The selected team will have an established, successful record of conducting rigorous socioeconomic and health-related research focused on rural areas, with an emphasis on health policy.

Additional Information

Existing research that teams may find useful includes the following:

Robert Wood Johnson: Culture of Health

<http://www.rwjf.org/en/blogs/culture-of-health.html>

<https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>

Appalachian Regional Commission: Health-Related Research

http://www.arc.gov/research/ResearchReports.asp?F_Category=13

Foundation for a Healthy Kentucky:

<http://healthy-ky.org/>

<http://www.kentuckyhealthfacts.org/>

<http://inequality.org/inequality-health/>

Objectives

There are three main objectives to this project.

Objective 1: Review and synthesize the findings of the first three reports.

The findings in the first three reports in the series will serve as the foundation for the challenges, activities, and strategies included in this report. Successful proposals will identify several documented health challenges facing the Region; these examples will then serve as the foundation upon which the remainder of the report is built. These health challenges should largely be based on data and findings from the first three reports, but supplementary data from other sources may be incorporated as appropriate.

Using the findings from the case study report, summarize the activities taking place in the Region that support positive health outcomes and directly address the identified challenges. Successful proposals will include several examples of such activities. The results from the statistical analysis report may also provide insight into both the identification of the Region's health challenges, as well as the types of activities or evidence-based practices that may influence improvement in the health drivers associated with positive health outcomes.

Objective 2: Identify activities, practices, and strategies that support positive health outcomes in the Appalachian Region.

Using the findings from the case studies, as well as a thorough literature review, identify activities and strategies that support positive health outcomes in communities throughout Appalachia. These should include evidence-based practices and be supplemented with key informant interviews to form a well-integrated set of activities, practices, and strategies. Additional approaches for identifying appropriate activities, practices, and strategies are welcome and encouraged.

Objective 3: Recommend practical actions and strategies that support positive health outcomes, targeted to the key stakeholder groups.

Using the findings from Objectives 1 and 2—with support from a literature review, interviews with key informants, and other methodologies as needed—recommend practical actions, strategies, and evidence-based practices that support positive health outcomes and address the challenges identified in Objective 1. These recommendations must be targeted to at least three key groups: community leaders, funders, and policymakers. As noted above, suggestions for the inclusion of other key groups are welcome, though not required.

The recommendations must be practical in that the implementation of these strategies and activities must be possible at the local level—for example, recommending the expansion of Medicaid or other major restructuring of the health care delivery system, which requires state and federal action, would not be appropriate as a recommended strategy. However, teams are encouraged to bear in mind the national and state health policy landscapes as actions and strategies are recommended. The supporting literature review should include a focus on rural communities and the implementation of evidence-based practices in low-resource areas. Suggestions for additional methodologies to gather information, such as engaging stakeholders, are welcome and encouraged.

This project is expected to begin in October 2018, with a planned release of the final report in January 2019. The goal is to present this work the week of February 4, 2019.

Deliverables

The expected deliverables are:

1. A written report (or reports) comprising Objectives 1, 2, and 3, targeted to the each of the key stakeholder groups. The final report (or if multiple reports, the combined total) should not exceed 50 pages.
2. A database containing any data or analyses associated with Objective 1 that are not already part of the previous reports.
3. At minimum, two in-person meetings at ARC's Washington, DC office: a kick-off meeting and a presentation of final results.

The report(s) must be professionally written, edited, proofread, and designed. The report(s) must be visually appealing and designed and written for a general audience. All work must be of the highest quality.

2.3 Submission Instructions

To be considered complete, an application must include all information requested in Section 3 below. The proposal should be typed in black, 12-point font. **PLEASE KEEP YOUR PROPOSAL TO TEN (10) OR FEWER TOTAL PAGES, INCLUDING THE COVER PAGE.**

2.4 How to Submit

Proposals must be received by **5 PM EDT on September 14, 2018**, at mshircliffe@healthy-ky.org, and please copy AKerley@healthy-ky.org.

All proposals must be submitted electronically. Late submissions will not be accepted. Hard-copy submissions will not be accepted.

Receipt of proposals will be acknowledged via reply email within 48 hours. If you do not receive a reply email confirming receipt of proposal, please contact the Foundation for a Healthy Kentucky by calling 502-326-2583.

2.5 Questions

Questions about contracting or the submission process should be directed to Vice President of Operations and Administration, Mary Jo Shircliffe at mshircliffe@healthy-ky.org.

1640 Lyndon Farm Court, Suite 100
Louisville KY 40223
Phone: (502) 326-2583

Questions about the research project, including scope of work, methodology, or the “Creating a Culture of Health in Appalachia” initiative should be directed to Julie Marshall, PhD, Senior Economist, Appalachian Regional Commission, at jmarshall@arc.gov.

2.6 Partner Roles

The research project will be managed by ARC; the research team will be required to submit progress reports and coordinate with ARC regarding all aspects of the research. The Foundation for a Healthy Kentucky will oversee the contract, process invoices, and disburse payments.

2.7 Reimbursements

The Foundation will not reimburse applicants for any costs incurred in connection with preparing proposals in response to this RFP.

2.8 Schedule

The following table details the schedule of events and activities associated with this RFP:

RFP Issued	August 21, 2018
RFP Responses Due	September 14, 2018 by 5:00 pm EDT
Finalist Interviews	Weeks of October 1, and October 8, 2018
Selected Recipient Notified	Week of October 8, 2018
Project start date/Kick-off meeting	Week of October 15, 2018
Draft Report Outline	November 5, 2018
First Draft Report	December 7, 2018
Draft Full Report	January 4, 2019
Final Report and Final Presentation	Week of January 21, 2019

3. Proposal Format and Content

3.1 Proposal Outline

Elements of the proposal should be presented in the following order:

- Cover Page (Use form provided)
- Overview
- Scope of Work
- Budget
- Staff Credentials
- References

Each of these Sections is described below.

3.2 Cover Page

Using the form provided, please provide the name(s) of the applicant organization(s) and point of contact information. Teams should list all team members and contact information for each (to include name, title, organization, street address and P.O. Box if any, e-mail address and telephone number, with extension if any). When submitting point of contact information, please provide both a business/financial and technical point of contact, if they are not the same person. If additional space is needed to list multiple project applicant team members, an addendum to the Cover Page may be attached and will not be counted as an additional page.

3.3 Overview

Provide an introduction to the contents of your proposal, the proposed approach, and its benefits.

3.4 Scope of Work

This section should include:

- Detailed description of the specific activities proposed for each of the Objectives;
- Methodology and sources. In this section, please describe your proposed methodology, any additional data sources, and approach to completing each of the Objectives. Clearly identify any barriers to completion, and how these will be overcome;
- A detailed work plan and schedule for milestones and deliverables;
- How study progress and findings will be reported to ARC and the Foundation; and
- Detailed recommendations for the structure and design of the final report(s).

3.5 Budget

The budget for this research project may not exceed \$75,000. Proposals should include a detailed budget and budget narrative for the proposed work, including project management, communications, report preparation, travel to Washington, DC for a kick-off meeting and final presentation, and so forth. If different functions are performed by staff compensated at different rates, please clearly indicate the hours of effort to be provided on the project by each staff

member. **Administrative overhead may not exceed 10 percent of the grant.** Please begin this section on a new page so that it can be separated from the main body of your proposal.

3.6 Staff Credentials

Provide resumes or curricula vitae for each of the principals on this project—these documents should be provided in a separate section from the proposal narrative and are not included in the ten-page maximum. For other personnel who may be retained to assist on the project, please specify the minimum qualifications required in terms of education and experience/proficiencies. Please specifically address past experience with relevant research; health policy research; and the proposed methodology and data sources. The research team must have demonstrated competency and experience in the proposed methodology, data sources, and subject matter.

3.7 Prior Experience

Provide three examples of similar reports or projects this team has contributed to or completed. If the policy component is part of a larger report, provide the link to the entire report, noting the relevant portions.

3.8 References

Provide a minimum of three professional references for whom you have completed similar projects. For each reference, please indicate:

- Contact name and title
- Organizational affiliation
- Address, current telephone number (with extension, if any), and e-mail
- Brief description of the project completed for that organization
- Duration of project and year of completion

3.9 Proposal Review

All proposals will be evaluated based on the following criteria:

- Complete, clearly articulated, and logical study design;
- Qualifications, relevant prior experience, command of existing research on health, health policy, and regional development issues, and an ability to present findings in a useful manner;
- A credible management proposal for staffing, and the capability to carry out and support the project in a timely fashion; and
- The cost effectiveness of the proposal.

Members of the RFP advisory committee will review proposals and make recommendations on selection of a contractor research team based on the criteria above.

COVER PAGE

**Creating a Culture of Health in Appalachia:
Disparities and Bright Spots Proposal
Due: September 14, 2018**

NAME OF LEAD ORGANIZATION:			
STREET ADDRESS:			
CITY, STATE, ZIP:			
BUSINESS CONTACT NAME & TITLE:			
PHONE/EXT.:		EMAIL:	
TECHNICAL CONTACT NAME & TITLE:			
PHONE/EXT:		EMAIL:	
FAX:		WEB:	http://
ANNUAL OPERATING BUDGET:	\$	EIN:	
	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Other, please describe on line below ↓	
TAX ID NUMBER:			
PROJECT TITLE:			
PROJECT TIME FRAME (m/d/y – m/d/y):			
ESTIMATED PROJECT BUDGET:			
PROJECT DESCRIPTION (50 words):			