

**Michigan Department of Community Health**

Request for Proposals (RFP)

for

Policy and Environmental Assessment, Planning, and Implementation Initiatives to Increase Physical Activity, Healthy Eating and Tobacco Free Lifestyles

Issued:

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Due:

January 24, 2005

Cardiovascular Health, Nutrition and Physical Activity Section  
Division of Chronic Disease and Injury Control  
Michigan Department of Community Health  
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## **Part I**

### **General Guidelines and Information**

#### **Introduction and Purpose**

The Cardiovascular Health, Nutrition and Physical Activity Section of the Division of Chronic Disease and Injury Control, Michigan Department of Community Health (MDCH) issues this Request for Proposals (RFP).

The purpose of this RFP is to provide interested applicants with sufficient information to enable them to prepare and submit proposals for consideration by the State of Michigan that focus on the prevention of cardiovascular disease (CVD) morbidity and mortality through policy and/or environmental changes. Proposals submitted in response to this RFP should involve plans for community assessment using tools provided by the Cardiovascular Health, Nutrition and Physical Activity Section; development of a three-year implementation plan focused on policy and/or environmental changes that emphasize healthier eating, physical activity and tobacco free lifestyle; and possible initiation of implementation plan activities, per the guidelines specified in Part II.

- The ultimate goal is to change the policies and environment of the community so that it supports increased physical activity, healthier eating and a tobacco-free lifestyle.

#### **Background**

##### **Michigan's Burden**

Cardiovascular disease (CVD) is the number one cause of death in Michigan. CVD comprises a wide variety of heart and blood vessel diseases, such as coronary heart disease, hypertension and stroke. Heart disease and stroke, in particular, account for the vast majority of CVD. In 2002, heart disease and stroke killed 32,217 Michigan residents, more than cancer, accidents, pneumonia, influenza, chronic obstructive pulmonary disease, and diabetes mellitus combined. Furthermore, CVD imposes a heavy economic burden on Michigan; direct and indirect costs are estimated at \$12.9 billion.

Obesity (a body mass index  $\geq 30$ ) represents a significant risk factor for CVD as well as many other diseases and serious health problems. Rates of obesity have risen dramatically in recent years. In 2002, over one quarter of Michigan adults were obese. Particularly alarming is the increase in obesity rates among children; overweight among children 6 to 11 years has more than doubled and more than tripled among adolescents in the past twenty years. In Michigan, almost one-quarter of students in grades 9-12 and are at risk of becoming overweight or are already overweight. Because children who are overweight at 6 years and older have more than a fifty percent chance of experiencing obesity as adults, these statistics are especially distressing.

Fortunately, CVD and obesity are largely preventable. Modifiable risk factors for both include inactivity and unhealthy eating. However, tobacco use remains the number one cause of cardiovascular disease. Currently, approximately 24% of Michigan adults smoke. In 2002, data revealed that almost one-quarter of Michigan adults engaged in no leisure time physical activity and over three-quarters did not eat at least five servings of fruits and vegetables per day.

In order to address these risk factors, our communities must become more supportive of healthy eating, physical activity and elimination of tobacco use and exposure. Innovative strategies that involve changes to policies and the social and physical environment hold promise for reversing these trends. Recognizing that the desire to perform a behavior does not always result in behavior change, these strategies seek to make it easier for people to be active, eat well, not smoke and avoid secondhand smoke exposure throughout their communities.

## What is a Policy or Environmental Approach?

Historically, disease prevention efforts have focused on motivating “high risk” individuals to change their lifestyles without attempting to alter the social or physical environments that significantly influence the individual’s health choices. This medical model focuses on clinical care and education of the individual. By contrast, the public health model has a strong tradition of preventing disease and disability in populations by enhancing the social and physical environment through policy changes. Throughout the history of public health there are examples of policy changes that reduced morbidity and mortality. For example, the development of sanitation standards, passing occupational safety regulations, federal regulations to reduce sources of lead contamination, and passage of seat belt laws were policy changes to improve the health of our communities.

As it becomes more and more clear how closely an individual’s health is linked to the social and physical environment, any sustained health behavior change in individuals or populations must include changes in the environment that support those behaviors. Public health has come to recognize the limited and short-term effectiveness of individual focused interventions such as counseling, classes, or health fairs. Evidence-based public health is moving to a policy and environmental approach to address the major behavioral risk factors for cardiovascular disease and other chronic diseases.

The more basic principal of this approach is that public health practitioners and advocates must bring about changes “beyond” the individual and venture into bringing about community and society level changes. Any health promotion strategies directly targeting social or physical environments at the community or society level that influence behavior can be considered policy and/or environmental interventions. Policy changes and changes in the environment are the most effective strategies for having the greatest impact on improving health behaviors. Creating supportive environments is more cost effective than targeting to individuals or groups with health promotion messages.

Program objectives that promote policy and environmental changes are population-based in that they affect many people rather than focusing on changing the behavior of one person at a time. Policy level initiatives, whether they are formal or informal, public or private, are generally the most effective strategies to bring about changes in the social and physical environments of a community. Such changes in the social and physical environment will support individuals in making positive choices about their personal health behaviors.

The concept of policy and environmental change intervention can be confusing to public health professionals as well as lay public. The following is a **brief listing of examples** of policy and environmental changes.

- ✓ Policy and Environmental Changes (PEC) – Today’s environment often discourages healthy behaviors such as physical activity and healthy eating. Our communities accommodate the automobile and not walkers and bikers; and our communities make high-calorie, high-fat food readily available. PEC address barriers to these healthy behaviors in an effort to improve community conditions and make it easier for individuals to adopt healthy behaviors.
  - ◆ Increase access to places that are safe and convenient for people to walk (walking trails, sidewalks, pedestrian crosswalks, policies that allow local school gyms to remain open after hours for walking, etc.).
  - ◆ Increase access to fresh and affordable fruits and vegetables (community gardens, farmer’s markets, coupons for produce, etc.).
  - ◆ Increase a community’s capacity to use walking and/or bicycling for transportation to work and other valued destinations (bike lanes, signage, bike racks)

- ◆ Encourage businesses to prohibit indoor smoking and offer incentives to employees to quit smoking.
- ◆ Encourage restaurants to provide nutrition information about all new items and to ban smoking or increase the percentage of non-smoking space.
- ◆ Increase physical activity and healthy eating options and eliminate tobacco use throughout entire school systems.
- ◆ Enact an ordinance or regulation to ban smoking in all public places.

### **What is Public Health's Role in Making These Changes?**

Public health professionals can play many different roles in influencing policy and environmental changes. Some of these roles might be: providing data; conducting needs assessments; bringing together interested parties to develop plans to build commitments to problem solving; coordinating aspects of interventions, and evaluations within a community; educating the public; and advocating for specific policy and environmental change strategies. No matter how motivated or passionate one group may be, policy and environmental changes cannot be accomplished in isolation. Collaboration and sustained commitment of community partners are essential to creating policy and environmental changes in communities.

Some final points related to the changing role as a public health practitioner working in health promotion:

- Because most public health interventions targeting healthy eating and physical activity habits have focused on educational programs for individuals and groups, many health departments will need to transition their health education programs to promote policy and environmental interventions.
- The need for affordable behavior change and lifestyle modification programs for individuals and groups will continue. Public health practitioners should be aware of and promote the many programs and healthcare settings outside of public health that provide these services. Ideally, individual behavior change programs and policy/environmental approaches will complement each other.
- PEC interventions present new and pioneering work for public health practitioners and may require developing new skills as well as educating your agency and community partners about this new approach.

### **Date Due**

In order to be considered for funding, proposal packages must *arrive* at the Cardiovascular Health, Nutrition and Physical Activity Section (Rm. 126), Division of Chronic Disease and Injury Control, Michigan Department of Community Health, PO Box 30195, 3423 N. Martin L. King Jr. Blvd., Lansing, MI 48909, by 5:00pm on January 24, 2005. Faxed or e-mailed copies are not acceptable. Proposals postmarked by January 24, 2005, but not received by that date, will **NOT** be considered.

### **Eligible Applicants**

Eligible applicants are all Michigan local public health departments.

### **Funding**

The applicant will be funded for a period of 7-12 months based on the scope of the proposal. Contracts will begin March 1, 2005. All proposals will be reviewed on a competitive basis. It is anticipated that approximately five to ten projects will be funded in the amount of \$50,000 – \$100,000 per award, depending on the size of the jurisdiction to be impacted and scope of the proposed project. Projects that submit acceptable plans and budgets may receive additional funding for up to 3 years to implement planned interventions – contingent upon the availability of future funds.

These subsequent grants are expected to range from \$50,000 - \$200,000 annually, depending on the size of the jurisdiction and number of communities, the scope and quality of the action plan and its priorities, and commitment to tackle additional healthy lifestyle priorities as initial goals are achieved. These subsequent grants will require local matching funds.

### **Submission Process**

Applicants must submit a complete response to this RFP. Such a response must be consistent with the purpose of the RFP and must follow the format described in this document. **One original and 3 copies of the proposal must be submitted by the deadline.** The proposal should be prepared simply, providing a concise description of how the applicant will meet the requirements of the RFP. **The proposal should be double-spaced with type no smaller than 12-point font and must not exceed 7 pages, plus the 2 budget forms enclosed with this RFP.** Additional materials may be placed in the appendices including letters of support. Fancy or costly bindings, cover art, etc. are not necessary or desirable.

### **General Criteria for Evaluation of Proposals**

Proposals will be selected for funding on the basis of overall merit, using the evaluation and review criteria specified in Part II of this RFP. Conciseness and clarity of expression will contribute to a favorable review of the proposal, as well as close adherence to the format presented in the instructions in Part II.

### **Administrative Guidelines**

- A. Type of Contract – This contract will be a cost reimbursement contract.
- B. Incurring Costs – The MDCH is not liable for any costs incurred by the applicant prior to issuance of a contract fully signed by all parties.
- C. Rejection of Proposal – The MDCH reserves the right to reject any and all proposals received as a result of this RFP, or to negotiate with any source in any manner necessary to serve the best interests of the MDCH. The contents of this RFP and the proposal will become contractual obligations, if a contract ensues. Failure for the contractor to accept these obligations may result in cancellation of the award.
- D. Notification of Award – All applicants will be notified in writing of the results of the selection process.
- E. Contractor Responsibilities – An applicant whose proposal has been selected for contract will be required to assume responsibility for all services offered in their proposal. Moreover, the contractor shall indemnify and hold harmless the MDCH and its agents and employees from and against all claims, damages, losses, and expenses including attorneys' fees arising or resulting from the performance of work, which includes all labor, material, and equipment required to produce the service required by the contract. The MDCH will consider the selected applicant to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. All subcontracts entered into by the applicant, subsequent to the contract award, must have prior approval by the MDCH.

Agencies awarded a contract under this RFP will be expected to:

1. Collaborate with partners to utilize assessment tools outlined in Part II and create a strategic action plan based on the results of the assessment.
2. Where activities supported by this agreement produce brochures, books, films, or other copyrightable materials issued by the awardee, the awardee must provide MDCH and their

agents with royalty free, exclusive, and irrevocable right to reproduce, publish, or otherwise use and to authorize others with prior MDCH approval to use any copyrighted or copyrightable materials developed fully or in part under the grant.

3. Acknowledge receipt of support from MDCH in any articles or publications that result from the grant.
  4. Maintain adequate program and fiscal records and files including source documentation to support program activities and all expenditures made under the terms of the grant.
  5. Provide quarterly progress reports to the Cardiovascular Health, Nutrition and Physical Activity Section that will refer directly to the work plan activities and performance indicators.
  6. Attend 3 – 4 meetings/trainings provided by MDCH staff.
- F. Contract Payment Schedule – Financial status reports, which reflect actual expenditures, shall be prepared and submitted to the MDCH on a monthly basis for payment. All invoices should reflect actual work done. The payment schedule will be established with significant project benchmarks. Specific details of invoices and payments will be agreed upon between the MDCH and the contractor after the proposed Contract Agreement has been signed and accepted by both the contractor and MDCH.
- G. Project Control and Report – The Cardiovascular Health, Nutrition and Physical Activity Section manager and staff will confer at mutually agreed upon intervals for the purpose of reviewing progress, providing guidance to the contractor in solving problems that may arise, and in evaluation of the program. The contractor will submit written quarterly reports to the Contract Manager in a format provided by MDCH. The contractor will also submit a final report, summarizing and documenting all project activities within 30 days of the end of the contract period.

#### **Where to Obtain Additional Information and Assistance**

Additional information and assistance can be obtained by contacting Rochelle Hurst at the Michigan Department of Community Health, Division of Chronic Disease and Injury Control, phone: 517-335-9811, e-mail: HurstR@michigan.gov.

## **Part II Proposal Instructions, Format, and Evaluation Criteria**

### **General Content Requirement**

The instructions described below must be followed in the preparation of the proposal. Please organize your proposal and number the pages so that each of the following categories (A, B, C, etc.) can be readily identified. Be sure to include the information requested under each category. Use the questions under the Review Criteria to assess whether the proposal is complete and consistent with the intent of the RFP. Reviewers will use these questions to evaluate and rank your proposal out of a total of 77 possible points. Do not assume that reviewers will be familiar with your community, your agency, or your previous activities.

### **Proposal Content Categories**

#### **A. Proposal Summary**

The summary must clearly state the following information:

- Agency name

- Name of contact person
- Address
- Telephone number
- Fax number
- E-mail (if available)
- Summary of project: brief statement indicating which assessment(s) will be used and in what venue(s).
- Amount requested
- Project timeframe (7 or more months)

**B. Agency Profile (9/77 points)**

Provide a brief summary of why you feel your health department is ready to take on this project. Detail previous experience working in the field of policy and environmental change, cardiovascular health, obesity, physical activity, healthy eating and/or tobacco reduction, especially where it relates to collaborating with community partners. Incorporate into this profile a statement regarding your understanding of policy and environmental change.

Review Criteria: Does the agency demonstrate readiness to undertake this project, detailing a history of experience working in cardiovascular health, physical activity, nutrition and/or tobacco reduction through policy and environmental change? Does the applicant demonstrate a history of effective collaboration with community partners? Does the applicant demonstrate an understanding of what policy and environmental change entails?

**C. Background and Need (12/77 points)**

Describe the need in your county as it relates to cardiovascular health, physical activity and healthy eating and tobacco reduction. Identify particular target areas in your jurisdiction you will focus on that may experience a greater burden of cardiovascular disease. Where possible, support all statements with local data. Describe any substantial work that has been accomplished in these three areas, including major achievements.

Review Criteria: Does the applicant show sufficient expertise and knowledge of the problem within the population? Does the applicant identify target areas and adequately describe the specific need in these areas? Does applicant identify accomplishments/achievements in any of the three areas?

**D. Proposed Program (20/77 points)**

Please read through the information below and complete the attached chart.

Your proposal must include plans to complete the **Healthy Community Checklist (HCC)**. The HCC is a new tool developed for communities interested in taking a combined look at the physical activity and nutrition environments as well as tobacco policies. The HCC will assist you in determining your area(s) of priority (healthy eating, physical activity or tobacco reduction) as well as provide ideas on how to improve policies and environmental support for these areas. In order to develop a detailed plan for the community, it is recommended that the community partners complete one of the other assessments listed below. These will provide a more in depth assessment related to a priority area, proposed interventions and suggested resources to develop a comprehensive plan. The HCC and other assessments listed below can be found at [www.mihealthtools.org](http://www.mihealthtools.org).

**Promoting Active Communities (PAC):** A comprehensive online community self-assessment designed to identify barriers related to physical activity and to support communities in developing actions they can

take to make it easier for people to be active – from zoning rules to worksite wellness to education offered by medical providers.

**Nutrition Environment Assessment Tool (NEAT)** Assesses environmental factors and policies at the community level that support healthy eating. The tool explores practices at restaurants such as availability and menu identification of healthy items; offerings at grocery stores; availability of farmer’s markets, etc.

**Smoke-Free Community Assessment Tool (SFCAT)** Assesses the smoke-free policy status of local municipalities, work sites, schools, and college campuses, as well as support of smoke-free environments by local public officials.

Tools/Settings: The applicant may use one tool in one setting, one tool in multiple settings, or multiple tools in multiple settings. Your decision regarding which tool(s) to implement and in what setting(s) should take into account your capacity as a health department (previous groundwork accomplished), the strength of your partnerships, the resources of your target site, and community need. **Applicants are encouraged to consider large communities or cities within a county, or the entire county as a setting.**

Partners: The applicant should identify multiple partners with whom the assessment, planning, and implementation process will be conducted. Partners may be a group of individuals brought together for the purposes of this project and/or already established community groups or coalitions that can meet this need. It is important to have interdisciplinary representation from community leaders who can assist with assessing, supporting and implementing physical activity, nutrition and tobacco reduction programs, policies and changes in the environment. Consider representation from: zoning and planning boards, parks and recreation departments, local colleges/universities, law enforcement, healthcare, school districts, key businesses, media, local transportation, faith-based organizations, health coalitions, residents (all ages), health clubs, farmers, city engineering, policy makers, community leaders, voluntary organizations such as the American Heart Association, etc.

Strategic Action Plan/Plan Implementation: By the end of the planning period and based on the results of the assessment project(s), you and your partners will develop a three-year evidence-based plan of action to address the priority areas needing improvement, considering issues such as feasibility, impact of potential changes, resources, etc. The plan should include measurable objectives and strategies to achieve the specific objectives. Implementation of plan strategies may begin during this first fiscal year if prior groundwork has been achieved. **It is expected that year one of the action plan will focus on the top priority area resulting from the assessment (healthy eating, physical activity or tobacco). In year two and three, projects are expected to tackle the additional healthy lifestyle priorities as initial goals are well underway or achieved.**

**Proposed Program (should be placed in a chart format including the following information):**

Tool*	Venue(s) <sup>+</sup>	Venue Information <sup>+</sup>	Reason/Need <sup>^</sup>	Partners <sup>~</sup>

\*Tool: Indicate by name (HCC, PAC, NEAT, SFCAT) the tool you intend to use.

+Venue/Information: Provide the name of the community or county in which you will be implementing the tool. Provide demographic information about the chosen venue. You are encouraged to focus on large cities or communities as a starting point.

^Reason/Need: Briefly indicate why you chose this venue in terms of their need and readiness to address cardiovascular health risk factors in this manner.

Partners: State the names and affiliations of the partners that will be involved in the assessment and planning process. You are strongly encouraged to include your local American Heart Association as a partner where possible.

Process:

- Convene local community leaders, stakeholders and policy makers
- Complete community assessment process relative to physical activity, healthy eating and/or tobacco reduction
- Achieve consensus on priorities resulting from assessment process
- Develop action plan focused on implementing policy and environmental changes that support healthy behaviors

If you have already accomplished the above through a similar process and are ready to move ahead, please justify and explain.

Review Criteria: Does the applicant plan to use the appropriate assessment tools in at least one venue, with adequate information and a rationale for this choice? Are venues specifically identified with adequate demographic information? Does the applicant provide adequate rationale for the choice of each venue, reviewing need and readiness? Are multiple partners with a variety of backgrounds listed?

**E. Plan Justification** (12/77 points)

As indicated above, you may use one tool in one setting, one tool in multiple settings, or multiple tools in multiple settings. Please justify your decision regarding which tool(s) to implement and in what setting(s), taking into account your capacity as a health department (previous groundwork accomplished), the strength of your partnerships, the resources of your target site, and community need.

Review Criteria: Does the applicant describe sufficient staff, resources, and partnerships to justify the use of one tool in multiple settings or multiple tools in multiple settings or does the applicant sufficiently justify use of only one tool in one setting?

**F. Letters of Support** (14/77 points)

Collaboration is crucial to this proposal. Please provide letters of support from key stakeholders. Their letters should demonstrate an understanding of the role they will play in the assessment, planning and implementation processes.

Review Criteria: Does the applicant provide letters of support from most of the partners listed? Do the letters of support demonstrate the partner's understanding of their role in the assessment and planning process?

**G. Budget Justification** (10/77 points)

The amount requested may range from \$50,000 to \$100,000. Agencies have two options: 1) complete the assessment(s) and implementation plan during this funding cycle, or 2) complete the assessment(s) and implementation plan *and* begin to initiate implementation of the plan. The decision to choose option one or two should be based on issues of capacity and readiness such as whether or not an agency has an established coalition and active partners, the extent of previous experience working on policy and

environmental changes, available staff, relationships with the proposed venues, etc. Agencies choosing option two are encouraged to set aside funds to initiate implementation of policy and environmental changes – as the nature of the funds will depend on the plan, they may be designated for “implementation of policy and environmental changes.” Indicate and briefly justify the option you are choosing. While preference will not be given to agencies choosing either option, budgets should be consistent with your choice.

Include an explanation and justification for each item listed on the attached budget forms (**Attachments B1, B2**). Identify any resources supplied by the applicant agency, or other funding sources that will be utilized for this project, in addition to those requested under this RFP. Funds may support new staff, or reassigned staff dedicated to this project. The budget justification must be realistic, but not excessive. Specify any in-kind contributions.

Review Criteria: Does the applicant indicate and adequately justify their choice of option one or two? Is the amount requested adequate, but not excessive? Are there sufficient resources to support the project as planned? Are other funding sources identified?