

Michigan Department of Community Health

Request for Proposals (RFP)

for

Heart Disease and Stroke Projects

Issued:

July 28, 2006

Due:

August 31, 2006

Heart Disease and Stroke Unit
Cardiovascular Health, Nutrition and Physical Activity Section
Division of Chronic Disease and Injury Control
Michigan Department of Community Health
109 Michigan Avenue, Sixth Floor
P.O. Box 30195
Lansing, MI 48909
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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) is releasing this Request for Proposals (RFP).

The purpose of this RFP is to support projects that will help prevent and/or control heart disease and stroke and risk factors associated with these diseases. In addition to stroke and heart disease, responses to this RFP may be in the following: hypertension, congestive heart failure, peripheral artery disease, obesity, physical inactivity, unhealthy eating, and hyperlipidemia. This RFP will award one-time only projects. Therefore, applicants should utilize this RFP to expand existing successful cardiovascular disease (CVD) projects or fill an emerging need that will have a positive outcome in a one-year timeframe. Emphasis is on clinical projects that might include quality improvement initiatives, higher risk populations, application of CVD evidence-based guidelines, promising practices and models in new areas, or use of culturally appropriate/health literacy concepts in educational materials or tools in CVD clinical settings. Potential project examples are listed below.

Background

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 2004, heart disease and stroke killed 30,086 Michigan residents. Furthermore, CVD imposes a heavy economic burden on Michigan; direct and indirect costs are estimated at \$13.9 billion.

Fortunately, the majority of heart disease and stroke can be prevented. Most of the major risk factors for these diseases are modifiable including: cigarette smoking, physical inactivity, high blood pressure and high blood cholesterol, poor diet, overweight and diabetes. Unfortunately, nine out of ten Michigan adults have at least one of the major CVD risk factors. Additionally, national studies have shown only about 1/3 of high blood pressure patients have their blood pressure controlled and only about half of our population is receiving the recommended preventive and chronic disease care they should. Congestive heart failure, a complex and growing health problem, is reported as the leading cause of preventable hospitalizations. Much can be done to lessen the burden of CVD by focusing efforts on managing the risk factors and improving the quality of care provided to those at risk for, or with, heart disease and stroke.

Examples of Potential Projects

Please bear in mind that the following is a listing of possible options available for this RFP. Do not feel limited by this listing. Any project that accomplishes the purpose of this RFP is welcomed.

- ◆ **Quality improvement projects:** Those targeting hypertension, elevated cholesterol, heart disease, stroke, or other cardiovascular disease risk factors. Projects that advance the application and testing of change strategies based on quality improvement programs in a clinical or hospital setting.

- ◆ **Higher risk populations:** Those projects focusing on building capacity in the areas of heart disease or stroke, especially those regions with unusually higher mortality rates, for example stroke mortality in rural areas, African American populations and CVD and other high-risk groups or regions of the state.

- ◆ **Stroke and EMS projects:** Those focusing on improved care, communication and/or transit time between EMS and emergency departments for ischemic stroke patients.
- ◆ **Primary care practices:** Projects that apply successful behavioral intervention models such as the 4 A's, in a combined CVD risk assessment/intervention for patients. For example, primary care clinicians would consistently assess and have established interventions/protocols for all patients that focus on tobacco control, weight management/advice, increasing physical activity and healthy eating.
- ◆ **Innovative Project:** Those that use new approaches or innovative strategies to improve control of hypertension, congestive heart failure or other topics outlined in the RFP.
- ◆ **Health literacy principles:** Projects that apply and test CVD educational material and interventions emphasizing health literacy principles in clinical settings. Educational/training programs designed to increase the knowledge and skills of clinicians.
- ◆ **Childhood overweight/obesity clinical standards:** Projects using consensus standards for clinical evaluation and management of childhood/youth overweight/obesity or self-study training (example: CD) program using evidence-based standards to determine height/weight and calculation of BMI for children and youth.
- ◆ **Shared decision making/self-management projects:** Those that use these concepts and techniques with high-risk patients in the areas of hypertension, hyperlipidemia or congestive heart failure.
- ◆ **Professional academic education projects:** Those that improve the skills and knowledge of physicians and nurses to better address the issues of heart disease and stroke prevention and control.

Funding

Funding in this RFP will be for a period of 12 months, beginning October 1, 2006 and ending September 30, 2007. It is anticipated that several projects will be funded with awards in amounts from \$25,000 up to a maximum of \$100,000 for one-time only awards. All proposals will be reviewed on a competitive basis.

Date Due

In order to be considered for funding, proposal packages must *arrive* at the Cardiovascular Health, Nutrition and Physical Activity Section, Division of Chronic Disease and Injury Control, Michigan Department of Community Health, PO Box 30195, Sixth Floor, 109 Michigan Avenue, Lansing, MI 48909, by 5:00pm on August 31, 2006. Faxed or e-mailed copies will not be accepted. Proposals postmarked by August 31, 2006, but not received by that date, will **NOT** be considered.

Eligible Applicants

Eligible applicants are health agencies, primary care practices, community-based organizations, or statewide non-profit 501c(3) agencies with experience in cardiovascular disease prevention, treatment and control.

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 12-point font and must not exceed a total of 9 pages: 7 pages of the proposal, plus the 2 budget forms (Excel file) enclosed with this RFP.** Also attached is an example and instructions to complete the required budget forms. If necessary, 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. Implement a CVD prevention or project that has potential beneficial impact beyond the period of the award.
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 timely quarterly progress reports to the Cardiovascular Health, Nutrition and Physical Activity Section that will refer directly to the work plan activities and performance indicators. Report templates will be provided.
- 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, Heart Disease and Stroke Unit 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 reports to MDCH in a format provided by them. 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 Velma Theisen at the Michigan Department of Community Health, Cardiovascular Health, Nutrition and Physical Activity Section, phone: 517-335-8754, e-mail: thesienv@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 65 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).
- Focus of Project: (check as many as apply)
 - Stroke Heart Disease Hypertension Congestive Heart Failure Peripheral Artery Disease Overweight/Obesity Hyperlipidemia Physical Activity Healthy Eating
 - Quality Improvement Projects High risk Population Stroke and EMS Primary Care Practices Innovative Clinical Models Health Literacy and CVD Professional Academic Education Other _____
- Amount requested

B. Provider Profile (5/65 points)

Briefly describe the agency’s experience implementing programs related to cardiovascular health or the agency’s experience with improving quality of care as it relates to cardiovascular health. If your agency does not have previous experience in these areas, outline the qualifications of the agency to initiate work in these fields.

Review Criteria: Does the applicant have a history of providing programs and services consistent with the objectives of this RFP, or does the applicant sufficiently demonstrate why it is well-suited to implement this project?

C. Background and Need (10/65 points)

Provide an overview of the specific problem/risk factor you will address through this RFP. Who will you reach through your project? Be as specific as possible in defining the demographic characteristics, geographic location, and any other defining characteristics of your target population.

Review Criteria: Does the applicant show sufficient expertise and knowledge of the problem? Is the identified problem consistent with the intention of this RFP? Is there a clear understanding of the characteristics of the population to be reached?

D. Proposed Program (30/65 points)

- ◆ Provide a description of the proposed program. How will you be addressing the problem described in Part C?
- ◆ How does this project address the suggested topics/examples outlined in the RFP?
- ◆ How will this plan expand an already existing successful project or fill a current need that will have a positive outcome?
- ◆ Identify the key personnel who will be responsible for this project by name, title, and background.
- ◆ Provide a statement that describes how the impact of the program will be sustained after funding for this project ends.

Review Criteria: Does the proposed program adequately and thoroughly address the intent of the RFP? Does the proposed program have sufficient potential of addressing the problem detailed in Part C? Has the applicant demonstrated that the strategies in the proposed program are realistic and feasible? Does this plan expand an existing successful project? Are key personnel listed by name, title and brief background? Do key personnel possess relevant backgrounds for program implementation? Are ways of sustaining the program impact beyond project funding detailed?

E. Objectives and Evaluation (15/65 points)

All objectives should be specific, measurable, achievable, relevant, and time-phased. List the program objectives. Consider what type of changes you could measure that would show your project was successful. Detail how you will evaluate your project.

Review Criteria: Are the objectives measurable, realistic, and specific within the time specified for the project? Does the applicant provide an evaluation method? Is the method identified adequate to measure accomplishment of the stated objectives?

F. Budget Justification (5/65 points)

Include an explanation and justification for each item listed on the attached budget forms (Attachments B1 and 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. The budget justification must be realistic, but not excessive. Specify any in-kind contributions.

Review Criteria: The extent to which the budget justification is reasonable and consistent with the stated purpose and program objectives/activities.