Request for Proposal

Applications due: Friday February 4, 2022, at 5:00 p.m. PT / 8:00 p.m. ET

For further information on the Multi-state EHR-based Network for Disease Surveillance (MENDS) project, visit the MENDS website

A. Purpose
The National Association of Chronic Disease Directors (NACDD) seeks proposals from non-profit organizations, for-profit companies, and individual consultants with evaluation expertise to conduct an evaluation of the Multi-state EHR-based Network for Disease Surveillance (MENDS) pilot project.

Proposals must be submitted to NACDD by 5:00 p.m. PT | 8:00 p.m. ET on Friday, February 4, 2022. Successful applicants will be contacted/informed of selection by February 15, 2022.

NACDD will award funds to an evaluation subcontractor (evaluator) via contract. The contract purpose is to conduct evaluation activities and produce key evaluation deliverables/outputs: evaluation plan, evaluation tools, and evaluation report for MENDS.

B. Multi-state EHR-based Network for Chronic Disease Surveillance (MENDS) Overview

In 2018, NACDD initiated the MENDS pilot project, with funding from the Centers for Disease Control and Prevention (CDC).

MENDS is a distributed surveillance system that leverages electronic health record (EHR) data to generate timely prevalence estimates of chronic disease risk factors at national and local levels. MENDS prevalence estimates can be accessed by health departments and other authorized users for informing policies, monitoring trends, planning programs, and evaluating outcomes to improve the health of the population. MENDS implementation focuses on six key areas: governance, partnerships, technical infrastructure and support, chronic disease algorithms and validation, weighting and modeling, and workforce education for public health data users.

MENDS stakeholders include:
- MENDS project team partners including NACDD and Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC
- 5 Partner sites composed of data contributors (e.g., HIEs, other data aggregators) and data users (e.g., state and local health departments)
- Additional public health and healthcare stakeholders

For further information on the MENDS pilot project, visit MENDS website, including the public-facing, governance document approved by the MENDS Governance Committee.

C. Available Funding and Project Period

NACDD will fund one entity for no more than $90,000 in 2022. Of note, this sub-contract for evaluation is grant-funded and contingent upon NACDD funding. Funds have been approved for the project’s current fiscal year August 1, 2021 – July 31, 2022. The project period will begin as
early as February 2022. At time of award, the contract will likely reflect a first phase of the scope of work and include the evaluation plan as a key deliverable and expected to be finalized by May 31, 2022, for subsequent CDC review/approval (before end of current fiscal year). With an approved extension, key deliverables/outputs and their aligned activities described below will continue until December 31, 2022.

Disbursed funds are federal grant funds so contracted bidder must be in “good standing.” Any continuation of funding between project years is subject to contractor performance and availability of funds. Please note that NACDD cannot reimburse applicants for any incurred costs associated with proposal development in response to this RFP.

D. Evaluation Scope of Work Description including Key Evaluation Deliverables/Outputs

The evaluator will conduct activities that lead to the production of key evaluation deliverables/outputs – evaluation plan, evaluation tool(s), and evaluation report. The evaluation should apply steps of CDC’s Framework for Program Evaluation and incorporate surveillance evaluation recommendations (e.g., CDC Guidelines Working Group). The evaluator will be responsible for the following activities:

- Meeting bi-weekly with NACDD MENDS point of contact,
- Reviewing supportive MENDS project documentation and literature to inform the evaluation,
- Maintaining an organized folder of evaluation files,
- Refining evaluation questions,
- Preparing an evaluation plan,
- Developing evaluation tool(s) (e.g., interview guides, questionnaires),
- Scheduling and planning key informant interviews and/or focus groups,
- Facilitating discussions or presentations on 1-2 Governance Committee virtual meeting(s) as appropriate,
- Taking notes during evaluation related meetings with select MENDS stakeholders,
- Conducting data analysis theming and synthesis, and
- Writing an evaluation report that summarizes evaluation findings and provides actionable recommendations.

Collaboration with NACDD: The evaluator is expected to work closely with the NACDD MENDS project team throughout the project period. The evaluator will have access to supportive MENDS project documentation of assistance to the evaluation including process data and lesson learned summaries, annual workplans, a draft logic model, infographics and other visual concepts of the work, Smartsheet tracking method records (e.g., partner site progress, etc.), and additional metrics associated with project reporting. Each approved annual workplan includes process and outcome measures associated with CDC program strategies.

**Key Evaluation Deliverables/Outputs:** Evaluation plan, Evaluation tool(s), and Evaluation report that summarizes evaluation findings and provides actionable recommendations. The final evaluation report is expected to have a concise, practically meaningful design for use by stakeholder audiences.
Possible guiding questions to consider in the evaluation follow. They highlight the lens of this evaluation scope of work but will be refined during the development of the evaluation plan.

1) One aim of MENDS is to evaluate the feasibility of national chronic disease surveillance network using EHR data: What does success for MENDS as a pilot surveillance project look like? What are the key strengths that can move MENDS from a pilot phase to ongoing operations and be scaled for use in a national chronic disease surveillance tool? What are the key improvement strategies for MENDS to reach longer-term achievement and sustainability? What key lessons learned from MENDS shape future directions for working with EHR data and distributed networks for surveillance?

2) How is MENDS meaningful to partner organizations? To what extent did participation in MENDS have an impact on data sharing and information partnership practices at the organizational level? What factors at the organizational level contribute to sustainability of this type of partnership?

3) Is there an observable difference in the level of engagement and performance between partner sites? What factors contribute to progression?

4) What are the key strengths and limitations of MENDS existing chronic disease indicators? (Existing indicators of focus in MENDS are hypertension, smoking, statin use, diabetes, and obesity.) What additional indicators, including possible data points for understanding health disparities and social determinants of health, would be of most value to MENDS in any future enhancements?

5) What are the key use cases for using MENDS and/or EHR data? Has knowledge of use cases for using MENDS and/or EHR data increased among partner sites and additional stakeholders? How do use cases compare between public health and healthcare stakeholders?

6) How does MENDS align with public health surveillance system evaluation frameworks, like recommendations of attributes (e.g., data quality, representativeness) from the CDC Guidelines Working Group (2001) and other analyses (examples: systematic review)? To what extent does MENDS meet these attributes, and what are improvement strategies for MENDS surveillance system performance to better meet these recommendations?

E. Eligible Applicants and Submission Process
Eligible applicants include 501(c)(3) organizations, for-profit companies, and individuals with evaluation expertise.

Applications must be submitted via a PDF document as an attachment by email to NACDD by 5:00 p.m. PT | 8:00 p.m. ET on Friday, February 4 – send to: Amanda K. Martinez, Public Health Consultant at amartinez_ic@chronicdisease.org Hard copy and fax applications will not be accepted. Successful applicants will be contacted/informed of selection by February 15, 2022.

For any questions about this application, also contact Ms. Martinez at amartinez_ic@chronicdisease.org

F. Application Instructions and Content Requirements
Please submit application in Times New Roman 12-point font, with exception of the Budget which may be of smaller font size.
The application’s total number of pages inclusive of cover page (excluding evaluation samples, bios, and budget) is 6-9 and includes the following:

1. Cover page that includes:
   a. Name of the applicant organization, firm, or individual consultant
   b. Name and contact information for project lead
   c. Name and contact information for fiscal agent lead
   d. Name and contact information of organization/entity that will act as fiscal agent
   e. Name and contact information for the organization’s signatory (even if the same as above)
   f. FEIN and DUNS#

2. Capacity, Experience, and Relevant Expertise. *Approximately 2-3 pages not including evaluation samples and team bios.*
   a. Rationale for why you would be a good fit to conduct this evaluation as described above, providing information on your background evaluation experiences and capabilities. Required and preferred evaluation experience:
      • Evaluation experience of national and/or state level public health projects is required
      • Evaluation experience in chronic disease prevention and management is strongly preferred. Experience in public health surveillance and/or data modernization is also strongly preferred.
      • Evaluation experience working with large stakeholder groups including governance committees or information partnerships is strongly preferred
      • Previous experience with NACDD and/or CDC in an evaluation or communications capacity is preferred
      • A qualified individual is eligible to apply, but an evaluation-focused organization is preferred
   b. 1-3 Evaluation Samples. The samples (e.g., peer-reviewed publication, white paper, evaluation summary, etc.) should demonstrate a depth of critical thinking, data analysis, and writing skills. These can be links to 1-3 online evaluation samples.
   c. Bios of primary person(s) responsible for contract and bios of any additional staff/consultant(s) who will play a significant role contributing to the evaluation.
   d. References. List of 2-3 references from clients of completed projects and their contact information.

3. Proposed Workplan and Timeline. *Approximately 2-3 pages.* The timeframe of the project is 2022. The evaluation plan developed in collaboration with NACDD must be finalized by May 31, 2022, for subsequent CDC review/approval. Please break out timeline and budget into two phases: 1) the first phase culminating in an evaluation plan and carrying evaluation work through July 31, 2022, followed by 2) the second phase culminating in an evaluation report, with an approved extension after July until December 31, 2022.

4. Budget with Budget Justification. *Approximately 1-2 pages (budget justification).* The proposal is not-to-exceed an amount of $90,000 to complete the full evaluation scope of work. The proposal should include all fees associated with the project and detail key evaluation deliverables/outputs – evaluation plan, evaluation tool(s), and evaluation report.
Workplan, timeline, and budget should also assume 2-3 rounds of revisions of key evaluation deliverables/outputs by NACDD and coordination with a Governance Committee and 30-day clearance of CDC. All activities will be conducted remotely and utilize virtual platforms and collaborative workspaces.

Additional application items beyond those listed above will not be reviewed. Late applications (electronically stamped by the sender after Friday, February 4, 2022 at 5:00 p.m. PT | 8:00 p.m. ET) will not be reviewed.

G. Application Review Criteria.
Applications will be reviewed and scored based on the following criteria and percentages. Included here is a sample of the criteria for Capacity, Experience, and Relevant Expertise that will support selection of the evaluator.

1. Capacity, Experience, and Relevant Expertise (40%)
2. Workplan (20%)
3. Timeline (20%)
4. Budget/Budget Justification (20%)

Capacity, Experience, and Relevant Expertise:
- Organizational capacity and individual/project team capabilities
- Years in business
- Partnerships and past clients
- References
- Evaluation sample
- Additional considerations:
  - Work on national and/or state level public health projects
  - Work in chronic disease prevention and management, public health surveillance, and/or data modernization
  - Work with large stakeholder groups (e.g., governance committees, information partnerships, etc.)
  - Individual/team member years of experience and qualifications

H. MENDS Funding Statement and Disclaimer
The “Improving Chronic Disease Surveillance and Management Through the Use of Electronic Health Records/Health Information Systems” project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $2,500,000 with 100 percent funded by CDC/HHS.

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