February 18, 2010

Dear Cessation Program Provider:

The Alabama Department of Public Health (ADPH) is pleased to present this Request for Application (RFA) for online cessation services for the Alabama tobacco quitline program.

ADPH is seeking competitive applications to operate online cessation services to meet the needs of Alabamians seeking web-based access to individualized counseling, educational materials, nicotine replacement therapy and referral to onsite cessation programs. The funding for this 22-month project is from the American Recovery and Reinvestment Act for 2009.

The enclosed RFA provides specific information and instructions for developing and submitting proposals. Please review the RFA carefully to obtain a clear understanding of its objectives, applicant criteria, and submission requirements. Proposals are due by 5 p.m. CST on March 19, 2010.

Please submit any questions via email to the address below.

Sincerely,

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ALABAMA DEPARTMENT OF PUBLIC HEALTH
TOBACCO PREVENTION AND CONTROL PROGRAM

REQUEST FOR APPLICATIONS
ALABAMA TOBACCO QUITLINE
WEB-BASED TOBACCO USE CESSATION SITE
2010

PURPOSE

The purpose of this request for application (RFA) is to enter into a 22-month grant agreement with a qualified firm to provide web-based tobacco cessation services for Alabama residents. This proposal includes designing, implementing and maintaining a web-based tobacco use cessation site which will offer tobacco cessation counseling, healthcare provider referral system, information and self-help materials as well as nicotine replacement therapy (NRT). It is anticipated that this RFA may result in a grant agreement award to a single provider.

This RFA is designed to provide interested providers with sufficient information to submit proposals meeting minimum requirements, but is not intended to limit a proposal's content or exclude any relevant or essential data. Providers are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement. Providers may only submit one proposal for evaluation.

BACKGROUND

Since April 1, 2005, the Alabama Tobacco Cessation Quitline has been a proactive, statewide, telephone-based resource that provides counseling, support materials, and/or referral information based on individuals’ readiness to quit at no cost to the caller. In 2006, the quitline added another component, providing nicotine replacement therapy (NRT), also at no cost to qualified callers. For 2010, the Tobacco Prevention and Control Program (TPCP) is expanding its program to provide web-based tobacco cessation services for Alabama residents.

BURDEN OF TOBACCO USE

Tobacco use is the single most preventable cause of death and disease in the United States today. Tobacco use increases the risk for lung and other cancers and for cardiovascular and respiratory diseases. The American Cancer Society estimates that cigarette smoking is responsible for one of every five deaths in the United States, or approximately 440,000 deaths.
per year, 7,500 of them being Alabamians. Tobacco use is costly to Alabama. Each year smoking costs the state $1.49 billion in direct medical expenditures and $2.24 billion in lost productivity.

Alabama has high tobacco use rates. According to the 2008 Alabama Youth Tobacco Survey (ALYTS), the state’s youth (grades 9-12) smoking rate is 22.1 percent. Among the same population, nearly 11 percent use smokeless tobacco. According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS), Alabama adult smoking ranks above the national average at 22.1 percent. Of everyday smokers, 52 percent have tried to quit for one day or longer (2008 BRFSS). Alabama smokeless tobacco rates are also above the national average. According to the 2007 Alabama Adult Tobacco Survey, 7.8 percent of adults use smokeless tobacco.

Significant disparities exist in terms of tobacco use among specific populations. Although no state-level studies have been conducted, it is believed that Native American smoking prevalence is significantly higher than that of non-natives in the state, based on 1998 findings of the Surgeon General. Smoking prevalence in the state is also income- and education-related, with individuals having lower incomes (less than $25,000) and those with lower educational levels (less than a college graduate) smoking at higher rates. The 2007 Pregnancy Risk Assessment Monitoring System indicates smoking during pregnancy rates are somewhat higher in Alabama than the national average (13.5 percent versus 11 percent nationally). In the 2008 Hispanic Tobacco and Health Survey in Alabama, more than 22 percent of Alabama Hispanics surveyed said they were current smokers.

**FUNDING AVAILABLE**

Funding for this 22-month funding proposal is not to exceed a total of $333,533. Of this amount, $41,533 is for NRT patches and $292,000 is for online services. Payment is on a monthly reimbursement basis contingent upon the satisfactory completion of services for the period in which services were rendered.

**LENGTH OF GRANT AGREEMENT**

The length of the contract will be from the date of the award, April 1, 2010, through February 3, 2012. Full implementation and ongoing monitoring of the system shall take place as soon as possible, with a minimum of down time after the implementation date. The contract may be extended for an additional year after the grant period ends contingent on funding and agreement of services to be provided.

**CESSATION SERVICES**

The Alabama Department of Public Health (ADPH) is seeking applicants skilled in creating, implementing and maintaining online cessation services to assist the Tobacco Prevention and Control Program in operating a statewide online tobacco cessation quitline. The scope of service includes all aspects of the implementation and monitoring of a statewide, web-based quitline.
TARGET AUDIENCE

The primary audience is adults and youth who use tobacco products and want to quit. Priority populations within the primary audience include youth under the age of 24, pregnant women, low socioeconomic status populations, smokeless tobacco users, and minority groups.

PROJECT GOALS

The following goals for tobacco cessation have been established for the state. The effectiveness of the quitline will be evaluated, in part, by these outcome measures:

- Increase the number of quit attempts by youth and adults
- Increase the proportion of adult smokers who report they quit for one day or longer the past 12 months (2008 BRFSS, 57.8 percent)
- Increase the proportion of youth smokers who report they quit for one day or longer the past 12 months (2008 Alabama Youth Tobacco Survey, 52.7 percent)

DISCUSSIONS WITH PROVIDERS (ORAL PRESENTATION)

An oral presentation by a provider to clarify a proposal may be required at the sole discretion of the State. However, the State may award a grant agreement based on the initial proposals received without discussion with the provider. If oral presentations are required, they will be scheduled after the submission of proposals. Oral presentations will be made at the provider’s expense.

SCOPE OF SERVICES

Proposer shall describe how they will develop and maintain a web-based tobacco use cessation site. The provider shall identify any information or resources needed from ADPH TPCP in order to perform any of the work. Services that the successful contractor will provide include the following:

1. Host and maintain a customized, interactive website to include information and counseling services for tobacco dependence. The web site will address the tobacco dependency treatment needs of Alabama residents. The web site will be specific to Alabama which shall include best practices based on research (but not limited to): information on tobacco, information on medication used to treat tobacco use addiction and the health effects of tobacco use, techniques for quitting, counseling services, a support chat room for those who are quitting to chat among themselves, a listing of local public health districts with onsite cessation services, Alabama Quitline resources and other useful quitting mechanisms such as anniversary dates, email reminders, etc.

2. Describe protocol for users, in particular responding to different types of populations to specifically address Alabama’s priority populations including youth under the age of 24, pregnant women, low socioeconomic status populations, smokeless tobacco users, and minority groups.
3. Address how provider will offer Alabama users the following services:

- Service 24 hours a day/seven days a week and the capacity to provide uninterrupted service. Please describe redundancy, backup, and recovery capabilities in order to provide 24/7 support for the web-based tobacco cessation site. These services must be able to accommodate cigarette using/smoking clients, smokeless tobacco users, and any additional forms of tobacco that may not be as common.

- Personalized services for users including personalized quitting plans that automatically adjust to the users’ quit date.

- A registration process to ensure easy and secure access for Alabama users. Provide the number of tobacco users to be served.

- Anonymous browsing and registered use.

- Stage-specific content to provide information and tools for interested quitters at any stage.

- Informational service for users who are contemplating quitting or non-smokers who want information about quitting or health effects of smoking and secondhand smoke.

- A referral system that healthcare providers may use to authorize vendor to proactively email user to offer quitline services.

- Information about pharmaceutical cessation options.

- Social support in the form of on-line forums and other options for partnering with other users.

- Ability for the user to ask a counselor with tobacco cessation expertise a question and receive a timely response.

- Personalized email support system. Describe individual counseling system for users and any limits or qualifications on system.

- Links to other tobacco resources that are approved by the Tobacco Prevention and Control Branch.

4. By the tenth (10th) of each month, a report including the minimal data set (see #10) and invoice will be submitted to the ADPH Tobacco Prevention and Control Branch. Follow-up surveys with the web site registrants will be conducted and reported on a periodic basis to determine quit rates and tobacco use data. Report format will be approved by the ADPH Tobacco Prevention and Control program. Report will include at minimum:
• Number of unduplicated users
• Age
• Gender
• Race/ethnicity
• Registrations by city, county
• Stage of change at registration
• How registrant heard about the website
• General utilization of the site, including evaluation on the success of the registrants in quitting tobacco use

5. Ensure the web site is in compliance with all federal regulations governing the collection and storage of personal data on the internet. The provider will resolve any site changes or access issues for both the registrant and the department in a timely manner. The web site will incorporate the ADPH logo.

6. In order to maintain a comprehensive, viable program, contractors with both the online cessation services and the telephonic cessation services are expected to coordinate with each other and the TPCP staff to provide the most effective services for Alabama users. This may entail scheduled coordination meetings through telephone and email communication.

7. ADPH will provide funding to provider up to $41,533 for NRT patches to eligible users enrolled in the online counseling program. Quitline provider will be responsible for dispensing NRT, ensuring its delivery to users within five business days. Provider will send a two-week supply of NRT to eligible users, followed by another two-week supply if user continues ongoing counseling. Provision of NRT is contingent upon ongoing user engagement in site services. Users are eligible for four weeks of NRT within a six-month period. Detail NRT patch costs, mailing costs and system for mailing NRT directly to user. Identify NRT supplier and detail working relationship. NRT numbers and costs must be included in monthly report to TPCP.

A copy of the provider’s current medical screening questionnaire for contraindications in dispensing NRT should be detailed or attached. Detail protocol for users with medical contraindications in working with healthcare provider for approval for NRT for user.

Detail measures used to prevent abuse of this medication option.

8. List the number and types of positions necessary to implement the program. For each position, describe staff duties, qualifications and training in cessation or other components. Describe how vendor will staff the 24-hour, seven-day a week requirement. Exceptions are holidays deemed by your organization.

9. ADPH and the provider will collaborate to promote the online quitline services to the general public and individual tobacco users. Describe the marketing plan the vendor will employ to promote the service. ADPH will provide adequate advance notice about media events and campaigns. The successful provider will provide additional staffing in order to respond to the increased demand when appropriate. The provider will cooperate with TPCP regarding online promotional efforts publicizing use of the site. The provider will be given a copy of the ADPH
TPCP Communications Plan detailing tobacco prevention related events so that spikes in user rates can be anticipated and the quitline staffed accordingly.

10. The North American Quitline Consortium’s Minimal Data Set for Evaluation of Telephone Cessation Quitlines must be incorporated into a computerized tracking system to document quitline activity. The system must accurately tabulate aggregate data for discrete individuals, services provided, demographics of the caller and referrals. The system must produce reports on the cost per caller, call patterns by time of day, day of week and month. Callers’ characteristics to be tracked include consumption level, intention to quit, past quit attempts, tobacco use policy in the home, insurance provider, and services accepted. Demographic information includes age, sex, city, public health area, education attainment of callers, number of children in the home, and if pregnant, diabetic or in the military. Additional data required will be the amount of NRT dispensed, number of clients in NRT program and their quit rates. Live call answer rate, health services provider referrals and sources listed as to how the caller learned about the quitline are also required.

The successful provider must demonstrate compliance with the Health Insurance Portability and Accountability Act (HIPAA).

All raw data maintained by the provider is the property of ADPH, and will be provided to them at any time, at no additional cost.

11. The provider must collect sufficient data and provide data analysis to implement a quality assurance and evaluation plan. The provider will obtain consent from user to conduct evaluation of Quitline services at the seventh month post registration. The provider will develop and implement evaluation and quality improvement activities. Evaluation activities must assess effectiveness of all components. The North American Quitline Consortium’s Minimal Data Set for Evaluation of Telephone Cessation Quitlines must be collected. ADPH must approve proposed evaluation plan before implementation. Provider agrees to work with external evaluator in determining user satisfaction, and must obtain user approval upfront for evaluator to call or email user after services have been delivered.

12. Providers must agree to the reporting schedule below:

• Monthly user volume and NRT reports
• Quarterly reports including aggregate and individual data as required by CDC for stimulus funding
• Year-end summary report, including funder-required information

Vendor will provide additional reports to TPCP at no additional costs, if requested.

PROPOSAL REQUIREMENTS AND COMPANY QUALIFICATIONS

The successful provider must participate in any required site visit.
Proposals must include at least three names with contact information of individuals who can support the provider’s proven track record with this type and size of project.

The provider must be a member of the North American Quitline Consortium in order to stay abreast of “best practices” for implementation with the quitline.

Provider must not accept funding from the tobacco industry during the contract period. The term “tobacco industry” includes individuals, companies or organizations involved in any way in the production, processing, distribution, promotion or sale of tobacco products. Any past funding relationships with the tobacco industry must be disclosed in response.

**PROPOSAL RESPONSE FORMAT**

Proposals shall be no more than 20 pages, double-spaced with one inch margins, and 12-point font. Attachments, such as resumes, budget and sample materials, can be any length.

Please include the following background information:

- Name of company
- Mailing address
- Phone number
- Fax number
- Name of contact person
- E-mail address

All proposals must be organized and labeled with the following headings:

1. **Executive Summary.** The one-page executive summary briefly describes the provider’s proposal.

2. **Detailed Response.** This section describes how provider will fulfill the elements of the Scope of Work. It should demonstrate the provider’s understanding of the desired overall performance expectations. Clearly indicate any options or alternatives proposed.

3. **Proposed Budget.** Include a budget and budget justification for the duration of the grant agreement. Use the CDC federal budget template at: [www.cdc.gov/od/pgo/funding/grants/Budget_Guidelines.doc](http://www.cdc.gov/od/pgo/funding/grants/Budget_Guidelines.doc)

Describe how the costs were determined. The total cost of the proposal should reflect:

- Personnel: salaries or wages
- Personnel: fringe benefits
- Travel
- Equipment
• Supplies and educational materials
• NRT (Up to $41,533)
• Indirect costs (Calculated on current federally negotiated indirect cost rate of 19.2 percent of salaries)
• Evaluation costs (No more than 10 percent of the total budget may be directed to evaluation.)
• Other

Funds cannot be used for construction costs, furnishings or food. Any training costs should be approved by ADPH before expenditure of funds. Subcontracts must also be approved by ADPH before expenditure of funds.

PROPOSAL EVALUATION CRITERIA

The Tobacco Prevention and Control Program (TPCP) will conduct a comprehensive, fair, and impartial evaluation of the proposals received as a result of this RFA. A Review Panel selected by the TPCP will evaluate proposals. The Review Panel may include persons not employed by ADPH, including experts in the field of tobacco use reduction and members of racial/ethnic communities or other relevant groups. The Review Panel will evaluate the proposals, rank them, and make an award recommendation to the TPCP.

Award will be made to the vendor providing the lowest cost-responsive proposal. ADPH reserves the right to reject any or all proposals and is not bound to accept the lowest-cost proposal if that proposal is not in the best interest of ADPH. In making an award, factors such as, but not limited to, the vendor’s service capability, integrity, facilities, equipment, reputation, human and financial resources, as well as past performance, will be considered.

PROPOSAL SUBMISSION

A signed, unbound, unstapled original, two copies and an electronic version of the proposal must be received by the contact below by March 19, 2010, at 5:00 p.m. CST. Proposals received after the deadline will be ineligible for consideration.

For questions regarding this RFA, email to address below.

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