ASTHO REQUEST FOR PROPOSAL
Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community Cohort 2

Summary Information

Purpose: The Association of State and Territorial Health Officials (ASTHO), with support from the Centers for Disease Control and Prevention (CDC), is launching the second cohort of the Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community project to support states, territories, and jurisdictions as they build capacity to conduct data linkage activities between PRAMS and clinical outcomes data sets. These linked data sets will inform Patient-Centered Outcomes Research and clinical quality improvement initiatives in maternal and child health.

Proposal Due Date and Time: Friday, March 25, 2022, by 11:59 PM EST.

Selection Announcement Date: Monday, April 11, 2022

Monetary Assistance Available to Awardees: Funding will be available for states, territories, and jurisdictions to build capacity to conduct and advance data linkage activities between PRAMS and other maternal and child clinical outcomes data sets.

Maximum Funding Amount: Up to $135,000 per jurisdiction, scaled to the local position market.

Estimated Period of Performance and Final Report Date: April 2022-March 2023. The project period of performance may be extended if additional funding becomes available.

Bidder’s Informational Call: Tuesday, February 8, 2022, 2:00 PM-3:00 PM EST

Eligibility: All states, territories, and jurisdictions that apply must:

1. Have a current PRAMS project.
2. Have met or have the capacity to meet the response rate threshold of at least 50% for at least one calendar year during Phase 8.
3. Have documented approvals (data sharing agreements) to link datasets at the state, territory, or jurisdiction level OR be able to obtain those approvals within 30 days of the project period start.
4. Have the authority to share de-identified linked data sets with CDC or outside researchers OR be willing to begin developing a process for sharing before the end of the learning community funding period.
5. Be in good standing with ASTHO to be eligible to apply.

ASTHO Point of Contact: Britta Cedergren, Director, Family and Child Health, PRAMS@astho.org. Please include “RFP: PRAMS Multi-Jurisdiction Learning Community Cohort 2” in the subject line.
Description of RFP

Background
ASTHO will provide 5-8 states or territories the opportunity to participate in a learning community focused on building improved data linkages for PRAMS data with clinical outcomes data (e.g., hospital discharge, vital records, Medicaid claims, Home Visiting, and All-Payer Claims databases, etc.) According to The Patient-Centered Outcomes Research Institute, “Patient-Centered Outcomes Research helps patients, and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.” The goal of the ASTHO PRAMS Multi-Jurisdiction Learning Community (Cohort 2) is to support a network of states, territories, and jurisdictions as they build capacity to link PRAMS and clinical data to inform maternal and child health Patient-Centered Outcomes Research, and quality improvement initiatives.

Project Activities
ASTHO will launch a second cohort of the PRAMS Multi-Jurisdiction Learning Community through a competitive process with up to eight state, territory, or jurisdiction health departments. Selected applicants with demonstrated capacity to access PRAMS, vital records, and clinical outcomes data (e.g., hospital discharge, Medicaid claims, and All-Payer Claims databases), will be provided technical support to further build and improve upon data linkages to improve patient-centered outcomes research in maternal and child health.

Applicants will be expected to participate and actively engage in the following activities, including:

- Attending a virtual kick-off meeting with ASTHO, CDC, and a multi-disciplinary interagency workgroup of federal, academic, and non-profit partners.
- Attending all Learning Community activities, including ASTHOConnects virtual learning sessions, technical assistance calls, team-to-team learning opportunities, evaluation calls, and additional assessments.
- Developing and implementing an action plan, submitting regular progress reports, and participating in technical assistance site visits or conference calls with ASTHO staff, as needed.
- Providing information via needs assessments or key informant interviews to assist ASTHO in better understanding barriers to data linkage to inform and refine technical assistance needs.
- Obtaining all documentation needed for data dictionaries.
- Develop a standard methodology for linking data sets consisting of PRAMS and clinical outcomes data to inform future activities supporting Patient-Centered Outcomes Research in maternal and child health.
- Finalizing all documentation needed for data linkages and data sharing, such as Memorandums of Agreement, Institutional Review Board approvals, and/or data sharing and use agreements.
  - States, territories, or jurisdictions may also show documentation to demonstrate existing processes and templates for data sharing and linkages, and/or should include a timeline for finalizing these agreements with partners as part of the application.
- Conducting data linkages and analysis resulting in de-identified linked datasets.
- Collaborating with the project Interagency Advisory Workgroup to identify priority activities that facilitate improved data linkage, share successes, and build sustainability plans.
- Participating in partner activities throughout the Learning Community to troubleshoot barriers, share best practices, and build upon successes. Documenting strategies and lessons learned for sustainability and expansion of the project in the future.
Expected Outcomes
Learning Community applicants will build capacity to effectively grow and monitor the progress of data linkage activities to better inform future patient-centered outcomes research in maternal and child health. Applicants will receive direct support through a full-time equivalent (FTE) staff member or contractor. Funding may also go toward underwriting existing staff. Along with guidance from ASTHO and the Interagency Advisory Workgroup, applicants will work together across the Learning Community cohort to develop performance measures to track major milestones as they standardize and build consistency across data set linkages.

Learning Community activities will inform future ASTHO activities that support state, territory, or jurisdiction data linkage activities to build patient-centered outcomes research sites across the country. As an organizational final product, ASTHO will develop a technical report on protocols, processes, and lessons learned on data access; data linkage; data sharing; and sustainability. This report will document some of the step-by-step processes for duplication of similar activities and be made available to members nationwide.

Health Equity
ASTHO is committed to supporting state health agencies in their work to address health disparities and advance health equity. This commitment is evident in ASTHO’s strategic goals and in the Achieving Optimal Health for All by Eliminating Structural Racism policy statement.

Technical Support
ASTHO will provide information and technical support to the awardee at no cost, including virtual site visits. Technical support may be provided by the project’s Interagency Advisory Workgroup, other learning community teams, and partners. ASTHO will work with Learning Community applicants, and the Interagency Advisory Workgroup to develop a series of project indicators, and individual site performance measures to be updated quarterly to track and evaluate project progress and share best practice examples through storytelling activities.

Funding
Awardees will be eligible for up to $135,000 each for the project. All states participating in the Linking PRAMS and Clinical Outcomes Data Learning Community are eligible to receive funding for a full-time equivalent (FTE) staff member or contractor in accordance with the local position market, based on state needs. Funds may also be used to pay for acquiring datasets, linkage software, or other required items. Funding may not be used for equipment. Options for hiring through this funding opportunity, for at least 12 months:

A. The state, territory or jurisdiction participant site will underwrite their current workforce.
B. The state, territory or jurisdiction participant site will hire a full-time equivalent (FTE) staff member or utilize existing MCH assignees or CSTE MCH fellows, EIS Officers, or ORISE Fellows already available to them.
C. The state, territory, or jurisdiction participant will hire a contractor to provide support to applicants as deemed necessary by project needs and number of applicants.

Selection Criteria
Each application will be reviewed and rated by a review panel consisting of ASTHO PRAMS Learning Community staff and staff from the CDC Division of Reproductive Health. Proposals will be rated on the following evaluation criteria:

- Completeness of application.
• Written documentation from the state, territory, or jurisdiction health official stating project support and pledging they will champion data access and sharing (e.g., State health officials, Title V Directors, Medicaid Directors) agreements.

• Access to vital records files with identifiers linked to PRAMS, and at least one primary clinical outcomes dataset for linkage, including, but not limited to:
  o Hospital discharge data
  o Vital records
  o Healthy Start or Home Visiting clinical data
  o All Payer Claims Database data
  o Medicaid claims data

• Documented approvals to link datasets OR documentation that within 30 days of funding, there shall be a fully executed memoranda of understanding (MOA) or data-sharing agreement with custodians of data sets including descriptions of current and future partnerships. Description of capacity and experience linking vital records with clinical outcomes data, including linkages performed through HRSA SSDI, or publications using linked data.

• Capacity to analyze linked datasets and willingness to participate in multi-jurisdiction efforts.

• Appropriately documented budget request consistent with stated needs and resources.

• A proposed plan to sustain data linkage capacity and analyses to continue to monitor pregnancy-related outcomes into the future.

Requirements for Financial Award

Allowable Expenses
Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently $203,700). Funding may be used for mini-grants, stipends, materials/supplies, staff/consultant time, and other project-related expenses (including software).

Period of Performance
April 2022 – March 2023, with August 2022 – March 2023 subject to project continuation and funding from the CDC. If additional funding becomes available, the project may be extended.

Reporting Requirements
Awardees will be required to:

• Develop a workplan in coordination with ASTHO and CDC and update the workplan progress at least quarterly.

• Participate in a virtual kickoff meeting, virtual learning sessions, and technical assistance activities.

• Complete a template for a final report detailing data linkage success stories, facilitators, and barriers to inform strategies and lessons learned for sustainability and expansion of the project.

Required Proposal Content and Selection Criteria

Required Sections: Applicant Worksheet, Cover Letter, Budget & Budget Narrative, and Response to Draft Contract/Contract Terms. Only the information provided in the applicant worksheet count toward the 6-page limit.

Required Language: For the Cover Letter, Budget & Narrative, and Response to Draft Contract/Contract Terms sections, the descriptive language should be included as stated below. For questions related to the
a FAQ document has been included, and ASTHO will host an informational call using the information indicated in the submission section.

Proposal Content: Please include the following elements in your submission.
Proposals should be completed using the associated applicant worksheet. The worksheet itself may not exceed six (6) pages in length. Required appendixes do not add to the page limit and include the cover letter, any letters of commitment, budget, budget narratives and staffing CVs. Proposals must include all components listed below to be considered.

Applicant Worksheet with the following required items (70 points):

1. Proposed Approach (25 points)
   Provide a brief outline of the approach and strategy to accomplishing the requested project activities (maximum word count 250). Provide a brief outline of approach, strategy, identified data sets to be linked, how data would be used or potential priority analyses, proposed partnerships, and plans for sustainability to achieve the deliverables and meet the expectations noted above. A formal workplan will be completed as part of the learning community, after award.

2. Prior Experience, Performance, and Organizational Capacity (45 points)
   Describe experience and quality of performance on recent work completed with similar scope. Include information about familiarity with and understanding of the topic and information about the agency and its capacity to perform the services required within the timeframe. Suggested demonstrated prior experience includes:
   - Documented partnership with PRAMS grantee, vital registrars (vital records) and holder of proposed clinical datasets for linkage. Include state level team members responsible for assisting with this project, including data stewards of datasets for linkage.
   - Documented access to vital records file with identifiers linked to self-reported PRAMS data.
   - Documented access to at least one primary clinical outcome administrative dataset (e.g., hospital discharge, Medicaid claims, intervention services) and identifiers for linkage. The applicant should provide documentation for at least one primary clinical outcomes dataset(s) of interest, as well as indicate if additional clinical outcomes datasets are available for linkage.
   - Documented permission to share de-identified dataset with CDC and ASTHO. Please include an MOU/letter to denote permissions. If these permissions do not currently exist, please indicate processes and proposed timeline to complete MOU to be signed with a letter from an appropriate official (e.g., legal officer) within 30 days of funding award.
   - Demonstrated capacity to link data to inform maternal and child health program and policy, such as HRSA State System Development Initiative (SSDI), previous data linkages, or steps needed to build this capacity within the timeframe (e.g. needed software or personnel).
   - Demonstrated capacity to analyze linked datasets.
• Describe experience and quality of performance on recent work completed with similar scope. Include information about the agency and key staff to address the ability and capacity to perform the services required within the specified timeframe.

• Demonstrated capacity to participate in multi-jurisdiction efforts.

Inclusion of Health Equity (5 points): Throughout the proposal, incorporate the following: (1) describe the extent to which potential health disparities are evident within the health focus of the application, (2) identify the specific group(s) which could experience a potential disproportionate burden of the health condition, and (3) demonstrate how proposed activities could address health inequities (this also includes identifying social and/or environmental conditions which are the root causes of health disparities). All information regarding health inequities must be supported with data.

Applicant Cover Letter/Letter of Support from State/Territorial Health Official (5 points)
Include the names of the learning community team members including name, title, and contact information (email and phone) that will attend the virtual learning sessions and virtual ASTHO Learning Community kick-off meeting. Please identify a point person for ASTHO correspondence. Additionally, please include a financial/contract contact with name, title, and contact information. If a team member is to be named (TBN), please specify a timeframe for when the representative will be named. Required team members must provide an attached CV. Required team members include:

a. PRAMS Manager
b. Clinical outcomes dataset manager
c. Maternal and Child Health (MCH) department representative (e.g., MCH Title V Director, MCH epidemiologist, or similar)
d. Informatics or IT representative
e. Any additional participants as needed integral to the work of the project.

Attachment A: Budget & Budget Narrative (10 points)
Provide a detailed fixed-price budget, including detailed projected costs for the completion of the project. The budget should include salary, fringe benefits, other direct costs, and indirect costs, as appropriate. If indirect costs are included in your budget, please provide a copy of your approved Indirect Cost Rate Agreement. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. Funding may be used for funding a position within the agency, software, datasets, or other line items.

Maximum award requested for the application is $135,000 for one year. If additional funding is available, ASTHO may increase the award ceiling or extend the timeframe of the award. Attachment A outlines the general format in which the budget should be presented. Applicants should use Attachment A to develop their project budget for submission. Please see the submission information below, for more details.

Attachment B: Response to ASTHO Contract Terms & Conditions (10 points)
ASTHO and successful applicants will enter into a fixed price agreement with a detailed payment schedule, depending on the application category chosen. Review the Terms and Conditions (see Attachment B) — including provisions related to publications; acknowledgement of federal support; conference, meeting and seminar materials; and logo use for conference and other materials with your contracts officer and/or legal team and confirm that if selected, you will enter into this agreement; or identify and submit
any proposed changes to the terms along with your proposal application. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

**Submission Information**

**Application Procedure**
ASTHO must receive applications by **Friday, March 25, 2022, at 11:59 PM ET**. Please submit an electronic copy of the application to Britta Cedergren, **PRAMS@astho.org**. Please include “RFP: PRAMS Multi-Jurisdiction Learning Community Application Cohort 2” in the subject line. Incomplete applications or applications received after the deadline will not be considered.

**Application Timeline**
- January 24, 2022: RFP released
- February 8, 2022, 2:00-3:00 PM EST: Informational Bidder’s Call
- March 25, 2022, 11:59 PM ET: Application submission deadline
- April 11, 2022: Awardees announced
- April 2022: Project Period Commences, team action planning meetings with ASTHO begin
- May 3, 2022, 1:00-4:00 PM EST: Cohort 2 Kickoff Event (virtual)

**Informational Bidder’s Call**
ASTHO will support interested applicants to offer guidance and address specific questions about the RFP. A bidders conference call will be held on Tuesday, February 8, 2022, from 2:00-3:00PM EST. Interested parties may contact ASTHO staff via e-mail at Britta Cedergren, Director, Family and Child Health PRAMS@astho.org. Q&A will be updated as questions arise on [https://astho.org/funding-opportunities/](https://astho.org/funding-opportunities/) under the heading, “Linking PRAMS and Clinical Outcomes Data Multi-Jurisdiction Learning Community Cohort 2”. Please register by following this link.

**Frequently Asked Questions (FAQ) Document**
ASTHO has included a FAQ document as part of the application package. Interested parties may also direct questions to Britta Cedergren through PRAMS@astho.org.

**Disclaimer Notice:**
This RFP is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.