REQUEST FOR PROPOSALS (RFP)
Pacific Island Health Equity Strategist
Applications Due: November 10, 2023

I. Summary Information

Purpose: The consultant will work directly with U.S. territories and freely associated states in the Pacific region to support efforts to advance health equity and improve well-being during the COVID-19 pandemic and future responses.

Proposal Due Date and Time: November 10, 2023, 11:59 p.m. ET
Selection Announcement Date: November 17, 2023
Maximum Funding Amount: Up to $125 per hour, 40 hours per week, $20,000 per month, dependent on need and demand.
Estimated Period of Performance and Final Report Date: November 2023 to May 31, 2024
Eligibility: All consultants eligible to receive federal funding, have experience working with the Pacific islands, and are in good standing with ASTHO are eligible to apply.
ASTHO Point of Contact: Neyling Fajardo, Director of Island Support, islandsupport@astho.org

II. Description of RFP

Purpose
The project will provide assistance to the three U.S. territories and three freely associated states (T/FAS) in the Pacific on planning and activities to advance health equity and reduce disparities among populations who have been underserved.

Background
With the COVID-19 pandemic, many disparities and health inequities were brought to the forefront at the state, T/FAS, and national levels. In order to reduce disparities in COVID-19 outcomes and future pandemics, the Centers for Disease Control and Prevention (CDC) awarded states and T/FAS funding under CDC-RFA-OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. The Association of State & Territorial Health Officials (ASTHO) also received funding to provide partner capacity assistance to island jurisdictions developing plans and implementing activities.

Based on the CDC’s overarching strategies, ASTHO is providing technical assistance and capacity building to advance health equity through the following objectives:
1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19-related disparities among populations at higher risk and that are underserved.
2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.
4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

ASTHO uses the Strategies to Operationalize Health Equity in Island Area Health Departments and the Islands Health Equity Framework to guide our work.

Project Activities
The consultant will work directly with the U.S. territories and freely associated states in the Pacific region (also referred to as the U.S. Affiliated Pacific Islands or USAPI), providing in-region support for these plans as directed by ASTHO and guided by the USAPI. They will provide subject matter expertise through technical assistance and capacity-building activities related to health equity, community engagement, and building community-based public health approaches and workforce. The aim is to support efforts to address the social determinants of health and improve their impact on community health and well-being during the COVID-19 pandemic and future responses.

The consultant will facilitate further definition and development of health equity strategies that are contextually and culturally relevant to island jurisdictions in collaboration with the USAPI and ASTHO. They will also provide local support, assistance, and logistics, acting as a critical bridge between activities conducted by ASTHO, the jurisdictions, and other national and local partners. They will help connect jurisdiction-specific plans and activities to convenings across the region and with the broader fields of health equity and community-based public health. They will also establish partnerships with applicable governmental and non-governmental agencies and review and analyze national and local public health policies and their potential impact to provide recommendations to agency leaders.

Due to the nature of this work, the Pacific Health Equity Strategist will need to have deep knowledge of the Pacific jurisdictions and a proven track record working with them in relevant areas and, depending on travel restrictions related to COVID-19 or other factors, may be asked by ASTHO to travel to other islands in the region to support. ASTHO will provide funds for travel with reasonable accommodations following federal guidelines.

A. Services being Solicited:
   a. Serve as an onsite regional liaison between the USAPI health departments, their communities, and ASTHO to maintain routine situational awareness.
   b. Support the development of health equity strategies and implementation plans with the USAPI health departments, their partners, and ASTHO.
   c. Facilitate operationalizing effective strategies to reduce health disparities among populations who are underserved and/or are at high risk related to COVID-19 and other infectious and non-infectious diseases, leveraging the evidence base where possible.
   d. Provide subject matter expertise in the areas of health equity, community engagement, and building community-based public health approaches and workforce to the USAPI and stakeholders to address health disparities for COVID-19 and other public health issues.
   e. Serve as a subject matter expert and policy resource on health equity, social determinants of health, population health, community coalition and organizing, and other related areas.
   f. Provide substantive technical assistance to jurisdictions on decisions related to health equity.
   g. Advise and assist with coordinating health equity-related programs and policy work in the USAPI.
h. Develop health equity work that is based in public health science and evidence or is informed by evidence where such evidence exists and/or by the lived experience of people living on the US API.

i. Create a flexible project plan with activities, milestones, and key dates.

j. Collect, analyze, and compare applicable data and trends upon project start date to continue on an ongoing basis.

k. Formulate written products on observations, conclusions, and recommendations for addressing health disparities and advancing health equity.

l. Develop written products highlighting project outcomes, successes, challenges, lessons learned, and best practices.

m. Proactively connect and foster strong partnerships with applicable agencies in the federal government, territories, freely associated states, and non-governmental agencies, including community-based organizations, faith-based organizations, and other community partners, leaders, and stakeholders.

n. Collaborate with ASTHO staff and the health equity strategist assigned to the U.S. territories in the Atlantic Region.

o. Conduct presentations and/or represent ASTHO at virtual and in-person meetings and conferences as requested by ASTHO.

p. Participate regularly in virtual progress check-ins with ASTHO, with the expectation of weekly check-ins during the beginning stages of the project, to discuss progress and plan the next steps.

B. Deliverables

a. Project plan with activities, milestones, and key dates.

b. Lead monthly office hours with each island and peer-to-peer sharing sessions as needed.

c. Technical assistance and capacity-building support throughout the project period.

d. Written products highlighting project outcomes, successes, challenges, lessons learned, and best practices.

e. Monthly progress reports of tasks completed and invoices, including travel expenses incurred for reimbursement.

Expected Outcomes/Expectations and Deliverables

The goals are to improve island jurisdictions’ health agency capacity and services to prevent and control COVID-19 infection, to reduce health disparities among populations who have been underserved, and to advance health equity.

Inclusion of Health Equity

ASTHO is committed to the promotion of health equity and the elimination of health inequities. Health inequities are reflected by disproportionately high rates of disease, premature death, and a lower quality of life. Health inequities are avoidable, and state, federal, and locally funded activities play a key role in helping to solve this problem. Applicants are required to address health inequities within the context of proposed activities.

Availability of Funds

ASTHO intends to award up to one (1) consultant a contract of up to $20,000 per month for the activities described in this RFP. This award reflects a rate of $125 per hour to complete the above tasks, plus up to $20,000 for inter-island travel expenses. The project duration will be from November 2023 through May 31, 2024. ASTHO must receive all applications by 11:59 p.m. ET on
November 10, 2023. The selected applicant will be notified by November 17, 2023. Awards will be made through cost reimbursement.

**Evaluators**
Each application will be reviewed and rated by ASTHO staff. Proposals will be rated based on the inclusion of required proposal content.

### III. 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).

**Required Grant Activities to be Covered by Award**
Inter-island travel expenses will be reimbursed up to $20,000.

**Period of Performance**
November 2023 to May 31, 2024

**Reporting Requirements**
Weekly calls, monthly progress reports of tasks completed, and site visit reports.

**Additional Requirements**
Lived experience and knowledge of culture in the Pacific territories and freely associated states.

### IV. Required Proposal Content and Selection Criteria
Please include the following elements in your submission. Proposals may not exceed three pages in length, excluding CV, budget, and references, and should be single-spaced in 11-point font.

- **A. Cover Letter (5 points):** Include the names of the lead programmatic and fiscal/contractual contacts (name, address, e-mail, telephone number).

- **B. Proposed Approach (25 points):** Provide a brief outline of the approach and strategy to accomplishing the requested project activities. Detail a work plan that includes activities, timeline, goals, and milestones to achieve the deliverables and meet the abovementioned expectations.

- **C. Prior Experience and Performance (15 points):** Describe the experience and quality of performance on recent work completed with similar scope. Include information about familiarity with and understanding of the topic. Describe the ability to represent ASTHO well in interactions with state and territorial health agency staff and other governmental, private sector, and/or non-profit stakeholders.

- **D. Organization Capacity (10 points):** Include information about the consultant and address the ability and capacity to perform the services required within the specified timeframe. Describe staff qualifications and provide a CV.
E. **Budget & Budget Narrative (5 points):** Provide a detailed cost reimbursement budget, including detailed projected costs for the completion of the project. The maximum award is up to $125 per hour, 40 hours per week, and $20,000 monthly, depending on need and demand. Attachment A outlines the general format in which the budget should be presented. Applicants may use Attachment A as a template or simply as a guide to inform the development of the project budget. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity.

- The cost reimbursement budget should include salary, fringe benefits, and other direct and indirect costs, as appropriate. If indirect costs are included in your budget, please provide a copy of your approved Indirect Cost Rate Agreement.

F. **Response to ASTHO Contract Terms and Conditions (5 points):** ASTHO and the selected applicant(s) will enter into a cost reimbursement agreement. A copy of ASTHO’s general contract terms and conditions is available in Attachment B. **Applicants must review the terms and conditions with their legal team or contracts officer and confirm that, if selected, you will enter into this agreement.** Any proposed changes to the terms and conditions must be identified and submitted with your proposal application for negotiations. Proposed changes submitted after the application period has ended and/or submitted during the contracting stage may not be accepted. 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.

G. **Inclusion of Health Equity (15 points):** Throughout the proposal, incorporate the following:

1. describe the extent to which health disparities are evident within the health focus of the application,
2. identify the specific group(s) that experience a disproportionate burden of the health condition, and
3. demonstrate how proposed activities address health inequities (this also includes identifying social and/or environmental conditions which are the root causes of health disparities). The root causes of health inequities are sometimes referred to as social determinants of health. All information regarding health inequities must be supported with data.

H. **Status as Women-, Minority-, Disadvantaged-, Veteran-Owned, and/or Small Business (10 points):** Applicants who classify as, partner with businesses under any of these statuses, or demonstrate successful work with historically underserved and underrepresented entities (minority-, women-, disadvantaged-, and veteran-owned businesses or “MWDVBEs,” and black, indigenous, people of color or “BIPOC”) in addressing health disparities may be strongly considered.

I. **References (10 points):** Attach at least one example of recent (within the last three years) work completed of a similar scope and three current references we may contact.
V. Submission Information

Application Procedure
ASTHO must receive applications by 11:59 p.m. ET, November 10, 2023. Please submit an electronic copy of the application to ASTHO’s Island Support team at islandsupport@astho.org. Incomplete applications or applications received after the deadline will not be considered.

Timeline
- October 2023: RFP released.
- November 10, 2023, 11:59 p.m. ET: Deadline for submission of grant proposals.
- November 17, 2023: Contract award announced.
- November 2023: Contract period commences.
- May 2024: Contract period ends.

Applicant Questions and Guidance
ASTHO will support interested applicants with guidance and address specific questions about the RFP. Interested parties may contact ASTHO staff via e-mail (islandsupport@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.