



National Association of County & City Health Officials

REQUEST FOR PROPOSALS

Evaluation Support for a Multi-site Rapid Syphilis Test Evaluation Project

Release Date: October 11, 2016

Due Date: November 10, 2016

OVERVIEW

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 2,800 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal health departments work to protect and improve the health of all people and all communities. NACCHO provides and connects LHDs to resources to help LHD leaders develop public health policies and programs. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and effective policies to address the myriad of challenges facing communities.

With funding from the Centers for Disease Control and Prevention (CDC), Division of STD Prevention (DSTDP), NACCHO will conduct a multi-site evaluation project to identify optimal uses of the rapid syphilis test (RST). NACCHO will support up to five LHDs to implement RST in nonclinical settings outside of traditional STD clinics with the goal of obtaining more systematic information on RST performance, implementation, outcomes, and costs.

This Request for Proposals (RFP) is to identify a consultant to serve as the lead evaluator for this project. In collaboration with NACCHO, CDC/DSTDP, and the participating LHDs, the consultant will develop and implement an evaluation plan, support data collection activities conducted by the evaluation sites through the provision of technical assistance (TA), analyze the collected data, and synthesize project findings into reports and a manuscript for publication. The amount available to support this work is expected to be between \$60,000 and \$70,000.

For questions about the RFP and proposal process, contact Nicholas Parr, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at nparr@naccho.org or 202-595-1121.

KEY DATES

Event	Date
RFP Release	October 11, 2016
Proposal Submission Deadline	November 10, 2016 by 11:59 PM PDT
Anticipated Award Notification	November 21, 2016
Anticipated Contract Start	December 1, 2016

BACKGROUND

Syphilis is a prevalent and expanding public health issue in the U.S. In 2014, there were nearly 64,000 new syphilis infections reported – a 34% increase over 2013. Syphilis is a bacterial infection that is primarily spread through sexual contact, but the disease can also be transmitted from mother to child during pregnancy. Any sexually active person can acquire syphilis, but men who have sex with men are an especially impacted population. While treatable, syphilis infections that remain undiagnosed or untreated can cause neurological damage including permanent blindness and dementia, as well as fetal death, and skin sores caused by syphilis infection can increase the risk of transmitting and acquiring HIV infection.¹

¹ Centers for Disease Control and Prevention. (2016). Syphilis – CDC Fact Sheet (Detailed). Available at: <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>

Historically, lab-based testing has been the primary method used to screen for syphilis, but RST have been recently introduced to public health STD programs in the U.S. The Syphilis Health Check, currently the only FDA-approved rapid test for syphilis, was approved in 2011 and CLIA waived in 2014. Additional rapid tests may come to the market soon. A number of STD programs have been exploring ways to utilize this test in their efforts to increase testing and treatment access for syphilis. For example, some programs have started to use the rapid test in community outreach settings or as part of partner services provided by Disease Intervention Specialists. Given that the test is relatively new, there remains a need for evaluation of its performance in a variety of settings and information on which program contexts are optimal for use of the test.

EVALUATION DESCRIPTION

LHDs participating in this multi-site evaluation project will implement RST in up to two settings. The settings of focus for this project are primarily nonclinical, such as in-field investigations of persons with syphilis and/or their contacts, outreach efforts to communities experiencing an acute syphilis outbreak, mobile or venue-based testing activities (e.g., community outreach events led by HIV program staff), and correctional facilities (note: correctional facility sites may be clinical settings, which is an exception to the nonclinical focus of settings for this project). For complete details of the evaluation project, please reference the [Request for Applications](#).

Key evaluation questions include:

- What are best practices for integrating RST into nonclinical STD program settings?
- How effective is RST at identifying new syphilis cases?
- What are the outcomes, barriers, opportunities and costs associated with using RST in various STD program settings?
- How do these factors vary across settings and local contexts?

It is expected that participating LHDs will require six to ten months to complete implementation and data collection activities, and that LHD projects will begin on January 2, 2017. The scope of work for this consultancy is expected to begin one month prior to, and to extend three to four months beyond, the completion of evaluation activities.

SCOPE OF WORK

The initial phase of the scope of work will be focused on the development and implementation of an overall evaluation plan for this multi-site evaluation project. The following period will be focused on supporting data collection activities conducted by the evaluation sites through the provision of evaluation-related TA. The final phase of the scope of work will include analyzing collected data and synthesizing evaluation findings in the form of project summary reports and a manuscript for publication.

Close collaboration with NACCHO and CDC/DSTDP will be maintained throughout the project period. NACCHO will be responsible for organizing and facilitating ongoing collaboration through regular conference calls and meetings.

Key activities and requirements include:

- Lead development of the project evaluation plan, including the selection of specific data elements, performance measures, and data collection instruments and processes;
- Provide TA to LHDs on implementation of the evaluation plan, including data cleaning, documentation standards, and reporting frequency;
- Participate in monthly project check-in calls with LHD implementation staff to provide evaluation-related TA to support successful data collection;
- Conduct ad hoc evaluation-related TA activities with LHDs;
- Participate in planning site visits to participating LHDs, in order to ensure evaluation activities are occurring as outlined in the project evaluation plan and to provide any needed TA, and attend site visits;
- Make adjustments to the evaluation plan and implement quality improvement actions, as necessary;
- Analyze all data available at project conclusion;
- Develop summary reports synthesizing evaluation findings for each participating LHD and for the project overall; and
- Write, in collaboration with NACCHO and CDC/DSTDP, a manuscript for publication of project findings.

METHOD OF PAYMENT

The contract start date is anticipated to be December 1, 2016. Invoicing and reimbursement will occur quarterly. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

PROPOSAL FORMAT

Proposals should use single-spaced Times New Roman 12-point font and not exceed eight pages in length. The cover page and attachments do not count against the total page limit. All pages, charts, figures, and tables should be numbered.

Proposals should include the following sections:

1. Cover Page

Provide a cover page that includes the applicant's contact information.

2. Proposal Narrative

- a. Understanding of Critical Issues: Describe your understanding of the critical issues related to the evaluation of testing technology implementation, especially in nonclinical settings;
- b. Experience and Expertise: Describe relevant experience and expertise to demonstrate ability to carry out the scope of work for this evaluation, including experience evaluating the performance and implementation of testing technologies, developing and delivering evaluation-related TA, and writing manuscripts for publication; and

- c. Methodology and Work Plan: Develop a proposed methodology and work plan for carrying out the scope of work for this evaluation. This section should address all elements of the evaluation, including evaluation plan development (e.g., selection of data elements, design of instruments, etc.), development and delivery of evaluation-related TA, analysis of collected data, synthesis of findings, and manuscript development. This section should include a narrative description of the methodology or approach for carrying out the project activities, and a work plan in table format that outlines activities, outputs, and target end dates.

3. Attachments

- a. Resumes/CVs for each individual responsible for carrying out the work plan;
- b. Line item budget; and
- c. At least two examples of relevant publications or work products.

SELECTION CRITERIA

NACCHO and CDC/DSTDP will review and score proposals in accordance with the following criteria (out of 100 points):

- Understanding of the critical issues (15 points)
- Experience and expertise related to the scope of work (25 points)
- Strength of proposed methodology and work plan (35 points)
- References and examples of previous work (10 points)
- Capacity to complete proposed tasks, including the appropriateness of the budget and experience of individuals responsible for carrying out the work plan (15 points)

SUBMISSION INSTRUCTIONS

The deadline to submit proposals is **Thursday, November 10** by 11:59 PM PDT. Proposals should be submitted as a single PDF in an email to nparr@naccho.org. Use as a Subject Line: “Rapid Syphilis Test Evaluator RFP”.

ADDITIONAL INFORMATION

For questions about this RFP, contact:

Nicholas Parr, MPH

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202-595-1121

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