



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Request for Proposals

for

Developing Tobacco Control Strategies Inclusive Of People with Disabilities in Mississippi

To develop and implement a Tobacco Control Program to reduce initiation of tobacco use, promote tobacco cessation, eliminate exposure to secondhand smoke and eliminate tobacco-related disparities among Mississippians with disabilities.

Mississippi State Department of Health
Office of Tobacco Control
2095 Dunbarton Drive, Suite 202
Jackson, MS 39216

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Developing Tobacco Control Strategies Inclusive of People with Disabilities in Mississippi

A. Introduction

The Office of Tobacco Control (OTC) at the Mississippi State Department of Health (MSDH) is committed to promoting and protecting the health of all Mississippians by reducing tobacco-related disease and death.

Tobacco use is the single leading preventable cause of death in Mississippi and the United States. Each year, about one-fifth of all deaths in Mississippi are from tobacco-related disease. Additionally, it has been widely established that secondhand smoke causes significant premature death and disease in non-smokers. There is no risk-free level of exposure to secondhand smoke.

Healthy People 2010 set forth two broad goals for improving the health of the nation. These goals were “to help individuals of all ages increase life expectancy and improve their quality of life” and “to eliminate health disparities.” Health disparities include, among others, differences that occur due to disability.

Because some populations experience a disproportionate health and economic burden from tobacco use, a focus on eliminating such tobacco-related disparities is necessary. Tobacco-related disparities are “differences in patterns, prevention, and treatment of tobacco use; differences in the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.”

B. Overview

The MSDH OTC is requesting proposals from qualified organizations for the development and initial implementation of Tobacco Control Strategies Inclusive of People with Disabilities in Mississippi. Organizations that submit proposals should be involved in policy or advocacy services for people with disabilities and should have a statewide scope of responsibility with a primary focus of addressing the needs of people with disabilities and their family members.

It is the intent of the OTC to identify an organization that will assist the OTC with the development and initial implementation and evaluation of tobacco control activities for the identified population. Proposals from qualified organizations are not to exceed \$99,000 per year. The project period will begin on (approximately) March 1, 2010 and conclude on March 28, 2014.

Note: *Acceptance of a proposal by the MSDH does not constitute a contractual relationship between the applicant and the MSDH.*

The purpose of this program is to reduce the morbidity and premature mortality among people with disabilities associated with tobacco use through awareness, education and cessation and by supporting program planning, development, implementation, surveillance and evaluation.

Based on Behavioral Risk Factor Surveillance System (BRFSS) data, in the state of Mississippi, there are approximately 481,000 adults 18 and over who experience disability, representing 23.5% of the population. Women account for 24.1% or 269,000 and men account for 22.7% or 213,000.

Measurable outcomes of this program focus on reducing the percentage of people with disabilities who use tobacco in the state of Mississippi. BRFSS data indicate that for most public health districts in Mississippi, the number of people with disabilities who smoke exceeds the statewide average. (See Appendix A)

C. Eligibility Guidelines

Proposals will be accepted from private, not-for-profit organizations; public, private or local government agencies; universities; or other organizations that are primarily involved in policy or advocacy services for people with disabilities. A consortium of agencies may collaborate to submit a single proposal, but only one contract subsequent to this request for proposals will be issued. Given the nature of the required activities, proposers will be expected to have or describe methods to access advanced research and evaluation capacity.

The proposing organization must have sufficient financial resources available to meet program deadlines without advance payment from the MSDH since the reimbursement for activities will be based on actual cost incurred on a monthly basis. (MSDH will reimburse for services and materials upon receipt of monthly-itemized invoices).

The proposer must submit a disclosure of current or past affiliations or contractual relationships with tobacco companies, owners, affiliates, subsidiaries, holding companies, or companies involved in any way with the production, processing, distribution, promotion, sale or use of tobacco. The successful applicant will be required not to accept any new relationships with tobacco companies during the contract term with MSDH.

D. Scope of the Project

The successful proposal will support the mission of the Office of Tobacco Control, “*To promote and protect the health of all Mississippians by reducing tobacco-related morbidity and mortality.*”

1. Program Requirements

Program activities should be proposed in two phases. In phase I, the proposal must include a description of methods to:

- a. conduct a needs assessment to determine the extent of tobacco use among individuals with disabilities in Mississippi;

- The needs assessment should include well-established methodologies for collecting data such as meta-analysis, focus groups, surveys, interviews, public meetings/forums. Data collected must be sufficient to assist the proposer and the OTC in determining the approach in phase II.
- b. identify the barriers to accessing traditional tobacco prevention and cessation programs for individuals with disabilities; and
 - c. develop a plan with input from the OTC to implement evidence-based approaches to meet the tobacco prevention and/or cessation needs of individuals with disabilities to be incorporated into the Mississippi Statewide Tobacco Control Strategic Plan.

Phase II activities should consist of the development/identification of specific evidence-based strategies to reduce tobacco use among youth and adults with disabilities. In this phase, the applicant will propose methods to:

- a. assist the OTC with the statewide implementation and evaluation of tobacco prevention and control activities for people with disabilities.
 - b. propose specific measurable goals and SMART (Specific, Measurable, Achievable, Realistic, Timelines) objectives and activities that incorporate an integrated evaluation plan.
2. **Phase I completion will be defined by the submission of the following reports:** a) Final Needs Assessment Report (suitable for publication), b) a final draft document detailing information to be incorporated into the Mississippi Statewide Tobacco Control Strategic Plan, and c) the acceptance by the OTC of a comprehensive implementation plan and timeline for phase II.
 3. **In phase II, proposers should concentrate on activities to achieve program requirements that fall within the following categories:** a) Media; b) Access; c) Point of decision information; d) Price; and e) Social support services.

Proposed evidence-based interventions should be based on a thorough analysis of gaps and opportunities that exist in the community and should reflect the potential for broad reach, impact and successful implementation.

4. **The performance of the successful applicant in Phase II will be measured by performance and adherence to timelines, submission of quarterly and annual reports, participation in meetings and OTC program activities, and through other methods to be determined by the OTC.**
5. **If the proposal describes the use of a consortium to accomplish activities, letter(s) of support must be included from all involved agencies.**
6. **Proposals must include the following components:**

a) A project narrative (limited to 10 single spaced pages in size 12 Times New Roman font with 1" margins);

The narrative should consist of information that clearly describes:

- a description of the proposer's experience working with people with disabilities and their families;
- a description of the proposer's capacity to carry out the project;
- a description of demographic characteristics of individuals with disabilities in Mississippi;
- a description of evidence-based methodologies used to provide services to the population;
- a description of project goals and primary objectives with an overview of the project timeline related to each phase of the project; and
- a description of the role and relationship of agencies/organizations included in the consortium (if any).

b) An implementation plan for each phase of the project (in the form of a table) that identifies: Project goals, SMART objectives, related activities, and an associated timeline. All objectives and activities should conform to SMART criteria, as defined above;

c) A budget and budget narrative utilizing the attached required template which can be downloaded at: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>; and

d) Letters of support and other attachments.

E. Grant Use Requirements

Grant funding is for the project period of (approximately) March 5, 2010 to March 28, 2014.

Grant funds may be used for:

- Staff salaries
- Program-related travel
- Supplies
- Equipment directly related to proposed activities (i.e., program-related computer(s), fax machine, printer, etc.)
- Other expenses directly related to program development and implementation

Grant funds may not be used for:

- Renovation
- Construction
- Consultants
- Subcontracts (without prior approval)
- Other items deemed inappropriate by the MSDH OTC
- Costs associated with responding to this request for proposal

Grant recipient cannot:

- Accept funding or support from the tobacco industry
- Have board members or others in decision-making positions who are associated with tobacco companies

F. Procedures for Submission and Delivery of Response to Request for Proposal

Submission Requirements:

- 12-point, unrounded, Times New Roman font
- Single spaced
- 8 ½ by 11 inch paper
- 1 inch margins
- Printed on one side of paper
- Forms provided by the OTC as attachments to this RFP

Proposals that do not follow these guidelines will not be reviewed.

Proposers are required to submit one (1) complete original proposal and **three copies**. Facsimile (faxes) and electronic submissions will not be accepted. Proposals and materials will not be returned to the proposers.

The proposal should be signed and all documents submitted in a sealed envelope or package **no later than 12:00 p.m. CST on February 26, 2010**. Responses received after the deadline will not be considered. All proposals will be opened and reviewed on March 1, 2010.

Submit Proposal to:
Mississippi State Department of Health
Office of Tobacco Control
Attn: Kimalesha Brown
2095 Dunbarton Drive, Suite 202
Jackson, MS 39216

NOTICE: Proposals that fail to follow the instructions in this document will be declared ineligible. It is the proposer's responsibility to submit a correct and complete proposal. No proposal may be revised, amended, or altered once it is received. MSDH reserves the right to negotiate or reject any or all proposals, or cancel this RFP in its entirety. Submission of a proposal indicates the proposer agrees to the terms and conditions of the RFP.

Except to the extent that specified items of commercial and financial information of a proprietary nature or designated trade secrets are clearly marked or identified as being sensitive data, all materials provided by the proposer including budget and financial data, information concerning business systems and procedures, personnel participation data and personnel qualification information, and other unique program descriptions and intellectual property identified by the proposer will be subject to disclosure by MSDH in accordance with Miss. Ann. Code §§ 25-61-1 et.seq., "Mississippi Public Records Act of 1983."

G. Review and Selection Process

Acceptance of a proposal by the MSDH does not constitute a contractual relationship between the proposer and the MSDH. Successful proposals **may** result in the development of a contractual agreement between the proposer and the MSDH.

To be considered for funding, applications must include all Proposal Requirements of this RFP and will be reviewed for completeness by staff from the Office of Tobacco Control. Incomplete applications and applications that are non-responsive to the Proposal Requirements will not advance through the review process. Applicants will be notified if the application did not meet submission requirements.

Applications may be approved but not funded. Those applications may be retained for funding consideration during a subsequent grant review cycle.

H. Anticipated Announcement and Award Dates

Successful applicants will receive a Notice of Award from the Office of Tobacco Control. Unsuccessful applicants will receive notification of the results of the application review by mail, on or before March 5, 2010.

Only one proposal will be funded. The maximum allowable amount is \$99,000 for Fiscal Year 2010 and \$99,000 per year for FYs 2011 to 2014. Selection will be based on merit and quality of the applications received. The Office of Tobacco Control reserves the right to vary the funding amount and to withdraw or modify the solicitation at any time.

Each proposal will be reviewed by a non-biased committee. Grant awards will be based on a total score given by the review committee. Complete applications will be reviewed against set criteria and scored on a point system. Applications can receive up to 100 possible points on the application.

Section	Possible Points
Cover Page	Not scored
Project Narrative	25
Implementation Plan	45
Budget	10
Budget Narrative	20
Letters of Support	0
Total Possible Points	100

All proposers will be notified of the decision regarding their proposal.

I. MSDH Responsibility

- Provide program oversight
- Provide on-going technical assistance
- Process payment in a timely manner

Application Checklist

Applications that are missing any of the listed items will be considered incomplete.

- _____ Cover Page
- _____ Project Narrative
- _____ Phase I Implementation Plan (Must include all activities listed in this RFP for Phase I)
- _____ Phase II Draft Implementation Plan (Must include all activities listed in this RFP for Phase II)
- _____ Disclosure Statement
- _____ Attachments, as indicated in the RFP

Proposers are required to submit

- _____ One (1) original hardcopy of the completed application with original signatures
- _____ Three (3) photocopies of the completed application

Submit completed applications on or before Friday, February 26, 2010, by 12:00 p.m., CST to:

Mississippi State Department of Health
Office of Tobacco Control
Attention: Kimalesha Brown
2095 Dunbarton Drive, Suite 202
Jackson, MS 39216

Appendix A

People With Disabilities Who Also Smoke						
Based on 2008 Mississippi BRFSS Data						
By Public Health District						
District I	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	13	43.0	6	21.9	19	34.2
Female	37	40.2	13	28.1	50	36.6
Total	50	41.5	19	24.5	69	35.4
General Population Smoking Rate						
Male	42	24.1	23	31.3	65	26.4
Female	84	28.5	31	18.9	115	24.7
Total	126	26.4	54	24.4	180	25.5
District II						
	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	26	27.1	4	10.7	30	23.8
Female	47	36.7	7	25.9	54	35.2
Total	73	31.9	11	16.6	84	29.3
General Population Smoking Rate						
Male	70	25.6	13	30.9	83	26.4
Female	98	25.1	20	15.7	118	23.1
Total	168	25.3	33	22.5	201	24.7
District III						
	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	6	13.8	11	27.5	17	21.0
Female	20	33.1	14	34.5	34	33.8
Total	26	23.4	25	30.3	51	26.6
General Population Smoking Rate						
Male	24	23.5	31	20.3	56	21.6
Female	49	22.3	43	11.3	92	15.3
Total	73	22.9	74	15.4	148	18.3
District IV						
	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	13	31.6	7	14.9	20	23.2
Female	27	32.4	13	37.9	40	34.3
Total	40	32.1	20	24.9	60	29.1
General Population Smoking Rate						
Male	35	17.3	19	29.4	54	21.8
Female	65	24.0	26	18.8	91	21.8
Total	100	20.7	45	23.6	145	21.8

District V	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	8	15.4	8	15.8	16	15.4
Female	25	29.4	10	24.4	35	27.9
Total	33	23.9	18	18.7	51	21.5
General Population Smoking Rate						
Male	35	17.0	31	24.3	67	20.7
Female	67	23.3	34	11.0	101	17.5
Total	102	20.4	65	17.3	168	19.0
District VI	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	16	38.7	6	23.5	22	31.6
Female	23	29.0	11	31.5	34	29.7
Total	39	33.8	17	25.9	56	30.8
General Population Smoking Rate						
Male	40	26.0	22	34.4	62	29.1
Female	68	23.2	28	14.4	96	19.9
Total	108	24.5	50	24.2	158	24.3
District VII	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	16	41.3	5	12.7	22	26.4
Female	36	32.0	10	27.0	47	30.3
Total	52	36.7	15	17.4	69	28.0
General Population Smoking Rate						
Male	40	25.4	29	35.7	70	30.1
Female	75	22.6	35	15.3	111	19.2
Total	115	23.9	64	24.8	181	24.3
District VIII	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	24	45.9	7	30.8	31	39.3
Female	21	32.3	7	15.0	28	26.8
Total	45	39.7	14	25.5	59	34.2
General Population Smoking Rate						
Male	52	22.1	17	37.4	69	26.8
Female	57	16.1	23	18.2	80	16.7
Total	109	18.9	40	27.7	149	21.5
District IX	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²

Male	22	24.5	4	29.8	27	26.0
Female	52	43.4	6	23.0	58	40.9
Total	74	33.5	10	26.9	85	33.0
General Population Smoking Rate						
Male	70	29.1	13	25.2	84	28.6
Female	109	25.0	20	17.6	129	23.7
Total	179	27.0	33	21.3	213	26.1
State Totals	White		Nonwhite		Total	
Sex	No ¹	Pct ²	No ¹	Pct ²	No ¹	Pct ²
Male	144	29.4	58	20.1	204	25.8
Female	290	35.8	91	27.5	382	33.6
Total	434	32.7	149	22.8	586	29.5
General Population Smoking Rate						
Male	411	23.6	199	28.4	614	25.3
Female	677	23.7	260	14.4	938	20.2
Total	1,088	23.6	459	20.9	1,552	22.6
¹ Unweighted						
² Weighted						