

HEALTH INFORMATION OUTREACH FUNDING

REQUEST FOR PROPOSALS

The National Network of Libraries of Medicine (NN/LM NER), under contract with the National Library of Medicine (NLM), announces the availability of funding through its Health Information Outreach Subcontract. Subcontracted projects can target health care providers, public health workers, and/or the public. The Health Information Outreach Subcontract's primary aim is to broaden access to health information resources featuring National Library of Medicine resources.

\$25,000 is available to fund one or more projects.

Proposals are due January 20, 2012. Approved projects will be contacted by February 10, 2012. Funded projects can expect to begin their performance period May 1, 2012 and be completed by April 30, 2013. Projects will not have a performance period longer than twelve months. Applicants must contact NN/LM NER to inform the office of intent to apply for funding. Contact Javier Crespo or Michelle Eberle by December 28, 2011.

Purpose

The primary purpose of the Health Information Outreach Subcontract is to assist Network members and other health-related agencies in their efforts to provide information services and training to audiences not normally reached.

Targeted health care workers and consumers should be engaged in one or more of the following:

- Working with members of special populations who seek health information;
- Practicing in medically underserved urban or rural areas; and/or

In addition, Health Information Outreach Subcontracts are offered to:

- Identify areas or populations that are in need of better health information services.
- Provide access to health information resources to health workers and consumers lacking convenient access to quality information resources.
- Increase the awareness and use of National Library of Medicine health information resources.
- Expand the Network's health information delivery to include the public health work force.
- Strengthen the Network by developing the role of librarians as health information mediators.

Eligibility

Proposals will be accepted from Full or Affiliate members of the NN/LM NER. Partnerships with affiliate members, public health agencies, state, county and /or local public health agencies and community-based groups are strongly encouraged. Information about Network membership is available on the NN/LM Web site at <http://nnlm.gov/about/membership/>. Proposals are also encouraged from community-based agencies and organizations working with providers and patients or other agencies seeking to conduct a health information project. Proposals from these agencies should seek a NN/LM Network member a partner/collaborator. Proposed projects will be reviewed and approved by NER, the corresponding RAC Community of Interest, and NLM. NLM will have final approval of all subcontracts. All funding will address outreach initiatives related to

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NER's Focus Areas: Proposals must provide a justification for funding based on the project addressing issues related to NER Focus Areas.

Focus Area	Brief description of focus areas
Healthcare Workforce	Preparing/training providers, specialized information training for new types of providers, reaching special populations
Healthy Communities	Working with health-based coalitions, participatory health, community leadership
Health Literacy	The individual role in health management; communication, comprehension, functioning patient in decision making
Health IT	Assisting in adoption of EHR, training IT workforce, librarian's role in HealthIT
eScience	Collaborative mobilization for capacity building and exploration of information services in newer forms of data

Focus Area Descriptions

Health Care Workforce

The Health Care Workforce theme is concerned with issues and trends related to the composition, distribution, preparation, and ongoing development of students and professionals in the health care setting. The Workforce issue is also concerned with the response to areas that do not have sufficient health care services. NER approaches the Workforce theme from a broad multi-faceted perspective in the context of a changing population with varying educational levels and challenges in access to health care.

Possible outreach areas addressing Healthcare Workforce

- Community Colleges are expanding programs to address the training needs professions, conducting outreach to community colleges and other vocational training programs in the health services.
- Workforce disparities and programs aimed at addressing disparities, high school health careers and other pipeline programs
- US health-worker shortages and demographic changes of the workforce.

Healthy Communities

A Healthy Community is where people come together to make their community better for themselves, their family, their friends, their neighbors, and others. A Healthy Community creates ongoing dialogue, generates leadership opportunities for all, embraces diversity, connects people and resources, fosters a sense of community, and shapes its future. Healthy Communities is an approach to understanding and improving health and well-being. (Ayre, Clough, and Norris, Principals, Community Initiatives, LLC, 2006)

The Healthy Community approach involves working effectively with a variety of community based organizations and facilitating partnerships in the community with the common goal of improving public health. Creating a healthy community means active engagement of persons of all ages, education and economic backgrounds.

Funded outreach project should aim to collaborate with Healthy Communities or other forms of participatory community health initiatives. They can include:

- Collaborating with local departments of public health, community groups, and other key groups

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- Reaching underserved populations in the region with health information outreach projects
- Increasing communication channels between librarians, health care professionals, government, CBOs
- Raise awareness of healthy community initiatives and contribute to healthy communities

Health Literacy

Promoting health literacy involves fostering new skills for health care providers and consumer moving beyond acquiring a basic understanding of health literacy issues. Libraries and librarians at Member institutions should become stewards of health information literacy and work with other professional and staff groups to develop institutional policies and educational material directed at providing patients with the most understandable information available to the patient. NER will raise awareness in the region of solutions for health literacy such as: readability, design, easy to read resources; development/use of multimedia tools; plain language, teach-back; effective health care communication and increased patient-provider dialogue.

Some potential areas of practice that can be part of a funded project:

- Development or use of multimedia tools; readability, design, easy to read
- Plain language, teach-back, dialogue; effective health care communication, plain talk
- Integrating health literacy education into nursing/allied health, medical school curricula
- Developing “teach to goal” – linking information with behavior
- Programs/resources to “close the comprehension gap”
- Community coalition building
- Putting to action the CDC’s National Action Plan to Improve Health Literacy in your work place.

HealthIT

The HealthIT theme is concerned with those forces that are dramatically changing the health care setting and its information systems to incorporate mandated implementations for an Electronic Health Record (EHR) and or a Patient Health Record (PHR). HealthIT implementation protocols are mandated for practices receiving Medicare and Medicaid reimbursements. As such, these changes are widespread and affect hospitals, large and small practices, and those state system offices charged with establishing its infrastructure.

The Electronic Health Record may include features that assist providers in clinical decision making as well as information resources for the patient. The Patient Health Record may become the standard by which information about the patient’s interactions with health systems is conveyed. EHRs and PHRs will become vehicles for information resources made available to the patient. Opportunities will be explored with Network members and those vendors that have designed patient education components into their EHR or PHR. Pilot projects have been conducted at the National Library of Medicine that can be replicated in other places and other vendor platforms. NER will advocate consumers to use personal health records as national survey from the California HealthCare Foundation finds they motivate consumers to improve their health. The findings show that: PHR users pay more attention; low-income, chronically ill benefit from PHRs; doctors are more trusted, privacy remains a concern. Education surrounding the use of PHRs will be an integral part of consumer health outreach.

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Funded projects directed at HealthIT issues can be directed at:

- Reaching out to New England Regional Extension Centers (REC's)
- Assisting in HIE promotion: helping to promote health information exchange (HIE) among health care providers and hospitals throughout New England
- Assisting Community College Consortia: reaching out to those community colleges establishing intensive, non-degree training programs in health information technology

Expectations

- As a subcontract the lead institution must be able to set up an account for the project and obtain the project funds from the NN/LM NER on a cost-reimbursement basis. Funding is not considered a grant.
- Quarterly and Final Reports on progress and completion of project will be submitted via the Outreach Application and Online Contract Reporting System at <https://outreach.nlm.nih.gov>.
- Applicants developing training materials should consult with materials available in the Medical Library Association Educational Clearinghouse (<http://cech.mlanet.org/>)
- Proposals must include an evaluation component. Applicants are encouraged to consult the resources available from the National Network's Outreach Evaluation Resource Center (<http://nnlm.gov/evaluation/guide/>) when developing needs assessments and outcomes-based evaluations.
- Applicants are expected to implement policies and procedures that support appropriate delivery of services to culturally and linguistically diverse groups. Applicants can consult National Center for Cultural Competence and its resources at <http://gucchd.georgetown.edu/nccc/links.html>.
- Federal regulations and guidelines require equal access for individuals with disabilities; upon request contractors are required to provide information to individuals with disabilities through alternative means. Consult the standards described in Section 508 of the Rehabilitation Act. (www.nlm.nih.gov/web/documentation/accessibility.html)
- Material produced in relation to the project should attribute the National Library of Medicine as funding source. Suggested text: *Funded under contract HHS-N-276-2011-00010C with the University of Massachusetts Medical School and awarded by the DHHS, NIH, National Library of Medicine.*
- Recipients of NN/LM funding should publish results from NN/LM funded projects according to the NIH Public Access Policy. Final peer-reviewed manuscripts arising from NIH funds must be submitted to PubMed Central upon acceptance for publication. To help advance science and improve human health, the Policy requires that manuscripts be accessible to the public on PubMed Central no later than 12 months after publication. The NIH Public Access site should be consulted: <http://publicaccess.nih.gov/policy.htm>.

Technical Proposal Instructions

A detailed plan must be submitted indicating how the statement of work will be implemented. All elements outlined in the Statement of Work must be addressed in as much detail as necessary to demonstrate a clear understanding of the work being undertaken. Proposals should demonstrate the project's ability to comply with the above listed expectations.

Prepare your technical proposal using the following outline:

I. Cover Page

The cover page should include the following information:

- A working title for the project;
- Name of the library or institution submitting the proposal
- Date of submission
- Primary contact's name, mailing and email addresses, phone numbers; and,

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- Amount being requested.

III. Statement of Work

The statement of work will include technical requirements and specific tasks. The statement of work must address the following:

- 1. Abstract:** Provide a summary of the proposal that does not exceed 250 words. The abstract should highlight the proposed project's audience, goals, methodology, anticipated outcomes and plans for evaluation. The abstract should also identify and describe any collaborating partners.
- 2. Introduction and background:** Provide an overview of the project and review any previous related work.
- 3. Identification and description of target population and geographic area covered:** Describe the potential number and types of persons who will be targeted by the project and cite source(s) for the data. Provide demographic data for the target group. Estimate the percentage and number of persons who will be reached by the project.
- 4. Project goals and objectives:** Goals must reflect an overall mission of improving access to information among health care providers, public health workers, and/or consumers. State the project objectives and the specific accomplishments expected. Indicate the rationale for the plan, and the relationship to comparable work in progress elsewhere.
- 5. Methodology and approach:** Approach and methodology should provide a rationale for the stated objectives and the plan of work for achieving the objectives. Describe in detail the project methodology. Indicate any previous experience with methodology, areas of anticipated difficulty or unusual circumstances. Discuss the possible or probable outcomes of proposed approach. A separate objective or activity-based timeline should be included.
- 6. Schedule/Timeline:** Provide an objective or activity-based timeline. Items in the timeline should correspond to project methodology or work plan.
- 7. Publicity:** Provide a detailed plan for promoting the project to the targeted organization or community.
- 8. Personnel:** Identify all project personnel. Include a narrative summary of qualifications as they relate to the statement of work and project responsibilities. Evidence of the project principal's (aka, principal investigator) ability to manage a project of similar scope should be provided. A summary of estimated hours of project work and percentage of total hours worked should be provided for all personnel. Include curriculum vitae or résumés for proposed project personnel. If a position is new and will not be filled by current staff, please provide a detailed job description and minimum qualifications for the position.
- 9. Facilities/Institutional Support:** Describe the lead institution, its resources and services as it pertains to the statement of work. Describe the services that will be provided to project participants. Include a letter of commitment from the lead institution's administration, and letters of commitment from the administration of all agencies involved in or targeted in the project.
- 10. Evaluation plan:** Describe the plans for evaluating the project's success. For each objective: Provide an indicator of success, where that data will come from, and the method for evaluating each indicator. Provide a process assessment plan that evaluates the project's implementation.

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11. Continuation of activities after project completion: Describe the intent to continue project services to targeted public health workers beyond the project's period of performance. Describe how these services may be funded.

12. Other NLM or NN/LM NER support: Information on grants/contracts/competitive purchase orders with NLM or NN/LM NER that were funded previously, are currently active, pending review, or being prepared for submission, must be provided. List dates of awards, amount of award, title of project, period of performance and funding unit.

IV. Cost Proposal Instructions

The proposal will include a detailed budget table or spreadsheet for the costs included in each category.

A separate narrative justification for the budget items is required and must accompany the budget table. Provide an explanation of the item or category's role in the project and how estimated expenses have been computed. Items in the budget estimate and narrative should have a clear relationship with or correspondence to project objectives and activities in the work plan.

Total cost must not exceed \$25,000 including indirect costs if they are charged. Funds may be requested for the following (these are examples only and are not meant to be all-inclusive):

- Salaries of project personnel;
- Rental or purchase of equipment and software;
- Travel necessary to support the project;
- Costs for developing, producing, and distributing materials related to knowledge services; and,
- Other costs.

The budget estimate must include the following (expenditure categories as they apply):

- * Name of primary contact, date, name of institution, project abstract, period of performance
- * Expenditure Categories
 - * Personnel: may be subcategorized by Salary and Fringe
 - * Travel
 - * Equipment: rental or purchase of equipment and software
 - * Supplies
 - * Communications: telephone, postage and other communications
 - * Reproduction: printing, copying, or reproducing materials
 - * Rental fees and registration fees related to exhibits and training sites
 - * Other Costs
 - * Total Direct Costs
 - * Modified Total Direct Costs*
 - * Indirect Costs
 - * Total Costs of Project
 - * In-kind Costs

*Modified Total Direct Costs are calculated by subtracting Capitalized Nonexpendable Equipment from the Total Direct Costs. Indirect Costs (Overhead) are applied only to the Modified Total Direct Costs. The total amount requested is calculated by adding Total Direct Costs to the Indirect Costs. Institutions are encouraged to waive Indirect Costs. If Indirect Costs are charged, they must be limited to no more than 10% of the budget, and must be included as part of the total, not charged in excess of the budget. In-kind Costs (contributed by institution) are encouraged.

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For IT/Computer Hardware of \$3,000 or more, submit three vendor quotes. Quotes may include General Service Administration (GSA) price lists (Reference: <http://www.gsa.gov>). Vendor quotes are necessary to determine price reasonable for purchase of over \$3,000 or more. The absence of competitive quotes must be documented and justified. Personal Appeal Items or equipment that can be construed as personal items (portable devices, cameras, etc.) should be used solely for attaining project goals.

***Please note:** Funds requested to develop print collections of consumer health materials or to purchase access to any commercial electronic health information product may not exceed 5% of the total amount of the project budget. Also food is not an allowable expense.*

V. Attachments

- * Curriculum vitae or résumé of key personnel.
- * Description of facilities and resources available to the project.
- * Letters of support from institution(s).
- * Other supporting information.

Period of Performance

The Period of Performance can be twelve, fifteen, or eighteen months from date of executed subcontract agreement.

Evaluation Factors

Proposals are reviewed internally by the NER staff and members of the Outreach Subcommittee of the Regional Advisory Council. Questions may be returned for clarification and revision. All proposals are also reviewed by the National Library of Medicine.

The merits of each proposal will be carefully evaluated, based on responsiveness to the RFP and the thoroughness and feasibility of the technical approach proposed.

Proposal Checklist

- Project Abstract: one paragraph description summarizing setting and proposed project
- Goals and measureable objectives
- Workplan for each objective
- Timeline for each objective's workplan
- Planned outcomes and indicators to be measured as part of evaluation
- Letters of Support from institution and targeted departments or units
- CVs or Resumes of project staff.
- Project Budget: Spreadsheet and Narrative

Technical Evaluation Criteria

Applicants must submit information sufficient to evaluate their proposals based on the following criteria. The criteria are listed in the order of relative importance with points assigned for evaluation purposes. Proposals will be scored against these criteria and the points assigned to each criteria.

Identification of Need, Description of Target Group, Geographic Area. (35 Points).

- Description of the target group or area.
- The actual or perceived need for the project and its potential impact.
- Estimated percentage of the target group that will be served by the project.

Methodology/Technical Approach (35 Points)

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- The logic and feasibility of the methodology and technical proposal.
- Plans for evaluating the success of the project.

Experience and Facilities of the Respondent and Supporting Documentation (30 Points)

- Experience of the proposed personnel in developing and conducting promotional and/or training/orientation projects for the targeted audience or include evidence that steps will be taken to obtain adequate background or experience prior to carrying out the project.
- Demonstrated evidence of facilities and resources adequate to support the project. Letters of commitment from administration and of support from target institution(s).
- Evidence of a commitment to continuing outreach services to the targeted population beyond the contract period.

Proposal Submission

One electronic version of the proposal must be submitted. Please do not staple or bind the proposal. The respondent must also submit one original printed version of the proposal to:

Javier Crespo, Associate Director
NN/LM New England Region
222 Maple Ave.
Shrewsbury, MA 01545
Javier.Crespo@umassmed.edu

If you have questions or require assistance, please contact:

Javier Crespo (javier.crespo@umassmed.edu) or Michelle Eberle (michelle.eberle@umassmed.edu)
Phone: 508-856-5979; Fax: 508-856-5977

The National Network of Libraries of Medicine New England Region is a program of the National Library of Medicine under government contract (HHS-N-276-2011-00010-C). According to FAR 52.232-18 (Availability of Funds) the Government's obligation under this contract is contingent upon the availability of appropriated funds from which payments can be made. No legal liability on the part of the Government for any payment may arise until funds are made available.