

Appalachian Regional Commission

Request for Proposals

**Program Evaluation of the Appalachian Regional Commission's
Health Projects**

**Proposals are due on or before the close of business
September 6, 2012**

Appalachian Regional Commission
1666 Connecticut Ave., NW, Suite 700
Washington, D.C. 20009-1068

Attention: Kostas Skordas
kskordas@arc.gov
202-884-7720

Appalachian Regional Commission Request for Proposals: Program Evaluation of the Appalachian Regional Commission's Health Projects

I. Overview and Background

The Appalachian Regional Commission (ARC) invites proposals from qualified researchers and consultants to conduct a major program evaluation of Commission health projects that served communities in the Appalachian Region. This program evaluation will examine roughly 230 projects located throughout all 13 Appalachian states, funded from fiscal year (FY) 2004 through FY 2010 at a total investment of over \$30 million. This program evaluation will include a range of health-related projects in areas including primary care, dental care, health manpower (workforce), health planning and research, community facilities, health education, telemedicine, and mental health/rehabilitation. The specific purposes of projects in these areas include equipment purchases, operations, construction, technical assistance, planning, and research.

This evaluation will involve a detailed review of information recorded in ARC's internal grant management database (ARC.net) and, where necessary, of hard-copy documents archived by the Commission. This information review will be augmented by the collection of project data through a process proposed by the contractor. It is expected that this process will include some form of a survey of ARC project grantees (e.g., phone interviews, site visits, online questionnaires) to obtain information on project-specific outputs and outcomes. The project performance data collected will be compared to information recorded in ARC.net, and in most cases, should result in updated actual performance data. The data and information gathered in this process will be analyzed and presented in a draft report and a final report, which is to include at least 13 (one for each Appalachian state) in-depth case study profiles representing each major category of ARC's health-care projects.

ARC's primary purpose in conducting this evaluation is to determine the extent to which health projects have contributed to the attainment of the Commission's goals and objectives, as identified in its strategic plan and annual performance and accountability reports. In particular, the Commission seeks to verify project outcomes and to assess the utility and validity of specific performance measurements for monitoring and evaluating these types of projects. This evaluation should be designed to comply with ongoing program evaluation requirements under the Government Performance and Results Act (GPRA), and the Office of Management and Budget's (OMB) Circular No. A-11.

ARC is increasingly funding health-related projects in Appalachia but has not commissioned an evaluation of health projects in recent years. **Therefore, the primary goal of this effort is to evaluate the performance of ARC health investments from FY 2004 through FY 2010, using contractor-gathered data on project-specific performance measures.** Secondly, this evaluation will suggest ways to enhance and standardize performance measures for ARC health projects. The evaluation will also inform ARC of ways to better develop, assess, and manage health projects and investments, and enhance the agency's capability for documenting and reporting program impacts.

Relevant questions for this evaluation, and for the case studies specifically, include:

- What problems and challenges were health projects designed to address?
- What approaches did the projects use to ameliorate these problems and challenges?
- What specific outcomes were health projects designed to achieve, and did they meet their performance targets?

- What are the characteristics of communities and individuals that benefited from the projects?
- To what extent were project-related gains sustained beyond the period covered by the ARC grant?
- What factors influenced the projects' success and implementation?
- What methods of measuring project performance best capture immediate benefits and broader social and health impacts of ARC investments?
- Have grantees applied lessons learned to their ensuing efforts to serve target communities?

Background: ARC Program Evaluation

ARC fully embraces the federal government's emphasis on performance-based management. To this end, ARC prepares a performance-based budget each year and has done so since FY 2005. (See www.arc.gov/publications for ARC budget documents.) ARC will also continue to develop its performance measurement system to comply with GPRA requirements. GPRA requires each agency's strategic plan to describe the relationship between the agency's general goals and objectives and the performance goals reported in the agency's annual performance plan. ARC has in the past commissioned research studies that developed useful and cost-effective methods for measuring project outcomes linked to ARC's strategic goals.

ARC's 2011–2016 strategic plan presents the Commission's four general goals:

1. Increase job opportunities and per capita income in Appalachia to reach parity with the nation.
2. Strengthen the capacity of the people of Appalachia to compete in the global economy.
3. Develop and improve Appalachia's infrastructure to make the Region economically competitive.
4. Build the Appalachian Development Highway System to reduce Appalachia's isolation.

ARC conducts regular independent evaluations of all its major program areas. Program evaluations assess whether a policy or program makes a measurable difference in social or economic outcomes defined by participants and stakeholders. Relevant ARC research studies, program evaluations, and other reports are available at www.arc.gov/research.

Background: ARC Health Projects

ARC's health-care projects generally fall into three categories:

- 1) *Clinical Services*. This category includes activities that support the provision of clinical services, especially for underserved populations, populations located in health professional shortage areas (HPSAs), or populations experiencing documented health disparities. Usually, these are short-term programs to support start-up operations, provide gap funding, or address clinical emergencies. Care provided could include primary care and any specialty care (oral health, substance abuse, child abuse counseling services, etc.). Patient services are usually provided in primary-care facilities, through telemedicine, in specialty clinics, or via alternative sites.
- 2) *Health-Care Access*. This category includes activities that improve access to health care for underserved populations, especially populations located in HPSAs or experiencing health disparities. Usually, these projects focus on physical infrastructure and/or human workforce needs to ensure that quality care is available. Specific activities can include equipment purchase and installation; facilities upgrade or construction; provision of telemedicine facilities or equipment; and broad workforce development efforts such as rural residency programs or physician retention activities. Some projects may include small-scale on-site training to enhance worker skills. Others may focus on large-scale training programs and services such as nursing schools or hygienist programs.

- 3) *Health Promotion/Disease Prevention*. This category includes activities that promote healthy lifestyles to reduce health risk factors. Interventions are commonly community-based efforts to change unhealthy behaviors, to promote new policies or services, or to address specific disease conditions of local concern. Specific activities include public education and awareness efforts conducted through events, workshops, or media campaigns; community mobilization efforts such as cancer or diabetes coalitions; new program initiatives for health resource centers and other community-based providers; school-based interventions for oral health, substance abuse, or other health issues; nurse-family partnerships; and infant mortality reduction programs.

In general, health-related performance goals are measured and reported in terms of both outputs and outcomes. For clarification, outputs are short-term measures documenting the number of participants, patients, and communities served by a health project. Outcomes measure the long-term health improvements in participants, patients, and communities as a result of program intervention. Given the range of health projects funded by ARC, contractors may propose a more comprehensive and systematic method to measure the outputs and outcomes produced by ARC health investments.

For additional information on ARC's health projects, please see www.arc.gov/health.

II. Scope of Work

Proposals should present an outline of the research and analysis to be conducted, a work plan, and a schedule for reports and deliverables. The scope of work requires a team of researchers and consultants from a research institution and/or consulting firm to execute the project. The following issues should be incorporated into or addressed in the design of proposals for this research project.

1. Develop and enhance the research methods to collect performance data on health projects and analyze the results. This detailed method should be informed by and include a brief but careful review of:
 - a) relevant ARC evaluation research reports (available from www.arc.gov/research);
 - b) other program evaluation, performance measurement, and reporting methods used for government health projects.This task does *not* require a detailed, lengthy literature review, but rather a brief description of the research approach, with a discussion of the relative merits of the preferred approach and choice of methods. It should include relevant and significant references to methods and preferred approaches for health project survey data collection, and health project evaluation. Contractors should propose methods that are consistent with evaluation requirements in the GPRA and OMB Circular No. A-11, and with methods used in other relevant health program evaluations.
2. Develop and implement a data collection method (survey/questionnaire) to obtain updated, accurate project performance data for ARC health projects. This program evaluation will examine roughly 230 health projects that were funded by ARC between FY 2004 and FY 2010, and the successful proposal must develop methods to obtain sufficient responses to ensure a valid, robust evaluation. This task will require development of a consistent set of performance measures for these projects, using information gathered from the preferred survey methods. Thus, development of the survey instruments will require careful consideration of appropriate project-specific outputs and outcomes for the range of ARC health projects. The goal is to provide complete and accurate performance data for as many health projects as practicable, supplementing and enhancing the existing ARC.net data on health projects. Note that follow-up phone calls to grantees unresponsive to requests for participation will likely be needed in order to reach a suitable sample size.
3. Analyze and summarize results gathered for all existing performance measures. Assess the utility and validity of these performance measures for monitoring and evaluating health projects. The focus of this task is on analyzing the collected data from the previous task, organized around direct project outputs (characteristics of the project and capacity) and outcomes (ultimate impacts in terms of patients served, improved health care awareness, community health indicators, etc.). Other relevant

performance measures may be proposed that link to the types of health projects outlined above.

Examples include:

- For physical improvements (e.g., facilities, equipment): Capacity of the improvements in terms of square feet, patients that could be served, hospital beds/rooms, capacity of equipment/buildings, new technology capabilities, etc.
 - For health education and research: Tangible measures of program goals, successes, community participants, etc.
 - The number of patients, workers, trainees, and/or participants served and improved following project closeout and for two to three years after project completion.
 - The number of health and education professionals certified, trained, or improved by other professional development activities, and the expected benefits of these activities.
 - The number of jobs created and retained through investments in health.
 - The amount, relative contribution, and leveraging rates of ARC and other project-related funds and the resulting non-project private investment that resulted.
 - Quality of life improvements realized by individuals and communities served by health projects, with special attention given to economically distressed communities.
4. Prepare a database containing project information and key performance data that could be uploaded to a Web site to allow viewing by the public. Provide metadata (field name description, definition, source, source date, and equation if computed) for all raw and computed data fields. The database should include a series of tabulations, queries, graphs, etc., that summarize the research project's findings.
 5. Conduct at least 13 in-depth case studies of ARC health projects (at least one in each Appalachian state). Identify innovative or promising programs that are addressing critical health needs, and describe how barriers and challenges were overcome. Where possible, specific attention should be given to best practices for rural, underserved, and/or economically distressed communities. The goal is to provide health stakeholders with performance measurement methods and tools to help assess the impact of health projects in the Appalachian Region. Proposals should describe the kind of information to be obtained through these case studies, methods to engage stakeholders (in-person, via phone), and how the information collected in these detailed case studies can inform and provide greater context for the overall evaluation.
 6. Discuss policy implications raised by the analysis and formulate appropriate recommendations. (For example, ARC is increasingly funding health projects and programs in Appalachia, and this evaluation provides an opportunity to summarize ARC's impact and role in health projects, leverage ARC funding with additional public- and private-sector funding, and improve long-term health outcomes for Appalachian residents.) Provide recommendations for improving health program performance and achieving results. Propose improved methods for collecting and evaluating performance data. Describe specific ways to tap into existing programs that can support health care advancement. Summarize conclusions, findings, and policy implications, referring to issues posed in the Overview and Background sections above.

III. Deliverables

The contract will require three quarterly reports, a draft report, and a final report with an executive summary that integrates, summarizes, and interprets key findings of the study. The report should be written for a non-technical audience and relate the narrative discussion to descriptive statistics, analyses, graphs, maps, and tables where appropriate. Technical details, data tables, and details regarding methodology should be presented in appendices. A printed copy of the final report suitable for reproduction and an electronic file copy must be submitted upon completion of the project (in Microsoft

Word and Adobe PDF file formats). These should be accompanied by an Excel workbook or Access database of all relevant data compiled during the study. The contractor will provide metadata (field name description, definition, source, source date, and equation if computed) for all raw and computed data fields. Geographic information system (GIS) mapping databases, map images, and map documents developed for the project should also be provided to ARC. ARC will provide the selected contractor with formatting guidance documents for all reports.

IV. Methodology

The successful applicant will develop a complete methodology to conduct the analysis specified in the scope of work to analyze the performance of ARC health investments. It should include:

- Specification of the analytical framework, research methods, and statistical techniques to be used for the proposed analysis. Proposals should discuss the relative merits of various approaches, and outline the advantages and limitations of the selected approach.
- A method for summarizing results by county or local development district (multi-county planning and development organizations).
- Specification of the decision process and protocols to be used for selecting and conducting case studies of meaningful health projects and best practices that address research questions and issues.

Proposals can recommend other methodological approaches as needed. In keeping with the overall budget constraint for this project, proposals may present trade-offs among tasks as long as the research design can ensure the accomplishment of the main research objectives of the project.

V. Proposal Submission, Evaluation, Cost, and Timing

Proposals are due on or before the close of business on Thursday, September 6, 2012.

ARC anticipates that the level of effort required for this project will be *medium scale* (less than \$200k). The contract will be a FIRM FIXED-PRICE CONTRACT. ARC anticipates that it will take 12 months to complete all phases of the project.

An original and three hard copies of the proposal must be submitted to:

Kostas Skordas, Regional Planner
Regional Planning and Research Division
Appalachian Regional Commission
1666 Connecticut Ave., NW, Suite 700
Washington, DC, 20009-1068

In addition to the hard-copy submission, proposals must be e-mailed on or before the deadline to kskordas@arc.gov. E-mail attachments should be no more than 10 MB.

All proposals will be evaluated based on the following criteria:

Technical Proposal

- Complete, clearly articulated, logical study design and technically competent methodology.
- Demonstrated knowledge of existing research, policies, and practice regarding the questions and issues outlined in the RFP; relevant health projects and initiatives; program evaluation methods and experience; and effective methods to conduct surveys and collect data on project impacts.

Management Proposal

- Qualifications, relevant prior experience, command of existing research on regional development issues, and ability to present findings in a useful manner.

- Credible management proposal for staffing and completing the project in a timely fashion.

Cost Proposal

- Cost effectiveness of the proposed project design.

VI. Technical, Management, and Cost Proposal Contents

A. Technical Proposal

The narrative should not exceed 10 pages, and should include:

- *Methodology*: Provide a brief abstract of the proposal by summarizing the background, goals and objectives, proposed methodology, and expected output and results of the research study. The technical proposal should focus on an understanding of the project and a detailed approach to addressing the scope of work. Outline the step-by-step approach that will be taken to achieve the project's goals and arrive at research findings and conclusions. Describe how these methods will accomplish the desired results outlined in the RFP. The proposal should also identify any difficulties that may be encountered in executing this project, and propose practical and sound solutions to these problems.
- *Project Work Plan and Milestones*: The proposal should briefly describe several phases into which the proposed work can logically be divided and performed. A schedule of milestones and deadlines should be specified for the completion of the various project elements, including review of data, information collection, surveys, analyses, quarterly progress reports, preliminary review drafts, and final report.
- *Data requirements*: ARC will provide a file containing relevant data on ARC health projects from FY 2004 through FY 2010 from the ARC.net database at project commencement. Where needed for purposes of clarification, this data will be supplemented by hard-copy documents from archived projects. The proposal should identify additional information needs according to sources, procedures, and individual tasks of the research that may need to be supplied by ARC. The proposal should identify the points and tasks in this research project that will require participation by ARC staff.

B. Management Proposal

The resource capability and program management for planning and performing the work will be considered in the proposal selection process. Personnel performing the work must be described in this section in terms of numbers of people and their professional classification (e.g., project manager, economic analyst, strategic planning, etc.). Brief resumes detailing the education and relevant experience of the key personnel proposed for this project are required. The selected contractor will be required to furnish the services of those identified in the proposal as key personnel. Any change in key personnel is subject to approval by ARC. Specific requirements for this section include:

- *Business Management Organization and Personnel*: The proposal must provide a brief narrative description of the organization that will perform the proposed work effort, and the authority responsible for controlling resources and personnel. This should also include an organization overview for any proposed subcontractors.
- *Staffing Plan*: Describe the contractor's proposed staff distribution to accomplish this work, including an organization chart that clearly presents the relationships of key proposed staff to manage/direct the project, lead key tasks, etc. The staffing plan should also present a chart that partitions the time commitment of each professional staff member to the project's tasks and schedule. The proposal should clearly identify the relationship of key project personnel to the contracting organization, including subcontractors and consultants.

- *Relevant Prior Experience:* The proposal should describe the qualifications and experience of the organization and the individual personnel to be assigned to the project. Information should include direct experience with the specific subject-matter area and client references including organizations, addresses, contact persons, and telephone numbers.
- *Contract Agreement Requirements:* This section of the proposal should contain any special requirements that the contractor wants to have included in the contract.

C. Cost Proposal

Each proposal submitted must contain all cost information, including direct labor costs consistent with the staffing plan, labor overhead costs, travel, estimated cost of any subcontracts, other direct costs (such as those for creating or maintaining databases), university overhead, total costs, overhead, and contract fees or profit. ARC policy on allowable indirect overhead costs for university-based research is to permit universities to charge the same rates charged to their own state agencies.

The contractor should include estimated expenses for at least two in-person meetings at ARC offices in Washington, D.C. This should include a kick-off meeting to clarify and refine the schedule, scope, roles of the contractor and ARC staff, and any issues/key challenges. Another in-person meeting is needed for presentation of study findings at a one-day meeting at the ARC offices in Washington, D.C. This activity will be over and above routine conference calls, email communications, and/or meetings with ARC staff during the course of the project.

The contract awarded for this research project will be a **FIRM FIXED-PRICE CONTRACT**, with payments on a quarterly schedule based on completing identified deliverables and each quarterly progress report and final report. The contract terms shall remain firm during the project and shall include all charges that may be incurred in fulfilling the terms of the contract.

Questions about this proposal should be directed to Kostas Skordas, ARC regional planner, at kskordas@arc.gov or 202-884-7720.