

Breastfeeding Support Request for Proposals (RFP)

A. Proposal Submission Deadline

- Proposals must be received no later than **January 14, 2013**, at 5:00 p.m. Mountain Time.
- Please submit proposals in Microsoft Word or PDF format to owhapplication@jsi.com or mail to JSI, ATTN: Jodie Albert, 1725 Blake Street, Suite 400, Denver, Colorado 80202.
- **DO NOT** submit proposals to the U.S. Department of Health and Human Services (HHS) Office on Women's Health (OWH) or the Regional Offices on Women's Health.
- Please read and follow all instructions prior to preparing and submitting your proposal.
- For help with this RFP: e-mail: owhapplication@jsi.com or phone toll-free: 1-866-224-3815.

A conference call will be held to clarify instructions for submitting a proposal. The call is scheduled for **Thursday, December 20, 2012, at 3:00 p.m. ET/2:00 p.m. CT/1:00 p.m. MT/12:00 p.m. PT.**

To join the conference call, please dial **1-866-393-5407**. Upon dialing in, please provide the **conference ID number: 78873399**. The title of the conference call is "Breastfeeding Support". There is **NO** advance registration for the call.

B. Funding Available

Funding through this request is available for activities and events that enhance access to information and resources that promote and support breastfeeding in the United States, its affiliated territories and tribal nations. Community-based partnerships and collaborations are strongly encouraged. Activities that educate health professionals and employers about breastfeeding support are also encouraged.

Projects will be funded up to a maximum amount of \$2,500.

This is a competitive funding process. All proposals will be reviewed by an objective technical review panel. Applicants will be notified by e-mail or mail by **February 19, 2013**, regarding funding decisions.

C. Who Can Apply

Funding is available to eligible entities located in the 50 states, the District of Columbia, the six U.S.-Affiliated Pacific Island Jurisdictions, Puerto Rico, and the U.S. Virgin Islands. Eligible entities include public and private organizations, community- and faith-based organizations, health professionals' organizations, colleges and universities, community health centers, hospitals, health departments, and tribal and urban Indian organizations located in one of the following HHS regions:

Region I	CT, MA, ME, NH, RI, VT
Region II	NJ, NY, Puerto Rico, U.S. Virgin Islands
Region III	DC, DE, MD, PA, VA, WV
Region IV	AL, FL, GA, KY, MS, NC, SC, TN
Region V	IL, IN, MI, MN, OH, WI
Region VI	AR, LA, NM, OK, TX
Region VII	IA, KS, MO, NE
Region VIII	CO, MT, ND, SD, UT, WY
Region IX	AZ, CA, HI, NV, Guam, American Samoa, CNMI, FSM, RMI, Palau
Region X	AK, ID, OR, WA

Organizations may submit **only one** proposal for this funding opportunity. Similarly, organizations working together on the same project may only submit one proposal for that project. If more than one proposal is submitted by any one organization, none of the proposals from that organization will be reviewed or considered for funding. An exception will be made for national organizations with affiliates where individually incorporated affiliates of the same national organization may each submit a proposal for consideration. An exception will also be made for universities with the caveat that different schools within the same university may not submit more than one proposal.

Background

OWH was established in 1991 in the Office of the Assistant Secretary for Health, within the Office of the Secretary. Its mission is to improve the health of American women by advancing and coordinating a comprehensive women's health agenda throughout the U.S. Department of Health and Human Services (HHS). The HHS Office on Women's Health is the government's champion and primary agent for women's health issues, working to redress inequities in research, health care services, and education that have historically placed the health of women at risk. OWH is the Department's focal point for ensuring that women's health policy, practice, and research are mutually informed and effectively integrated within HHS. OWH accomplishes this by collaborating with other federal and non-federal partners on behalf of women and girls. OWH provides leadership to promote equity for women and girls through sex and gender specific approaches.

OWH has staff located in Washington, D.C. and a network of Regional Women's Health Coordinators (RWHCs) located in each of the ten federal regions. The RWHCs coordinate and implement national public health initiatives to promote a greater focus on women's health issues at the regional, state, and local levels. The RWHCs advance the mission of the OWH by administering programs that improve the health of women in communities across the country and by coordinating activities in health care service delivery, research, and public and health professional education. Sensitivity to local, state, and regional needs in women's health is reflected in their work to identify priority health areas, to establish networking relationships, and to implement initiatives addressing regional women's health concerns. For additional information about the RWHCs and the regional offices, please visit <http://www.womenshealth.gov/about-us/who-we-are/regional-offices/#role>.

As part of its strategic plan, OWH continues to fund evidence-based interventions to address gaps in women's health that are not addressed at the national level by any other public or private entity. These interventions focus on health disparities in women's health in which minority status, disabilities, geography, family history, sexual orientation, low socioeconomic status, chronic conditions, and infectious diseases are contributing risk factors.

OWH contracted with John Snow, Inc. (JSI) to provide general program support to the Central Office and ten Regional Offices on Women's Health, by managing regional health projects and activities in women's health in the ten HHS regions. JSI is lead contractor for administration of this RFP.

D. Focus Area

The awards made through this funding announcement must address one of the breastfeeding support issues and strategies listed under the "Scope of Work."

When the Surgeon General released the **Call to Action to Support Breastfeeding**, she summarized why this issue is so important: *"For nearly all infants, breastfeeding is the best source of infant nutrition and immunologic protection, and it provides remarkable health benefits to mothers as well. Babies who are breastfed are less likely to become overweight and obese. Many mothers in the United States want to breastfeed, and most try. And yet within only three months after giving birth, more than two-thirds of breastfeeding mothers have already begun using formula. By six months postpartum, more than half of mothers have given up on breastfeeding, and mothers who breastfeed one-year olds or toddlers are a rarity in our society."* (<http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>)

Health care providers, employers, communities, and families all have key roles and responsibilities in assisting mothers to obtain the information, help, and support they need to breastfeed their infants. All too often, mothers who wish to breastfeed encounter challenges in moving through the health care system. Furthermore, there is often an incompatibility between employment and breastfeeding, but with help this can be overcome. Even so, because the barriers can seem insurmountable at times, many mothers stop breastfeeding. In addition, families are often unable to find the support they need in their communities to make breastfeeding work for them.

Despite overall improvements in breastfeeding rates, unacceptable disparities in breastfeeding have persisted by race/ethnicity, socioeconomic characteristics, and geography (<http://www.cdc.gov/breastfeeding>). For example, breastfeeding rates for Black/African American infants are about 50 percent lower than those for White infants at birth, age six months, and age 12 months, even when controlling for the family's income or educational level. On the other hand, the gap between White and Black/African American mothers in initiation of breastfeeding has diminished over time, from 35 percentage points in 1990 to 18 percentage points in 2007.

The reasons for the persistently lower rates of breastfeeding among Black/African American women are not well understood, but employment may play a role. Black/African American women tend to return to work earlier after childbirth than White women, and they are more likely to work in environments that do not support breastfeeding. Although research has shown that returning to work is associated with early discontinuation of breastfeeding, a supportive work environment and supportive childcare providers may make a difference in whether mothers are able to continue breastfeeding.

With regard to socioeconomic characteristics, many studies have found income to be positively associated with breastfeeding. Lower-income women are less likely to be breastfed than children in middle- and upper-income families. Educational status is also associated with breastfeeding; women with less than a high school education are far less likely to breastfeed than women who have earned a college degree. Geographic disparities are also evident; women living in the southeastern United States are less likely to initiate and continue breastfeeding than women in other areas of the country and women living in rural areas are less likely to breastfeed than women in urban areas.

Understanding the reasons for these disparities is crucial for identifying, developing, and implementing strategies to overcome the barriers to breastfeeding that women and families experience throughout the country. Research suggests that 1) race and ethnicity are associated with breastfeeding regardless of income, and 2) income is associated with breastfeeding regardless of race or ethnicity. Other possible contributors to the disparities in breastfeeding include the media, which has often cited more difficulties with breastfeeding than positive stories, hospital policies and practices, the recommendations of WIC counselors, marketing of infant formula, policies on work and parental leave, legislation, social and cultural norms, and advice from family and friends.

Scope of work

Proposed activities must focus on one of the general topics below and all should address disparities in breastfeeding. The strategies are discussed in more detail in the Surgeon General's report.

Post-partum Support

Suggested strategies:

- A. Support breastfeeding education and programs that target a mother's primary support network, including fathers and grandmothers.
- B. Offer classes on breastfeeding that are convenient for family members to attend.
- C. Integrate education and support for breastfeeding into public health programs that serve new families.
- D. Support comprehensive statewide networks for home- or clinic-based follow-up care to be provided to every newborn in the state.
- E. Establish partnerships for integrated and continuous follow-up care after discharge from the hospital.
- F. Promote adoption of the breastfeeding standards in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*.

Health-care Provider Education

Suggested strategies:

- A. Ensure that health care clinicians do not serve as advertisers for infant formula through educational efforts.
- B. Increase opportunities for training and education on the management of lactation to ensure the maintenance of minimum competencies and skills.
- C. Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.

Worksites

Suggested strategies:

- A. Support training and resources to help employers comply with federal law that requires them to provide the time and place for nursing mothers to express breast milk.
- B. Educate employers about the benefits of providing more comprehensive, high-quality support for breastfeeding employees.
- C. Share innovative solutions to the obstacles to breastfeeding that women face when returning to work in non-office settings.
- D. Promote comprehensive, high-quality lactation support programs in the workplace.
- E. Identify and promote innovative programs that allow mothers to directly breastfeed their babies after they return to work.

Resources:

<http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

Call to Action

- Executive Summary (<http://www.surgeongeneral.gov/library/calls/breastfeeding/executivesummary.pdf>) (PDF - 833KB)
- The Surgeon General's Call to Action to Support Breastfeeding (<http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>) (PDF - 1.96MB)
- Fact Sheet (<http://www.surgeongeneral.gov/library/calls/breastfeeding/factsheet.html>)

To order printed copies of The Surgeon General's Call to Action to Support Breastfeeding and other materials, please call 1-800-CDC-INFO or email cdcinfo@cdc.gov and reference the publication title.

Resources for mothers:

- Your Guide to Breastfeeding (<http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/index.html>). Download this guide to get free how-to information and support for breastfeeding successfully. To order printed copies, call 1-800-994-9662 (TDD 888-220-5446).
- The National Breastfeeding Helpline: 1-800-994-9662 (<http://www.womenshealth.gov/about-us/health-information-by-phone/index.html>)
Talk with trained breastfeeding peer counselors who can help answer common breastfeeding questions in English or Spanish.

Resources for Healthcare Providers:

- Doctors In Action (http://www.cdc.gov/breastfeeding/pdf/actionguides/Doctors_in_Action.pdf) (PDF-667k)
- Nurses In Action (http://www.cdc.gov/breastfeeding/pdf/actionguides/Nurses_in_Action.pdf) (PDF-699k)
- Health Care Leaders In Action (http://www.cdc.gov/breastfeeding/pdf/actionguides/Nurses_in_Action.pdf) (PDF-787k)

Resources for employers:

- The Business Case for Breastfeeding:
(<http://womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/index.cfm>)
This comprehensive program is designed to educate employers about the value of supporting breastfeeding employees in the workplace. You can download the toolkit for building a lactation program at <http://womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/index.cfm#toolKit>
- Break Time for Nursing Mothers (Department of Labor:
<http://www.dol.gov/whd/nursingmothers/#.UMebKHf4Jz0>)
Guidance, laws, news, and resources on break time for nursing mothers under the Fair Labor Standards Act.

Additional online resources:

- Breastfeeding: Best for Baby, Best for Mom
(<http://www.womenshealth.gov/breastfeeding/>)
- Breastfeeding (CDC: <http://www.cdc.gov/breastfeeding/>)

The period of performance for projects selected for funding will begin upon receipt of award notification and end by September 16, 2013. **Final reports must be submitted to JSI by September 16, 2013.**

E. Payment Process

Awardees will become subcontractors of JSI; therefore, no Catalogue of Federal Domestic Assistance (CFDA) number is associated with these funds. The approved proposal will serve as a contract for required deliverables from awardees.

Awardees will receive their award in one payment. Payment will be processed after the completion of the awardee's activities and within 30 days of receipt and approval of the final report. (The final report format will be provided by JSI.)

Please Note: Any modifications to a selected proposal must be approved before the proposed project is implemented. To request approval for a modification, please contact JSI at owhapplication@jsi.com. Modifications to a proposed project that are not approved in advance may result in nonpayment.

F. Project Time Frame

Awardees will have until September 16, 2013, to complete their projects, including the submission of the final report.

G. How to Submit a Proposal

- Please submit proposals in Microsoft Word or PDF format to owhapplication@jsi.com or mail to JSI, ATTN: Jodie Albert, 1725 Blake Street, Suite 400, Denver, Colorado 80202. E-mail is the preferred method for proposal submission. Applicants who do not have e-mail may submit proposals via mail. Please note: handwritten proposals will not be accepted.
- Proposals will not be accepted by OWH or the Regional Offices on Women's Health.
- Proposals must be received by JSI via e-mail or mail submission by **January 14, 2013**, at 5:00 p.m. Mountain Time.
- Proposals cannot exceed 6 pages, including Section I-Contact Information. Proposals should be prepared in 12-point Times New Roman font. If the proposal is greater than 6 pages, it will not be considered.
- Proposals must be signed by an official with the authority to commit the organization to a contractual obligation.
- You will receive confirmation of your submission within three days. If you do not receive a confirmation, please call 1-866-224-3815.

If you have questions or need assistance, please call 1-866-224-3815.

H. Review Process

Proposals will be reviewed by an objective technical review panel. Successful proposals will be selected on the basis of their relevance to OWH program objectives and the following criteria:

- **Section I. Contact Information (5 points)**
 - All requested contact information should be provided.
- **Section II. Organizational Background (20 points)**
 - Description of organization's mission, history, and services is provided.
 - Description of geographic area and population served is provided.
 - Description of organization's ability to implement project is provided.
- **Section III. Proposed Activity Description (35 points)**
 - Proposed project description is provided.
 - Proposed project goals and objectives are identified.
 - Community need for project is described.
 - Proposed partners and their contributions are described.
 - Proposed target population is described.
 - Project planning tasks and timeline are provided.
 - Deliverables or final product is identified.
- **Section IV. Project Evaluation (20 points)**
 - Performance measures are described and relate to the proposed project goals and objectives.
 - Description of how performance measures will be analyzed and reported is provided.
- **Section V. Budget (20 points)**
 - Budget expenses are accurate and detailed in the table provided.
 - All itemized expenses requesting OWH support are allowable based on the guidelines included on the form.
 - Budget table clearly indicates the project expenses OWH funds will support.
 - Proposed partners' actual and/or in-kind contributions are described.

- NOTE: JSI reserves the right to request revisions to the budget and/or scope of work of any applicant.

I. Data Disclaimer

The Department of Health and Human Services (HHS) Office on Women's Health has contracted with JSI to administer this project. All materials submitted regarding this funding announcement become the property of HHS. HHS has the right to use any or all information/materials presented in a proposal, subject to limitations for proprietary or confidential information. Disqualifications or denial of the proposal does not eliminate this right.

It is the responsibility of the awardee to identify proprietary information and request that the information be treated as such. Any additional restrictions on the use or inspection of materials contained within the proposal shall be clearly stated in the proposal itself. The privacy policy for JSI is available at <http://www.jsi.com/JSIInternet/privacy.cfm>.

The HHS privacy policy is available at <http://www.hhs.gov/Privacy.html>.

J. Required Acknowledgement of OWH Support

Event materials supported through these funds must include acknowledgment of support from the **U.S. Department of Health and Human Services Office on Women's Health**. The awardee must also include the following statement on materials distributed at events: "**Funding for this activity was made possible in part by the Department of Health and Human Services (HHS) Office on Women's Health. The views expressed in written materials or publications, and by speakers and moderators at HHS co-sponsored activities, do not necessarily reflect the official policies of the U.S. Department of Health and Human Services; nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.**"

K. Proposal Instructions

- Complete all sections of the proposal:
 - Contact Information (included as Section I)
 - Organizational Background (included as Section II)
 - Proposed Activity/Project Description (included as Section III)
 - Activity/Project Evaluation (included as Section IV)
 - Activity/Project Budget (included as Section V)
- **Proposals must meet the following criteria to be eligible for review:**
 - Use the current 2012-2013 RFP template
 - Be 6 pages or less
 - All five sections of the RFP are complete

Breastfeeding Support
Contact Information– Section I

Contact Information:

HHS Region: _____

Organization Name: _____

Mailing Address: _____

City, State, Zip: _____

Executive Director: _____

Project Director: _____

Point of Contact for this Proposal: _____

Phone Number: _____

E-mail Address: _____

Fax Number: _____

Organization's Employer Identification Number
(EIN)/Tax Exempt Number: _____

**Signature of Official with Contracting Authority: _____

Print Name: _____

**** This is the person with the legal authority to enter into a contractual obligation on behalf of the organization.** For proposals submitted via e-mail, a typed electronic signature with a statement “**this typed signature represents an official signature**” is acceptable.

Organizational Background – Section II

1. Describe your organization's mission, history, and services provided. Include information on your organization's capabilities and qualifications to implement the proposed project.

2. Provide a brief description of the population and geographic area that your organization serves.

Proposed Project Description – Section III

1. What is the proposed project name?

2. What are the purpose, goal(s), and objective(s) of the project? Goals and objectives should be measurable.
3. Describe your proposed project. How will you carry it out? Who are your partners and what will they contribute?
4. Does the proposed project include evidence based or proven activities or interventions? Will you be replicating an evidence based model? If yes, please describe. (For information on a wide range of programs and policies that have been found to be effective, please see “The Community Guide” at <http://www.thecommunityguide.org/index.html>.)
5. Describe the community’s need for the project. Use Quick Health Data Online statistics whenever possible (<http://www.healthstatus2020.com/owh/>).
6. Who is the proposed target population for the project? The description of the target population should include but not be limited to:
 - anticipated number of participants
 - race and ethnicity of participants
 - whether the participants are rural, urban, or both
 - age of participants
 - whether the participants are consumers and/or professionals, and whether this is the same population normally served by your organization
7. How many people will be reached by this project? Describe your marketing and outreach plans for reaching your proposed target population.
8. In the table below, provide a timeline and identify responsibilities for **all** activities required to carry out this project. (Add more rows as needed.)

Activity	Start Date	End Date	Person and Organization Responsible

9. What final product(s) will you submit to JSI at the completion of your project? (e.g., report on proceedings; training curriculum, etc.)

Project Evaluation – Section IV

1. What performance measure(s) will you use, and how will you evaluate the success of your project? Performance measures should be directly related to the goals and objectives described in section III. (Examples of evaluation methods include pre/post-test to measure improved health indicators or questionnaire to measure knowledge gained as a result of this project.) How will the data be analyzed and reported to JSI?

Project Budget- Section V

Funding **will not** be provided for the following:

- capital building projects, overhead, or indirect costs
- equipment to support a Webinar (e.g., purchase of computers)
- food and beverages (including bottled water)
- research, direct clinical services, lab services, and testing kits
- printing and copying over \$1,000
- promotional items (e.g., t-shirts, sunscreen, pens, conference bags)
- creation of books, DVDs, CDs, and other marketing media—this does not include reprinting of DHHS materials
- fundraising activities

Note: Educational materials purchased with this funding must be scientifically-based, medically accurate, and up to date.

Examples of expenses that can be funded include: speaker fees, facility rental, printing and copying up to \$1,000, and equipment rental.

1. Describe the entire budget for the project in the table below. (Add or delete rows as needed.)

	Column A	Column B	Column C
Budget Line Item and Justification	OWH Contribution (\$)	Contribution from Other Sources (\$) (Identify the Source)	Cost (\$) (Column A+B)
Total			

2. If your budget for the requested funds includes salaries or staff time, please provide a justification.