

# Culturally Grounded Public Health Messaging and Community Engagement

**Department:**

Request For Proposals

**Category:**

Request for Proposal

**RFP Number:**

2020-0805

**Start Date:**

08/05/2020 9:00 a.m.

**Close Date:**

08/19/2020 3:00 p.m.

Request for Proposal

for

Culturally Grounded Public Health Messaging and Community Engagement

Tacoma-Pierce County Health Department is seeking qualified organizations or individuals interested in providing culturally grounded public health messaging and community engagement. We are requesting proposals from organizations or individuals interested in providing the services described. You may obtain detailed proposal packets from Tacoma-Pierce County Health Department Procurement Office beginning Weds., Aug. 5, 2020, at 9 a.m.. The Department will accept sealed proposals until 3 p.m. Weds., Aug. 19, 2020.

# Request for Proposal (RFP) #2020-0805

## Culturally Grounded Public Health Messaging and Community Engagement



Tacoma-Pierce County Health Department is requesting proposals from qualified agencies or organizations interested in providing the services described for the subject project.

This document outlines the information necessary to understand the contractor selection process and the required documentation for submittal of qualifications and a proposal for this project.

Schedule of RFP process	
RFP opening	Weds. Aug. 5, 2020, 9 a.m. (Pacific Local Time)
RFP Submission Deadline	Weds. Aug. 19, 2020, 3 p.m. (Pacific Local Time)
Vendor Selection	On or before Fri. Aug. 28, 2020
Contract Period of Performance	Sept. 1 – Dec. 31, 2020

### Proposal Submission

All submissions must be sealed and delivered to:

**Tacoma-Pierce County Health Department**  
**3629 South D Street**  
**Attn: Procurement Office**  
**Tacoma, WA 98418-6813**

Envelopes should be clearly marked with the RFP Name and Number.

We are located on the corner of Pacific Avenue & 37<sup>th</sup> Street. Documents may be delivered to the Procurement Office via the loading dock door on the 37<sup>th</sup> street side of the building. Push the buzzer for access.

Delivery hours are 8 a.m. to 4:30 p.m. Mon. through Fri., excluding Holidays.

### Questions

Please route all questions regarding this solicitation to:

**Tacoma-Pierce County Health Department Procurement Office**  
**Selina Chambliss, Procurement Coordinator**  
[schambliss@tpchd.org](mailto:schambliss@tpchd.org)  
**(253) 363-5303**

## General Instructions to Applicants

### 1. Submission of RFP Packet

Completed proposal packets must be received inside a sealed envelope or container, be clearly labeled "Request for Proposal", and must state the project name.

Packets received after the date specified will not be considered; those received after the scheduled closing time will be returned unopened. Delivery may be made via courier, in person, or by mail. Tacoma-Pierce County Health Department is not responsible for on-time delivery of mailed submissions. Department will not be liable to any contractor for any unforeseen circumstances, delivery, or postal delays. Postmarking on the due date will not substitute for receipt of the proposal. Contractors are responsible for submission of their proposal. Additional time will not be granted to a single contractor. However, additional time may be granted to all contractors at the discretion of the Department.

Each submitted packet, intact and bound with specifications (if appropriate), shall be properly addressed and shall include the name of the agency or individual submitting for the project, and the project description on the outside of the package.

### 2. Electronic Submissions

We will not accept any electronic submissions, including fax or email.

### 3. Withdrawals

Once a Tacoma-Pierce County Health Department Procurement Office representative has formally opened submitted packets they may not be withdrawn.

### 4. Equal Employment Opportunity Regulations

- A. Tacoma-Pierce County Health Department adheres to City of Tacoma and State of Washington Regulations relating to minority and women participation in its procurement activity.
- B. You must fill out, sign and return the Personnel Work Force Data Form (enclosed) or the proposal will be rejected.

### 5. Non-Collusion Affidavit

The State of Washington and Pierce County require that all applicants complete and attach to their application the Non-Collusion Affidavit (enclosed). We will consider applications submitted without this form as incomplete and they will be rejected. Please note that this affidavit must be notarized. You may direct questions concerning the Non-Collusion Affidavit to the Tacoma-Pierce County Health Department Purchasing Agent at 253-798-6483.

### 6. Litigation

In the event that litigation should arise related to a contract resulting from this RFP, venue for such legal action or litigation will be through the Superior Court of the State of Washington in and for the County of Pierce.

### 7. References

Packets submitted for this project must include at least three (3) references applicable to the scope of work as outlined herein. If you do not provide references with the submitted packet, the packet will be rejected. The Proposer may submit more than three (3) references, but Tacoma-Pierce County Health Department reserves the right to contact no more than three (3) references, although it may contact more at its discretion.

### 8. Taxes

- A. Applicable Taxes: Proposer shall include in the proposal all applicable local, City of Tacoma, Pierce County, and Washington State, and federal taxes. It is the obligation of the proposer to state on the Proposal Sheet the correct

percentage and total applicable Washington State and local sales tax. If taxes are not listed separately, it will be understood that applicable taxes are included in the proposal pricing.

- B. Federal Excise Tax: Do not include Federal Excise Tax in the proposal prices. We will furnish Federal Tax Exemption Certificates if required.

## **9. Compliance with Regulations**

The Proposer agrees to abide by all laws, rules, and regulations promulgated by the United States of America, the State of Washington, or any agencies or subdivisions thereof, specifically including WISHA and OSHA regulations in effect at the time of proposal opening. The selected Vendor (Contractor) shall be solely responsible for all violations of the law from any cause in connection with work performed under any Contract resulting from this RFP.

## **10. Insurance**

- A. Should an agency or organization be selected for contract, that entity may be required to maintain the following insurance coverage:
- 1) Commercial General Liability with minimum limits of \$1,000,000 bodily injury per person per occurrence;
  - 2) Comprehensive Automobile Liability insurance with minimum limits of \$1,000,000;
  - 3) \$1,000,000 Property Damage per Occurrence or \$1,000,000 Combined Single Limit per Occurrence.
- B. The Certificate of Commercial General Liability shall name Tacoma-Pierce County Health Department as an additional insured.

## **13. Rejection of Proposals and Reduction of Contracts**

Tacoma-Pierce County Health Department reserves the right to:

- Reject any or all applications, or to seek additional clarifying information from applicants;
- Issue subsequent proposals;
- Abstain from awarding the contract if submitted budgets exceed available resources.

## **14. Contract Extension**

Contract(s) resulting from this RFP may be subject to extensions by mutual agreement of the parties. Renewal options, if appropriate, will be included in the established contract(s).

## **15. Statement of Qualifications**

The completed submitted packet and the ability of the selected Vendor to provide the services as herein outlined, will serve as the Statement of Qualifications for any contract resulting from this RFP. The selected Vendor is responsible for assuring that all required licenses are obtained prior to contract performance commencement and that appropriate training of its staff is completed prior to being assigned work under the contract.

## **16. Protest**

The Tacoma-Pierce County Board of Health (BOH) governs appeals via Resolution 2010-4224, Appeals Process for Orders and Decisions of the Health Officer. The appeal is commenced by filing a written request on forms prescribed by Tacoma-Pierce County Health Department and submitting a \$1,000 deposit towards the total cost of the appeal. The BOH requires an appeal to be filed within ten (10) days of the date of the challenged decision. The appellant is required to pay the full cost of the appeal, and must submit as a deposit a check payable to Tacoma-Pierce County Health Department in the amount of \$1,000 at the time the appeal is filed. Appeals filed without a signed agreement to pay the full cost of the appeal, and/or without the \$1,000 deposit, will be considered incomplete, invalid, not "perfected" and therefore will not be processed by Tacoma-Pierce County Health Department. In the event the Hearing Examiner concludes that the appellant is the prevailing party, then Tacoma-Pierce County Health Department shall be responsible for the cost of the appeal and shall make full refund of the appellant's deposit.

## **17. Protected Health Information Privacy Rule**

Pursuant to the Health Insurance Portability and Accountability Act of 1998 (HIPAA), which became effective April 14, 2003, Contracts resulting from this RFP will be subject to the mandatory provisions for the use and handling of Protected Health Information (PHI) under the Standards for Privacy of Individually Identifiable Health Information.

The selected Vendor (Contractor) will be required to execute a Business Associate Agreement (BAA) as part of any contract with Tacoma-Pierce County Health Department resulting from this RFP. The Contractor must agree in writing to use and disclose PHI only for those purposes necessary to perform its duties, obligations and functions under Contract or otherwise to Tacoma-Pierce County Health Department, or as otherwise expressly required or allowed by other law. The Contractor must implement appropriate safeguards to prevent any use or disclosure of PHI not otherwise permitted. The Contractor will appropriately inform its employees, representatives, and members of its workforce of the Contractor's obligations under HIPAA. Contractor may be required to enter into written agreement (BAA) with its agents or subcontractor(s) if those agents or subcontractors perform services that satisfy the Contractor's obligations to Tacoma-Pierce County Health Department.

## **18. Contract Terms and Conditions**

A Proposer may obtain a copy of the Tacoma-Pierce County Health Department contract boilerplate terms and conditions by submitting a written request to the Purchasing Agent at the address stated herein. This Tacoma-Pierce County Health Department contract boilerplate will be binding upon the successful selected vendor.

## Statement of Work

### Health Inequities Anywhere Are a Threat to Health Everywhere

In Pierce County, people who live in adverse social, economic, and environmental (SEE) conditions are more likely to experience health inequities (Health Equity Assessment, 2015). Health inequities are bad health outcomes caused by conditions outside a person's control. These conditions are often avoidable and unfair. Adverse social, economic, and environmental conditions such as poverty, systemic discrimination, violence, pollution, displacement, and crippled local economies create health inequities.

People and communities experiencing health inequities have fewer protective factors to shield themselves from the negative impacts of COVID-19.

Existing health inequities are leading to disproportionate COVID-19 infection rates:

- The cumulative COVID-19 rate among Native Hawaiian or Other Pacific Islander (NHOPI) residents is 4.8 times higher than the white, non-Hispanic rate in Pierce County. NHOPI cases account for 6% of total cases compared to 1.6% of the county population.
- Rates among Hispanic, Black, and Native American residents are 2-3 times higher than the rate among white, non-Hispanic residents.
- 40.1% of cases **in the last two weeks** are among 20-39-year-olds, who make up 27% of our population.

Potentially most at risk for negative health impacts:

- Older adults, especially those experiencing health inequities.
- People with underlying health conditions, especially those experiencing health inequities.
- People with compromised immune systems, especially those experiencing health inequities.
- People and communities experiencing health inequities such as:
  - Communities of color
  - Low-income households
  - Rural communities
  - People with disabilities
  - Front-line workers (health care, grocery, delivery, farmworkers etc.)
  - Immigrants and refugees.

### Culturally Grounded Public Health Messaging and Community Engagement

Access to information is vital during the COVID-19 pandemic. It's crucial that COVID-19 communications, guidance, and resources be culturally grounded to ensure equitable access to COVID-19 resources and information.

A culturally grounded approach develops programs, strategy, communications, and policies collaboratively and evolves from the "ground up." It starts from the values, behaviors, norms, and worldviews of communities intended to be served; it is closely connected to the lived experiences and core cultural constructs of the focus communities.

As part of the Health Departments efforts to protect the health of Pierce County during the COVID-19 pandemic, the department seeks to contract with organizations who serve people and communities disproportionately impacted by COVID-19. We are looking to partner with organizations with the capacity and credibility to engage the community in ways that promote healing and resilience while getting important information to them.

These contracts are driven by two overarching strategies:

1. Reduce the disproportionate burden of COVID-19 among populations at increased risk for infection, severe illness, death, and negative social and economic impacts.
2. Broadly address the underlying health inequities that drive disproportionate burden of COVID-19 with a holistic, all-of-response approach.

Objectives of these contracts:

1. Develop specific and tailored communications and community engagement plans that reduce COVID-19 infections among disproportionately impacted communities in Pierce County.
2. Strengthen capacity among organizations that serve disproportionately impacted communities to address underlying health inequities that drive disproportionate burden of COVID-19.

These contracts seek to serve the following communities:

1. American Indian/Alaska Native
2. Black or African American
3. Latinx
4. Native Hawaiian or Other Pacific Islander
5. [Communities of Focus](#): East Tacoma, Key Peninsula, Parkland, South Tacoma, Springbrook, and White River.
6. Young adults ages 20-39.

## Concept

We want to work with organizations that have existing ties with or membership in the six listed communities. We support the use of trusted and respected members of a community to:

1. Co-design interventions that will have a positive health impact in their community,
2. Share health information deeply within the community,
3. Increase acceptance and adoption of public health recommendations that will protect the community from disease, and
4. Identify and share challenges and barriers a community faces so we can adjust other tactics and make them more effective.

Time is important. We already have high rates of disease in Pierce County and must move quickly to reduce disease transmission. The funding is also time limited. All efforts must launch quickly, have a rapid impact on behaviors, and finish by the end of 2020.

Existing relationships and connections are important and can be leveraged. Larger or more established organizations may consider an alliance with a smaller organization to extend the reach of a proposal.

We want to assess the effectiveness of our approach. TPCHD regularly publishes information on positive cases on our website. We report this by geography, age, race and ethnicity. We will monitor these trends to assess whether they are changing over time.

We ask contractors to work with us to identify and propose performance measures that are linked to your proposal. Some examples of measures include:

- Number of educational sessions
- Pre and Post measures of topic knowledge
- Number of attendees
- Number of individual home visits or consultations
- Count of items purchase and distributed
- Number of culturally grounded messages developed; description of how they were shared.

### **To be considered for a contract, please submit a proposal outlining the following in writing:**

Proposals must support the two overarching strategies, focus on one or more of the listed communities, include a communications and community engagement plan and proposed performance measures.

The plan should include the following:

- What communities do you intend to serve?
- Describe your communications and community engagement. The plan must include the following:
  - Approach to community partnerships and engagement with the communities that you intend to serve.
  - What strategies and tactics will you use?
  - How will you know your strategies and tactics are working?
- Describe your staff capacity: experience, languages spoken, skills, and knowledge.
- Describe your organizations strengths, assets, and areas of growth.
- Provide pricing for services you intend to offer.
- Describe performance measures that are relevant to your proposal.

**Desired Qualifications:**

- The organization must demonstrate existing trusting relationships with the people and communities disproportionately impacted by COVID-19.
- Organizations with experienced community organizers and/or Community Health Workers.
- Organizations with demonstrated experience working towards equity.
- Capacity to serve as fiscal sponsor for small grassroots organizations and groups.

**Available Funding**

There is \$600,000 available. Contracts will range from \$10,000 to \$100,000. We expect to contract with a wide range of organizations from focus communities. This funding is federal [CARE's Act](#) funding. **These contracts must be completed by December 30, 2020.**

**Required RFP Contents**

All proposals submitted in response to this RFP must include the following:

1. Cover letter of interest - Letter should be signed by a responsible authorized official of the company or entity.
2. Proposal
3. Pricing
4. One (1) original proposal packet and five (5) copies are required.



## Proposal Evaluation Criteria

Evaluation Criteria	Points
Approach to community partnerships and engagement; demonstrated existing trusting relationships with the people and communities disproportionately impacted by COVID-19	35
Staff capacity (experience, community relationships, technical abilities/skills)	25
Organizations strengths, assets, and areas of growth	25
Pricing	15
<b>TOTAL POINTS</b>	100

Department reserves the right to interview organizations as part of the evaluation process.

## Non-Collusion and Debarment Affidavit

\* State of Washington

\*\* County of Pierce

I, the undersigned, an authorized representative of: \_\_\_\_\_  
being first duly sworn on oath, do hereby certify that said person(s), firm, association, or corporation has not/have not,  
either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in  
restraint of free competitive bidding in connection with the project for which this proposal is submitted.

I further certify that, except as noted below, the firm, association, corporation, or any person in a controlling capacity  
associated therewith, or any position involving the administration of federal funds, is not currently under suspension,  
debarment, voluntary exclusion, or determination of eligibility by any federal agency; has not been suspended, debarred,  
voluntarily excluded, or determined ineligible by any federal agency within the past 3 years; does not have a proposed  
debarment pending; and has not been indicted, convicted, or had a civil judgment rendered against said person, firm,  
association, or corporation by a court of competent jurisdiction in any matter involving fraud or official misconduct within  
the past 3 years.

I further acknowledge that by signing the signature page of the proposal, I am deemed to have signed and have agreed to  
the provisions of this affidavit.

Note: Exceptions will not necessarily result in denial of award, but will be considered in determining bidder responsibility.  
For any exception noted, indicate above to whom it applies, initiating agency, and dates of action. Providing false  
information may result in criminal prosecution or administrative sanctions.

"A suspending or debarring official may grant an exception permitting a debarred, suspended, or excluded person to  
participate in a particular transaction upon a written determination by such official stating the reasons(s) for deviating from  
the Presidential policy established by Executive Order 12549 ..." (49CFR Part 29 Section 29.215).

\* If notarization of proposal takes place outside of the State of Washington, delete Washington and enter the  
appropriate State.

\*\* Indicate the County where notarization of the proposal takes place if other than the County stated above.

The bidder is hereby advised that by signature of this proposal he/she is deemed to have acknowledged all requirements  
and signed all certificates contained herein.

The undersigned hereby agrees to pay labor not less than the prevailing rates of wages in accordance with the  
requirements of the special provisions for this project.

### Affidavit Must be Signed and Notarized

Signature of Authorized Official(s): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signed and sworn to (or affirmed) before me this \_\_\_\_\_ Day \_\_\_\_\_ of 2016.

(Seal)

\_\_\_\_\_  
Signature, NOTARY PUBLIC in and for the State of Washington

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_

# Personnel Workforce Data

Contractor Name: \_\_\_\_\_

Project: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type of Service Provided: \_\_\_\_\_

Contract No. \_\_\_\_\_

Project No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contract Work Hours:  
(if applicable) \_\_\_\_\_

**Contractor's Aggregate Work Force (If you need additional space, photo-copy this section and attach it to this form)**

Occupation	Total Employed		Total Minority		Native-American		Asian		African-American		Hispanic		Apprentice/Trainee	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Management														
Professionals														
Technicians														
Administrative														
Other Classifications														
<b>TOTALS:</b>														