

## **Educating Women about Programs, Benefits, and Rights under the Affordable Care Act Request for Proposals (RFP)**

### **A. Proposal Submission Deadline**

- Proposals must be received no later than 5:00 p.m. Mountain Time (MT) on **January 20, 2012**.
- Please submit proposals in Microsoft Word or PDF format to [owhapplication@jsi.com](mailto:owhapplication@jsi.com) or mail to JSI, ATTN: Megan Hiltner, 1725 Blake Street, Suite 400, Denver, Colorado 80202
- Do NOT submit proposals to the Department of Health and Human Services (DHHS) Regional Offices on Women's Health.
- Please read all instructions prior to submitting your proposal.

For help with this RFP: Please e-mail: [owhapplication@jsi.com](mailto:owhapplication@jsi.com) or phone toll-free: 1-866-224-3815.

### **TA Call:**

A technical assistance conference call will be held on **December 19, 2011, at 1 p.m. ET/12 noon CT/11 a.m. MT/10 a.m. PT** to answer questions about this announcement. To join this conference call on December 19, 2011, please dial **1-886-393-5407**. Upon dialing in, please provide the following **conference ID number: 35052881**. The title of the call is "Educating Women about Programs, Benefits, and Rights under the Affordable Care Act." Advance registration is **NOT** required to join the call.

### **B. Funding Available**

Funding is available to support activities and events that provide awareness and education to women living in the United States and its affiliated territories on the programs, benefits, and rights under the Affordable Care Act. These activities can cover different areas of the Affordable Care Act such as preventive services, Medicare benefits, reducing health disparities, and the Pre-Existing Condition Insurance Plan. Educational sessions should target women and provide them with information that will allow them to make informed health care decisions for themselves and their families. It is important to target women because they are more likely to be the primary health care decision makers for themselves and/or their family.

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

### **C. Who can apply**

Funding is available to those 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 may include public and private non-profit organizations, community and faith-based organizations, health professional organizations, colleges and universities, community health centers, hospitals, health departments, and tribal and urban Indian organizations.

### **D. Background**

The Office on Women's Health (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 DHHS. OWH is the government's champion and primary agent for women's health issues, working to address inequities in research, health care services and education that have historically placed the health of women at risk. OWH is DHHS's focal point for ensuring that women's health policy, practice, and research are mutually informed and effectively integrated within DHHS. 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 federal region. 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/owh/reg/>.

The Affordable Care Act was signed into law on March 23, 2010 by President Barack Obama. Women have unique health care needs, and often are the primary health care decision makers for themselves and/or their family. The law offers important benefits for women by slowing the growth of health care costs, investing in prevention and wellness, supporting improvements in primary care, and creating linkages between the traditional areas of health and social services.

The Report to Congress from the U.S. Department of Health and Human Services (Report on Activities Related to "Improving Women's Health" as Required by the Affordable Care Act) states that women are more likely than men to live in poverty and be unemployed. Women are also impacted by the rising costs of health care. Although most women ages 18-64 are covered by employer-based health care, they are still twice as likely to be covered as dependents, resulting in greater vulnerability to loss of coverage if the wage earner loses his job. Women are also key consumers of health care. Women have unique needs and have higher rates of chronic disease, including diabetes, heart disease, and stroke, than men. While women are more likely to need preventive health care services, they often have less ability to pay. On average they have lower incomes than men and a greater share of their income is consumed by out-of-pocket health costs. A report by the Commonwealth Fund found that in 2010, 48 percent of working-age women—an estimated 45 million people—reported that because of cost they did not fill a prescription; skipped a recommended test, treatment, or follow-up; had a medical problem for which they did not visit the doctor; or did not see a specialist when needed—an increase from 34 percent in 2001. These factors in turn affect the health of families and communities.

The health care law protects women by providing affordable insurance options, ensuring that recommended preventive services are covered by insurers at no additional cost. Before the Affordable Care Act became law, insurance companies selling individual policies could deny coverage to women due to pre-existing conditions, such as cancer and having been pregnant. Under the law, insurance companies are banned from denying coverage to children because of a pre-existing condition and are banned from discriminating against anyone with a pre-existing condition beginning in 2014. In addition, before the law, women could be charged more for individual insurance policies simply because of their gender. In 2014, insurers will not be able to charge women higher premiums than they charge men. In addition to these insurance market reforms that ban underwriting on the basis of health or gender, beginning in 2014, women will have improved access to affordable health insurance through new state Affordable Insurance Exchanges. For those eligible, there will also be access to financial assistance through health insurance premium tax credits for the purchase of coverage through the Affordable Insurance Exchanges, as well as expanded access to Medicaid.

The law takes strong action to control health care costs, including helping states take action against excessive premium increases and ensuring premium dollars are utilized for health care. Women will also now have their choice of doctor. Americans joining new insurance plans have the freedom to choose from

any primary care provider, OB-GYN, or pediatrician in their health plan's network, or emergency care outside of the plan's network, without a referral.

Removing cost sharing requirements improves women's access to important preventive services. In fact, one study found that the rate of women getting a mammogram went up as much as 9% when cost sharing was removed.<sup>1</sup> Under the Affordable Care Act, all Americans joining a new health care plan can receive recommended preventive services, like mammograms, new baby care and well-child visits, and, beginning in 2012, services like well-woman visits, support for breastfeeding equipment, contraception, and domestic violence screening, with no out-of-pocket costs.

Not all Americans have equal access to affordable health care. Low-income and racial and ethnic minorities often have higher rates of disease, fewer treatment options, and reduced access to care. By eliminating cost sharing requirements, these guidelines help improve access to comprehensive quality health care for women of color and all women.

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

#### **E. Focus Area**

Funding is available for educational activities that will inform women about programs, benefits, and rights under the Affordable Care Act. These activities can cover different areas of the Affordable Care Act such as preventive services, Medicare benefits, reducing health disparities, and the Pre-Existing Condition Insurance Plan. One or more activities may be planned with the goal of reaching a total minimum of 200 participants. The activities should be free to the public and should not require any disclosure of personal medical information. Educational materials on programs, benefits, and rights under the Affordable Care Act are available through the following government websites which are deemed pre-approved. Most information is available in Spanish. Materials from any non-federal websites or sources that will be used to educate women on the Affordable Care Act with this funding must be authorized by the government or government partner.

#### **Suggested Resources:**

<http://www.healthcare.gov/foryou/betterbenefitsbetterhealth/women.html>

<http://www.healthcare.gov/news/factsheets/2011/08/women.html>

<http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html>

<http://womenshealth.gov/health-topics/a-z-topic/pubs-orgs.cfm?topic=1589>

<http://www.hhs.gov/news/press/2011pres/08/20110801b.html>

[http://www.whitehouse.gov/files/documents/health\\_reform\\_for\\_women.pdf](http://www.whitehouse.gov/files/documents/health_reform_for_women.pdf)

<http://iom.edu/Activities/Women/PreventiveServicesWomen/2011-JUL-20.aspx>

#### **F. Funding Guidelines**

Applicants may submit **only one** proposal for this funding opportunity. If an applicant submits more than one proposal, none of the proposals will be reviewed or considered for funding.

---

<sup>1</sup> Trivedi, A., Rakowski, W., Ayanian, J., Effect of cost sharing on screening mammography in Medicare health plans. *New England Journal of Medicine*. 2008. 358: 375-383.

### **G. Funding Notification**

This is a competitive process. All proposals will be reviewed by an objective technical review panel. Applicants will be notified by e-mail or mail by February 24, 2012, regarding funding decisions.

### **H. Payment Process**

Awardees will become subcontractors of JSI; therefore, no CFDA number is associated with these funds. The approved proposal will serve as a contract for required deliverables from awardees. Payment will be processed after the completion of an awardees project and within 30 days of receipt and approval of the final report.

Please Note: Any modifications to an awardee's proposal must be approved before the proposed project is implemented. Modifications to a proposed project that are not approved in advance may result in nonpayment. To request approval for any modifications, please contact JSI at [owhapplication@jsi.com](mailto:owhapplication@jsi.com).

### **I. Project Time Frame**

The period of performance for projects selected for funding will begin upon receipt of award notification (February 24, 2012) and end by September 14, 2012. Final reports must be submitted by September 14, 2012.

### **J. How To Submit a Proposal**

- Please submit proposals in Microsoft Word or PDF format to [owhapplication@jsi.com](mailto:owhapplication@jsi.com) or mail to JSI, ATTN: Megan Hiltner, 1725 Blake Street, Suite 400, Denver, Colorado 80202. E-mail is the preferred method for proposal submission. Applicants that do not have e-mail may submit proposals via mail.
- Proposals will not be accepted by OWH.
- Proposals must be received by JSI by e-mail or mail submission by 5:00 p.m. Mountain Time on January 20, 2012.
- Proposals can be a maximum of 6 pages and should be in 12 point font and Times New Roman.
- 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 in 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.

## K. Review Process

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

- Form I. Cover Page (5 points)
  - All requested contact information is included
- Form II. Organizational Background (20 points)
  - Description of organization's mission, history, and services is provided
  - Description of geographic area and population served is provided
- Form III. Proposed Activity Description (35 points)
  - Proposed target population is described
  - Community need for the project is described
  - Proposed project description is provided
  - Proposed partners and their contributions are described
  - Planned activities and deliverables are identified
- Form IV. Project Evaluation (20 points)
  - Performance measures and evaluation methods are described
- Form V. Budget (20 points)
  - Budget expenses are detailed in the table provided and all itemized expenses are allowable based on the guidelines included on the form. Other sources and amounts of funding (if any) must be included.

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

## L. Data Disclaimer

DHHS, OWH has contracted with JSI to administer this project. All materials submitted regarding this funding announcement becomes the property of DHHS. DHHS 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 material 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>.

Event materials supported through these funds must include acknowledgment of support from DHHS, OWH. The awardee must also include the following statement on materials distributed at events: **"Funding for this project 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 conferences, 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."**

**M. Proposal Instructions**

Complete your proposal using the forms provided:

- Proposals should be signed by an official with the authority to contract 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.
- Complete proposals cannot exceed 6 pages in length (5 pages for Forms I, II, III, IV and 1 page for Form V).
- Completed proposals must include:
  - Cover Page (included as Form I)
  - Organizational Background (included as Form II)
  - Proposed Project Description (included as Form III)
  - Project Evaluation (included as Form IV)
  - Project Budget (included as Form V)

**Educating Women about Programs, Benefits, and Rights under the Affordable Care Act**  
**Cover Page – Form 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.**





**Proposed Project Description – Form III (continued)**

6. 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 Responsible

**Project Evaluation – Form IV**

1. What performance measure(s) will you use and how will you evaluate the success of your project? (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.)

**Project Budget- Form V**

Examples of educational activities that can be funded include: health provider trainings; educational sessions at community centers, health centers/departments/hospitals; social services trainings; faith-based/church workshops; conference workshops; cultural/heritage events; social/civil club meetings; sorority meetings/events; etc.

Educational materials on programs, benefits, and rights under the ACA purchased or printed with OWH funding must be authorized by the government, or government partner. Materials on women’s health and the ACA purchased or printed with this funding must be scientifically based, medically accurate, and up-to-date. Educational materials from websites listed in Section E. Focus Area of this RFP are deemed pre-approved.

Funding will not be provided for the following:

- capital building projects, overhead, or indirect costs
- food and beverages
- research, direct clinical services, lab services and testing kits
- printing and copying over \$1,000
- promotional items (i.e. t-shirts, sunscreen, pens, pedometers)
- creation of books, DVDs and CDs—this does not include reprinting of HHS materials
- fundraising activities
- purchase of equipment

1. List how you will use requested funds for this project in the table below.

Item Description	Cost (\$)	Requested Funds	Other Funding Source
Total:			

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

3. List other sources of funding to support the activity(s) budget, including in-kind support.

<b>Co-Sponsors/Partnerships</b>	<b>Funding</b>	<b>In-Kind</b>	<b>Total Contribution</b>