

Agency/Office:	HHS/HRSA/OAMP
Contracting Office Location:	5600 Fishers Lane, Rockville, MD 20857
Response Due Date:	12:00 PM ET on Tuesday, October 13 th
Title:	Office of Intergovernmental and External Affairs. # IEA-2027-01

This is for Market Research for the purpose of planning and to gain an understanding of the marketplace. HRSA will not respond to questions regarding the results of this market research. Requests for additional information will not be provided. Responses to this RFI will not be treated as information only and not as a proposal. This is not a solicitation and does not obligate HRSA to award a contract now or in the future.

No reimbursement will be made for any costs associated with providing information in response to this announcement and any follow-up information requests. Respondents will not be notified of the results of the capability assessment. All information submitted in response to this announcement must arrive on or before the closing date deadline.

I. Program Purpose:

The Health Resources and Services Administration (HRSA) is seeking to gain an understanding in the amount of companies, types of companies, their business size, and their capabilities in the areas of Resources, Engagement, and Action for Community Health which may serve as a contracting vehicle to address emerging priorities of the HRSA Administrator and its associated Bureaus/Offices (B/Os). This is potentially an agency-wide mechanism that will facilitate collaboration and bidirectional communication across HRSA B/Os on key priorities such as primary care, nutrition, rural health, workforce, behavioral health, HIV/AIDS, maternal health, and telehealth.

Through a single national entity, this potential program will facilitate strategic partnerships between HRSA B/Os and key national organizations that have established, trusted relationships with state and local elected officials, public health leaders, and other community stakeholders who play a role in health policy, financing, and implementation. Through these partnerships, the program will advance HRSA's mission and supports its programs in providing health care to people who are geographically isolated and economically or medically vulnerable. The potential program will provide support with technical assistance, disseminate promising practices and advance innovative solutions that address public health priorities at the state, local, and community levels, including solutions that strengthen the capacity of HRSA grantees and communities they serve.

The program will provide a coordinated and strategic agency-wide approach to engage national organizations and the state & local networks they represent, rather than relying on separate B/O engagements, we wish to mitigate the duplication of efforts across HRSA. This potential project will serve as a mechanism for:

1. Facilitating bidirectional communication and information sharing between HRSA and state and local decision-makers;

2. Bringing timely and actionable state and local intelligence to HRSA, including information about emerging needs, policy developments, implementation barriers, workforce trends, and effective practices for engaging in communities;
3. Strengthening HRSA-funded programs by improving HRSA's understanding of state and local stakeholder needs, priorities, implementation experiences, and perspectives;
4. Coordinating engagement across B/O around priorities and reducing duplicative outreach to state and local partners;
5. Connecting national organizations and their constituencies with existing HRSA programs, technical assistance resources, regional offices, and other established infrastructure;
6. Supporting the dissemination and exchange of HRSA-funded resources, effective practices, and replicable approaches across states, localities, and communities; and
7. Supporting state and local capacity-building, implementation, and knowledge transfer that advance shared public health goals with HRSA.

The strategic value extends beyond access to national organizations. Through their network, these organizations represent state and local officials, public health policy and finance leaders and have the capacity to directly partner with HRSA rural health, workforce, primary care, behavioral health, HIV/AIDS, maternal health, and telehealth stakeholders, providing HRSA with a mechanism for engaging state and local leaders, systems, and policy environments that influence the implementation and sustainability of HRSA investments.

II. Program History:

The new potential program was formerly called the National Organizations of State and Local Officials (NOSLO), and was established as a flexible, agency-wide cooperative agreement mechanism to address emerging priorities of the HRSA Administrator and Bureaus and Offices. The program was developed based on the needs of B/Os to have established connections with state and local officials and is not based on Congressional legislation.

Through NOSLO, HRSA supported national organizations representing state and local officials who provided subject matter expertise and a mechanism for collaboration on priorities affecting people who are geographically isolated and economically or medically vulnerable communities.

Historically, NOSLO awardees have supported health policy planning, convened state and local leaders around emerging priorities, facilitated engagement between HRSA leadership and subject matter experts and state and local partners, and developed resources to support state and local implementation.

This potential new program builds upon this foundation by positioning these partnerships as an agency-wide strategic resource. It is intended to strengthen coordination across B/Os, more systematically bring state and local implementation intelligence into HRSA, extend the reach of

HRSA investments, and strengthen connections between national organizations and existing HRSA-supported infrastructure.

III. Program Activities and Deliverables:

This project will strengthen HRSA-funded programs and state and local public health capacity and improve the exchange of information between HRSA and state and local decision-makers.

Activities may include learning collaboratives; peer-learning opportunities; technical assistance and training; policy, legislative, workforce, and implementation analyses; environmental scans and needs assessments; data collection and analysis; identification and dissemination of effective and promising practices; development of case studies and briefing materials; and convenings that connect HRSA with state and local decision-makers.

Activities may also include, as appropriate:

- State-level and multi-state policy and legislative analyses;
- Analyses of emerging workforce needs, trends, and implementation challenges;
- Policy academies and cross-sector learning collaboratives;
- Cross-state and national convenings and peer exchanges;
- Identification of states and communities demonstrating effective use of HRSA resources and dissemination of replicable approaches;
- Engagement with state and local leaders representing Medicaid, public health, primary care, behavioral health, maternal and child health, rural health, workforce, HIV/AIDS, telehealth, and other HRSA priorities;
- Connections between national organizations and existing HRSA-funded technical assistance providers, regional and national technical assistance centers, Primary Care Associations, regional offices, state agencies, and other established networks;
- Dissemination of HRSA initiatives, resources, subject matter expertise, and effective practices through established state and local networks; and
- Identification and synthesis of state and local implementation barriers, emerging needs, policy developments, and other actionable information that can inform HRSA programs, strategies, and technical assistance.

IV. Potential Deliverables

One core deliverable function of this program will be to provide HRSA with timely, actionable surveillance from state and local partners. HRSA needs someone to systematically identify, synthesize, and communicate information regarding emerging state and local needs, policy and legislative developments, implementation barriers, workforce trends, program reach and gaps, and effective or promising approaches.

This information will support participating B/Os in understanding how HRSA investments are being implemented at the state and local levels, identifying opportunities for technical assistance or coordination, and adapting activities in response to emerging needs to support several deliverables that address the identified challenges.

Other deliverables may include, but are not limited to:

- Reports, Analyses, and Publications
- Annual and evaluation reports;
- Issue and policy briefs; Fact sheets;
- State and multi-state policy or legislative scans;
- Workforce and implementation analyses;
- Environmental scans and needs assessments;
- Emerging-issue and implementation-intelligence briefs; and
- Analyses identifying program reach, gaps, barriers, and replicable approaches.

Tools and Resources

- Toolkits; Resource guides; Checklists and templates;
- Effective and promising practice documents;
- Implementation guides;
- Partnership resources.

Training and Educational Materials

- Webinar recordings and presentations;
- Training curricula and learning modules;
- Slide decks and infographics; and
- Educational materials developed for partners or stakeholders.

Communications and Outreach Products

- Newsletters;
- Communication and social media toolkits;
- Success stories and case studies;
- Stakeholder engagement materials; and
- Other multimedia products developed to disseminate HRSA resources and activities.

Convening and Learning Products

- Meeting and convening summaries;
- Learning collaborative and peer-networking summaries;
- Key takeaways and action items;
- Meeting agendas and speaker presentations;
- Proceedings reports; and
- Documentation of learning collaboratives, peer exchanges, and technical assistance sessions.

This program may also support an agency-accessible repository of program products, reports, analyses, technical assistance resources, and other deliverables to facilitate knowledge-sharing across participating B/Os and reduce duplication. All deliverables need to be made available to HRSA in a timely manner to support this effort.

V. Key Policy Considerations/Decisions

Disease Prevention, Fighting the Chronic Disease Epidemic, Nutrition, Mental Health Restoring Value Based Care, and Expanding Access to Primary Care.

VI. Considerations to make in responding:

The private sector should demonstrate the organizational capacity and established relationships necessary to perform this role. Please demonstrate:

- Established national reach and existing relationships with state and local decision-makers, public health leaders, and other rural health, workforce, primary care, behavioral health, HIV/AIDS, maternal health, and telehealth stakeholders relevant to HRSA programs;
- An established network or membership structure capable of engaging stakeholders across multiple states and jurisdictions;
- The ability to rapidly engage existing networks around emerging HRSA priorities;
- Experience working across multiple public health or health care program areas relevant to HRSA;
- The ability to gather, analyze, synthesize, and communicate state and local implementation intelligence to HRSA;
- The ability to disseminate HRSA information, resources, and effective practices through established state and local networks;
- The capacity to convene state and local leaders for peer learning, technical assistance, policy discussions, and other activities; and
- The ability to coordinate existing HRSA-funded technical assistance providers, regional offices, state and local organizations, and other established infrastructure rather than creating duplicative structures.

VII. Responses:

In less than 12 pages, the private sector should describe their experience, approach, and assumptions in leveraging existing relationships or building new infrastructure to extend the reach of HRSA investments and support coordinated engagement across multiple B/Os.

The govt. recognizes that professional consulting and program management companies utilize diverse methodologies, delivery frameworks, and staff models. While responding to this RFI, please address the core requirements outlined in this request. You are also encouraged to propose alternative approaches or variant answers the govt. should consider. Please clearly label these as “Alternative Approaches” and detail how your specific methodology will approve delivery quality, optimize resource allocation, and accelerate the program timeline.

Companies should also list their business size, any subcontracting partners, number of staff they would anticipate working on such an effort, any contract vehicles they are available on, and any past performance in work of this nature for the federal govt. or state govt.

Please provide your response no later than October 13th at 12:00 PM ET, responses should be sent to JBonilla@HRSA.gov.