

**USDA/Tufts Telehealth Intervention Strategies for WIC (*THIS-WIC*)**

**Request for Proposals**

**Important Dates:**

Phase I: Brief Proposal Deadline: April 10, 2020 (11:59 p.m. ET)

Phase II: Full Proposal (if invited) Deadline: August 7, 2020 (11:59 p.m. ET)

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## I. BRIEF OVERVIEW OF *THIS-WIC*

### *THIS-WIC* at a Glance

To help WIC State Agencies (SAs) develop and/or implement telehealth<sup>i</sup> using various technologies to facilitate breastfeeding support, nutrition education and address barriers to participant access of WIC services, Tufts University and collaborators are requesting proposals for the USDA/Tufts **Telehealth Intervention Strategies for WIC** (*THIS-WIC*) grant opportunity.

The Consolidated Appropriations Act, 2019 (Public Law 116-6) authorized the allocation of \$5,000,000 for telehealth competitive grants to:

- Supplement the nutrition education and breastfeeding support offered in the WIC clinic;
- Decrease barriers to access to WIC services, particularly in rural communities and other populations facing barriers to accessing support;
- Impact dietary habits, infant feeding practices, including breastfeeding rates, participant satisfaction and retention, and improve identified nutrition risks.

### Role of *THIS-WIC* Team

To best support WIC SAs, the *THIS-WIC* team will:

- oversee this telehealth competitive grants program to WIC SAs;
- provide technical support to WIC SAs during the application process and implementation periods;
- evaluate the impact, process, and cost of the awards in collaboration with the WIC SAs; and,
- disseminate promising and successful initiatives and communicate about challenges as well as potential solutions to challenges.

### Funding to Enhance Existing WIC Services

*THIS-WIC* will provide technical support to selected projects and up to \$1 million in funding for each proposal. This funding opportunity will allow eligible WIC SAs to develop and/or implement telehealth strategies and tools that can enhance the WIC **nutrition education and breastfeeding counseling component** of WIC services.

<sup>i</sup> Telehealth means using electronic communication and telecommunications to support long-distance clinical health care, patient and professional education, public health and health administration. Definition available from: <https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth>

\* Qualified professionals include Registered Dietitians (RD) and/or breastfeeding experts (*i.e.*, IBCLC) who meet State staffing requirements and can provide expertise in complex nutrition and breastfeeding topics that are in accordance with WIC guidance and with program scope.

### Box 1. Key Details

#### Total Awards

- Up to \$5 million will be available under this RFP.
- WIC SAs may request up to \$1,000,000 to accommodate projects up to 30 months.
- Up to 8 grants will be funded.

#### Eligible Applicants

- Applicant organizations must be a WIC SA or consortium of WIC SAs including the 50 States, 34 Indian Tribal Organizations (ITOs), American Samoa, District of Columbia, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands.

#### Priority Areas

*THIS-WIC* focuses on **two priority areas**:

- **Priority Area 1:** Implement an existing telehealth solution to ensure timely access to nutritional or breastfeeding support for WIC participants by qualified professionals\*, or
- **Priority Area 2:** Develop an online (mobile-friendly) resource or tool to provide nutrition education and/ or breastfeeding support to WIC participants by qualified professionals\*

These strategies and tools can:

- supplement nutrition education and breastfeeding contacts to WIC participants for identified complex nutrition and/or breastfeeding problems with qualified professionals
- provide for effective counseling by WIC staff with tailored, up-to-date information (*i.e.*, nutrition and/or breastfeeding talking points, take-away messages, etc.) to facilitate productive and meaningful discussions with participants
- facilitate effective documentation, care planning, and appropriate follow-up

## Requirements for Applications

- Applications must be led and submitted by a SA or consortium of SAs.
- Applicants must address either Priority Area 1 or Priority Area 2.
- SAs may only apply once under each Priority Area and if applying under both priority areas, will only be eligible to receive one award.
- Applicants must submit all required components of the application by the due date using the “Apply Here” link on the *THIS-WIC* web site.
- Applicants must demonstrate the willingness to implement the telehealth intervention in a randomized fashion or with comparison and treatment groups.
- Applicants must make a commitment to collaborating with *THIS-WIC* on the evaluation, including supporting *THIS-WIC* in data collection efforts and providing *THIS-WIC* with the data needed to evaluate the intervention.

## Key Dates and Deadlines

The application process has two stages: Phase I, a brief proposal, including a brief project description, followed by Phase II, a full application (by invitation). Key application dates and deadlines are as follows:

### Phase I: Brief Proposal

- April 10, 2020 (11:59 pm ET)
  - Deadline for receipt of brief proposals (required for consideration in Phase I).

### Phase II: Full Proposal

- May 8, 2020
  - Phase II full proposal submission begins for selected Phase I applicants.
- August 7, 2020 (11:59 pm ET)
  - Deadline for receipt of full proposals for selected Phase I applicants.
- September 2020
  - Applicant finalists notified of funding recommendations.
- October 2020
  - Grants initiated with selected SAs.

Additional dates (*i.e.*, reporting, meetings, and completion of the project) will be provided to WIC SAs that receive the award.

## II. BACKGROUND & PURPOSE OF *THIS-WIC*

### Background

#### What is Telehealth?

Telehealth is the provision of health-related services remotely through technology such as computers, smartphones, or tablets. This technology can be used to facilitate communication between practitioners and participants and to deliver health education. Research has documented<sup>1</sup> that many WIC participants are millennials or post-millennials who use smartphones, including mobile apps and other technology (*i.e.*, tablets), daily. WIC participants want and support utilizing technology<sup>2</sup> to better access existing WIC services.

#### Benefits

In addition to meeting participant needs, telehealth innovations offer many potential benefits to State Agencies (SA) including:

- improving the quality of programming and access
- ensuring relevance for changing WIC participant populations
- providing flexible and adaptable tools to meet learning preferences
- addressing potential shortages of and/or barriers to accessing qualified professionals
- increasing opportunity for engagement and more frequent reinforcement of education messages for deeper impact

#### Challenges

While benefits of telehealth are apparent for both SAs and participants, there are challenges to consider for successful implementation:

- privacy and confidentiality concerns
- connectivity issues for rural or remote populations
- differential access to technology
- provider and participant comfort with technology
- cultural competency
- training and infrastructure requirements

#### WIC and Telehealth

Recent studies in WIC have evaluated the use of:

- Two-way text-messaging to complement WIC breastfeeding peer counselors (BFPCs) to provide timely breastfeeding support prenatally<sup>3</sup>
- WIC online nutrition education compared to usual WIC care<sup>4</sup>

### Purpose

There is a developing, but limited, evidence-base documenting the benefits and challenges associated with telehealth in the WIC population. Interventions conducted thus far demonstrate the potential for telehealth in WIC to improve participant satisfaction<sup>5,6</sup>, knowledge attainment<sup>7,8</sup>, and adoption of healthy behaviors<sup>9-13</sup>. This RFP intends to build on this evidence to fund the implementation of relevant telehealth technologies that show promise for effectively supporting WIC nutrition education and breastfeeding support and addressing barriers to participant access of these services.

This is a one-time funding opportunity that will be awarded on a competitive basis. Each selected grantee will receive up to \$1 million per award, which can be used to support a variety of telehealth interventions, including the use of telehealth tools provided by WIC staff as well as clinical services and technologies provided by third-party vendors. A major goal of these awards is to decrease barriers to accessing WIC services, particularly in rural communities. *THIS-WIC* anticipates making 5-8 awards.

*THIS-WIC* will award, monitor and evaluate the WIC SA's intervention with the cooperation of the WIC SA.

### **III. PRIORITY AREAS**

*THIS-WIC* is particularly interested in telehealth innovations, including replicable interactive tools, technical or other practical solutions that provide effective breastfeeding counseling and/or nutrition education to WIC participants; and interventions that would address common barriers found in rural settings. *THIS-WIC* intends to fund at least one award in each of the two priority areas and anticipates funding up to eight total awards:

#### **Priority Area 1**

**Implement an existing telehealth solution to ensure timely access to nutritional or breastfeeding support for WIC participants by qualified professionals\*.**

The most consistent benefit<sup>14</sup> documented in telehealth research is when telehealth technology is used for communication and counseling. One option to facilitate this communication is through videoconferencing (delivered either to a single participant or in a group setting). Videoconferencing has been graded as an "A" option<sup>14</sup> by the Agency for Healthcare Research and Quality report. Although videoconferencing has some evidence of feasibility within WIC, to our knowledge, no research has been conducted to assess its impact. WIC SAs may also propose solutions beyond videoconferencing (e.g., two-way text messaging, existing mobile app).

Interventions in this priority area should aim to facilitate:

- SAs reaching and better serving WIC participants who have historically faced barriers to access, including those in rural locations.
- Integration with and supplementation (not duplication) of WIC services by addressing challenges identified through the participants' nutrition and/or breastfeeding assessment (*i.e.*, high-risk) or barriers to access.
- Use of assessments and referrals from a WIC Competent Professional Authority to connect participants with appropriate follow-up counseling on complex nutrition and/or breastfeeding problems with qualified professionals. Any counseling contacts should be well documented, and information should be provided in a timely manner to WIC staff to enable follow-up.

#### **Potential Priority Area 1 Research Questions to Consider**

Projects addressing Priority Area 1 should seek to understand the impact of implementing an existing telehealth solution such as videoconferencing when added to WIC standard practice for nutrition education and/or breastfeeding counseling.

Proposals should include both intermediate (e.g., attitude towards using the innovation) and impact outcomes (e.g., dietary behaviors) as well as process outcomes (ex. WIC participant reach or retention).

Proposals should also plan to provide information on implementation costs to the *THIS-WIC* team so that *THIS-WIC* can address cost effectiveness-related research questions. Each grantee must agree to provide the *THIS-WIC* team with data and/or partner with *THIS-WIC* on evaluation to collect the data necessary to address the research questions relevant to the proposed project.

Research questions include but are not limited to:

- What is the impact of integrating the telehealth solution on:
  - WIC participants' outcomes (*i.e.*, dietary and feeding behaviors, breastfeeding, etc.)?
  - Participant reach and retention?
  - Provider satisfaction? Participant satisfaction?
- What is the feasibility, accessibility and acceptability of using this solution to engage with WIC participants? Among WIC staff? Among WIC participants?
- What is the cost, with respect to both the provider (*i.e.*, State Agency) and the WIC participant, to deliver the telehealth solution?
- What are the costs for the WIC program associated with adoption (initial start-up), implementation (on-going administration), and sustainability?
- What factors influence WIC staff delivery of the telehealth solution (*i.e.*, WIC staff interest, telecommunication challenges faced, acceptance of method for delivery of education)?

## **Priority Area 2**

**Develop and implement an online (mobile-friendly) resource or tool to provide nutritional or breastfeeding support to WIC participants that is within the scope of the nutrition education and/or breastfeeding support offered in the WIC clinic by qualified professionals\*.**

The focus of PA 2 is the development of online, mobile-friendly telehealth technologies and/or tools or *novel integration* of existing tools to support WIC staff in their delivery of WIC services. Projects awarded for PA 2 will help generate an emerging evidence base to better understand the integration of mobile-friendly tools within WIC to supplement usual practice care, while also addressing program barriers for SAs and WIC participants.

Development and implementation of online, mobile-friendly resources or tools may help to facilitate:

- Productive and meaningful interactions with participants through provision of information on common nutrition topics of interest, suggested prompts, talking points, or actionable takeaway messages.
- Improved engagement with WIC participants that includes participant-centered nutrition education practices, including goal setting.
- Delivery of nutrition education content relevant to identified nutrition risk(s) and common participant concerns.
- Use of evidence-based strategies to maximize participant engagement or impact on participant nutrition behaviors
- Use of evidence-based best practices for the delivery and reinforcement of nutrition messages.

- Inclusion of features to enable WIC staff to analyze assessments and monitor use of the tool and its impact on participant dietary habits and/or health to support continual improvement.
- Tailoring information to the nutritional and/or breastfeeding needs of participant, care plan development, documentation and appropriate follow-up.
- Use of referrals and assessment from a WIC competent professional authority to connect participants with appropriate follow-up on complex nutrition and/or breastfeeding problems.

## **Potential Priority Area 2 Research Questions to Consider**

We anticipate that projects addressing Priority Area 2 will seek to understand how integration of mobile-friendly telehealth technologies and/or tools used by WIC staff may be used to supplement usual care, and support improved participant reach and retention. Contacts made through the new technology or tool should integrate with and not duplicate WIC services by addressing challenges identified through the participants' nutrition and/or breastfeeding assessment (*i.e.*, high-risk) or barriers to access.

As with Priority Area 1, proposals should include both intermediate (ex. attitude towards using the innovation) and impact outcomes (ex. dietary behaviors) as well as process outcomes (ex. WIC participant reach or retention). Proposals should also plan to provide information on implementation costs to the *THIS-WIC* team so that *THIS-WIC* can address cost effectiveness-related research questions. Each grantee must agree to provide the *THIS-WIC* team with data and/or partner with *THIS-WIC* on evaluation to collect the data necessary to address the research questions relevant to the proposed project.

### Research questions include but are not limited to:

- What are WIC participant and staff perceptions regarding this new resource or tool?
- Does the tool facilitate productive and meaningful discussions between WIC staff and participants, including by supporting participant-centered nutrition education practices?
- What is the accuracy and reliability of this tool?
- What is the feasibility, accessibility and acceptability of using this tool to engage with WIC participants? Among WIC staff? Among WIC participants?
- What are the costs associated with implementation and utilization of the new system (initial capital investment, ongoing costs)?
- What is the impact of the tool on participant reach and retention?

## **IV. EVALUATION DESIGN**

### **Collaborative Evaluation of Proposed Interventions with *THIS-WIC***

*THIS-WIC* will lead the evaluation of the projects in collaboration with the funded WIC SAs. Applicants do not need to be research experts or have prior experience in evaluation, but will be expected to work with the *THIS-WIC* team to finalize the evaluation design for funded projects and to provide data necessary to evaluate the impact, feasibility, and acceptability of the intervention.

Throughout the project period, *THIS-WIC* will build WIC SAs evaluation capacity through

trainings, webinars, and direct communication (see more information below in Expectations for Funded WIC SAs). WIC SAs can use grant funding to support current staff or hire new staff needed to carry out evaluation-related activities. Throughout implementation and evaluation of the funded projects, USDA WIC program requirements will be met (*i.e.*, usual WIC care; resources will not be withheld from participants).

A key goal of *THIS-WIC* is to generate robust evidence of effective strategies for implementing telehealth solutions in WIC. Learnings from *THIS-WIC* research will help improve WIC services for participating SAs and help them to ensure high-quality programming and program access. These applied research findings will also inform other WIC SAs and local agencies more broadly on ways to meet program needs of the evolving WIC participant population.

## Creating Your Evaluation Strategy

### Evaluation Type

The goal of the evaluation strategy is to provide *THIS-WIC* with more information about evaluation designs applicants would be willing to implement as well as potential challenges applicants might encounter in implementing the proposed evaluation.

Specifically, applicants will be asked to consider and explain whether they can:

- implement the proposed intervention in a randomized (*i.e.*, coin toss) fashion, by randomly assigning WIC participants or sites (*i.e.*, local agencies or clinics) to receive either the telehealth intervention or usual care **OR**
- implement the proposed intervention using treatment and comparison groups (*i.e.*, not randomized)

In determining whether they can implement the proposed telehealth intervention in a randomized fashion, applicants should consider key stakeholders, particularly those who will be involved in implementing the proposed intervention, including local agency/clinic directors, program managers, and staff. Additional resources to help applicants develop their evaluation strategies are provided on the *THIS-WIC* website.

### Outcomes

When creating their evaluation strategy, applicants should also have in mind outcomes of interest for the proposed telehealth intervention. The outcomes shown in bold in Table 1 below are examples of outcomes we anticipate all grant recipient projects will be able to examine in collaboration with *THIS-WIC*. While we expect that specific outcomes will vary depending on the proposed intervention, *THIS-WIC* requires that all funded projects will include evaluation at each of the following levels:

- **Process** – Have intervention activities been implemented as intended?
- **Intermediate** – Are there short-term impacts (*i.e.*, changes in knowledge and attitudes of participants) of the intervention?
- **Impact** – Are there longer-term changes (*i.e.*, dietary intake, infant feeding practices, retention in WIC) that can be attributed to the intervention?
- **Cost** – What are the costs associated with the telehealth intervention at various levels, including participant, provider, and WIC agency (SA, LA, clinic)?

See Table 1 for examples of required outcomes specific to each category. Please keep in mind that once projects have been selected for funding, the *THIS-WIC* team will work with each WIC SA to finalize selection of specific outcomes.



**Table 1. Examples of Outcomes for WIC Telehealth Research**

<b>Required Outcome</b>	<b>WIC Participants (<i>i.e.</i>, mothers, infants)</b>	<b>Qualified WIC Professional</b>	<b>WIC Program</b>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Dietary intake (<i>i.e.</i>, Fruit and Vegetable intake)</li> <li>• Breastfeeding duration</li> <li>• Appropriate weight gain</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency of using the telehealth innovation for complex problems</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Reach and retention</b></li> </ul>
<b>Intermediate</b>	<ul style="list-style-type: none"> <li>• Knowledge about complex nutrition/Breastfeeding problems</li> <li>• Attitude toward a nutrition-related behavior (<i>i.e.</i>, whole-grain consumption)</li> </ul>	<ul style="list-style-type: none"> <li>• Attitude towards using the innovation</li> <li>• Readiness to use the innovation</li> </ul>	
<b>Process</b>	<ul style="list-style-type: none"> <li>• Satisfaction and usage of telehealth innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Experience using the innovation</li> <li>• Changes in staff workflow related to innovation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Ability to scale innovation to other clinics</b></li> </ul>
<b>Cost</b>	<ul style="list-style-type: none"> <li>• <b>Financial assessment for participants</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Financial assessment for providers</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Financial assessment for local agencies</b></li> </ul>

Data Sources & Procedures for Collecting Data

Applicants should consider how they will acquire and share data with *THIS-WIC*, including administrative data or cost/budget information. The evaluation of the proposed telehealth intervention will likely need to include data collection with WIC staff and/or participants (“human subjects,” see Section VII: Additional Requirements for more information). *THIS-WIC* will select and provide funded applicants with the instruments (e.g., surveys, tracking logs) that will be used for data collection.

For awarded projects, we anticipate that the data that will need to be collected include, but are not limited to:

**1. WIC Administrative Data**

- Outcome data on participant characteristics
- Summary reports by time period
- Data may also be used as the sampling frame for the participant survey described below

## **2. Tracking Data from Telehealth Interventions**

- Frequency and length of time spent engaged with the telehealth innovation for both providers and participants
- Other relevant user-data for use of the telehealth innovation
- Note that data should include an ID field to allow for linkage to the WIC administrative data or staff characteristics, as appropriate

## **3. Cost data**

- Cost data organized by task (*i.e.*, developing the telehealth program) and by time period (*i.e.*, monthly, quarterly) depending on the source; these data will be provided by different stakeholders engaged in the intervention (*i.e.*, SA, local agencies, telehealth intervention contractor) to understand the costs associated with implementing the innovation
- Stakeholders will provide information for cost estimates as appropriate per participant, per participant month, or per contact occasion
- For each stakeholder organization, cost documents will be expected to estimate staff time (coded in full-time- equivalent units) and personnel (*i.e.*, managerial, non-managerial personnel) expenditures

## **4. WIC Participant surveys**

- *THIS-WIC* team will conduct a WIC participant survey using a telephone interview process
- *THIS-WIC* will work with grantees to identify a process and procedure for recruiting WIC participants to take part in the survey

## **5. Key Informant Interviews**

- Grantees must agree to make available key personnel involved in the intervention design and/or delivery (e.g., local agency directors, breastfeeding counselors, WIC nutritionists) for the *THIS-WIC* team to conduct key informant interviews
- Interviews may be conducted with WIC participants; *THIS-WIC* will ask for grantee's help in identifying and recruiting WIC participants for interviews

## **Expectations for Funded WIC SAs**

Although applicants do not need to have prior evaluation experience, applicants must speak to their capacity to work collaboratively and meet essential evaluation components (*i.e.*, data provision) if funded.

For additional details about expectations related to evaluation and data collection, including the roles of *THIS-WIC* and that of SAs, please see Table 2 on the next page.

**Table 2. Evaluation Support from *THIS-WIC* and Expectations for Funded WIC SAs**

Evaluation Support	<i>THIS-WIC</i> Team	WIC SA
<b>Design</b>	<ul style="list-style-type: none"> <li>• Work with grantee to refine evaluation design, troubleshoot challenges, and create final evaluation design, including cross-cutting outcomes to measure</li> </ul>	<ul style="list-style-type: none"> <li>• Work with the <i>THIS-WIC</i> team to finalize implementation and evaluation plans and hire additional staff needed to support the evaluation process</li> </ul>
	<ul style="list-style-type: none"> <li>• Select a sample for a provider and/or participant surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Provide data for sampling frame</li> </ul>
<b>Preparation &amp; Training</b>	<ul style="list-style-type: none"> <li>• Provide training and support to grantees including the provision of valid data collection instruments (<i>i.e.</i>, surveys)</li> </ul>	<ul style="list-style-type: none"> <li>• Support key WIC staff (SA, LA, clinics) attendance at any required workshops/webinars on evaluation (Grantees must include in their budget travel costs for at least two team members to attend the Kick-off training and the WIC Telehealth Innovation Research Dissemination Workshop)</li> </ul>
	<ul style="list-style-type: none"> <li>• Establish data reporting requirements and timing for grantees; provide support, guidance and training to grantees to collect and track data for evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Allow staff to be trained by <i>THIS-WIC</i> to track required data outcomes and provide high-quality data to <i>THIS-WIC</i> for use in evaluation</li> </ul>
<b>Data collection</b>	<ul style="list-style-type: none"> <li>• Conduct key informant interviews; administer surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Assist with arranging provider and/or participant contact for potential interviews and/or surveys</li> </ul>
<b>Data management and analysis</b>	<ul style="list-style-type: none"> <li>• Clean and analyze data</li> </ul>	<ul style="list-style-type: none"> <li>• Collect and share all agreed-upon, de-identified WIC data to <i>THIS-WIC</i></li> </ul>
<b>Reports &amp; Dissemination of Evaluation Results</b>	<ul style="list-style-type: none"> <li>• Develop WIC SA-specific and overall evaluation reports</li> </ul>	<ul style="list-style-type: none"> <li>• Submit all required reports (draft, final)</li> <li>• Collaborate with <i>THIS-WIC</i> to create dissemination materials such as a short video summarizing key elements of the project and notable results (guidance will be provided from <i>THIS-WIC</i> throughout their creation)</li> </ul>
	<ul style="list-style-type: none"> <li>• Prepare abstracts for scientific and practitioner-oriented meetings; Publish peer-reviewed manuscripts related to findings</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with <i>THIS-WIC</i> to develop presentations and manuscripts, if desired</li> </ul>

## V. Technical Support

The *THIS-WIC* team will provide technical support to WIC SAs during the application process and implementation period. Any questions related to eligibility should be directed to the *THIS-WIC* team ([thiswic@tufts.edu](mailto:thiswic@tufts.edu)).

Additionally, WIC SAs have the option to contact their regional [Telehealth Resource Center \(TRCs\)](#). Funded by the U.S. Department of Health and Human Services Health Resources and Services Administration, TRCs were established to provide assistance, education, and information to organizations and individuals who are actively providing or interested in providing care at a distance – see Box 2 for more details.

### Application Process Technical Support

#### THIS-WIC Webinars

The *THIS-WIC* team will hold three, one-hour webinars to provide additional details about the application process, to provide deeper insight into telehealth innovations, and to further lay out expectations for the evaluation of proposed projects. All the webinars will include time for potential applicants to ask questions of the *THIS-WIC* team.

- **RFP Overview: 3-4pm (EST) on February 13th, 2020**, hosted by the *THIS-WIC* team to provide an overview of the RFP and application process.
- **Designing a Telehealth Solution: 3-4pm (EST) on February 19th, 2020**, will be jointly hosted by *THIS-WIC* and the TRCs to provide a deep dive into telehealth innovations related to each priority area and an overview of best practices when designing telehealth solutions.
- **Unpacking the Evaluation: 4-5pm (EST) on February 24th, 2020**, will be led by the *THIS-WIC* team to further clarify roles and expectations related to the evaluation of the telehealth solutions.

Webinars are open to the public but **require pre-registration** and will be recorded and archived on *THIS-WIC* website for anyone who was not able to attend live or is interested in reviewing them.

#### THIS-WIC Website

Additional technical support resources, including how to access support for telehealth solution expertise to conceptualize, design, and evaluate your solutions are available at the [THIS-WIC website](#).

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<sup>ii</sup> Please note that TRCs are not involved in applicant selection, so input from the TRC may be inconsistent with proposal reviewer feedback.

### Box 2. Accessing the National Consortium of Telehealth Resource Centers (TRCs)

The TRCs provide information and assistance to all 50 states and D.C., Pacific Basin territories, and U.S. Virgin Islands. The TRCs assist and advise telehealth programs in their start-up, expansion, and maintenance phases.

During proposal development, TRC support is available at no cost.<sup>ii</sup> TRC staff are best suited to answer questions you may have about:

- Best practices for designing and implementing telehealth interventions (*i.e.*, maintaining patient safety and confidentiality; over-coming connectivity challenges for rural populations)
- Selection criteria for identifying potential vendors

During the project implementation period, the TRCs are available to provide up to ten hours per year of free technical support to funded WIC SAs to advise on program planning, implementation, and/or evaluation.

For more information about the services the TRCs can offer, please visit: <https://www.telehealthresourcecenter.org/>

The website features:

- A resource library with toolkits that address telehealth and evaluation
- Case studies on the use of telehealth in WIC
- WIC evaluation examples
- Frequently asked questions (FAQ) section
- Contact us page

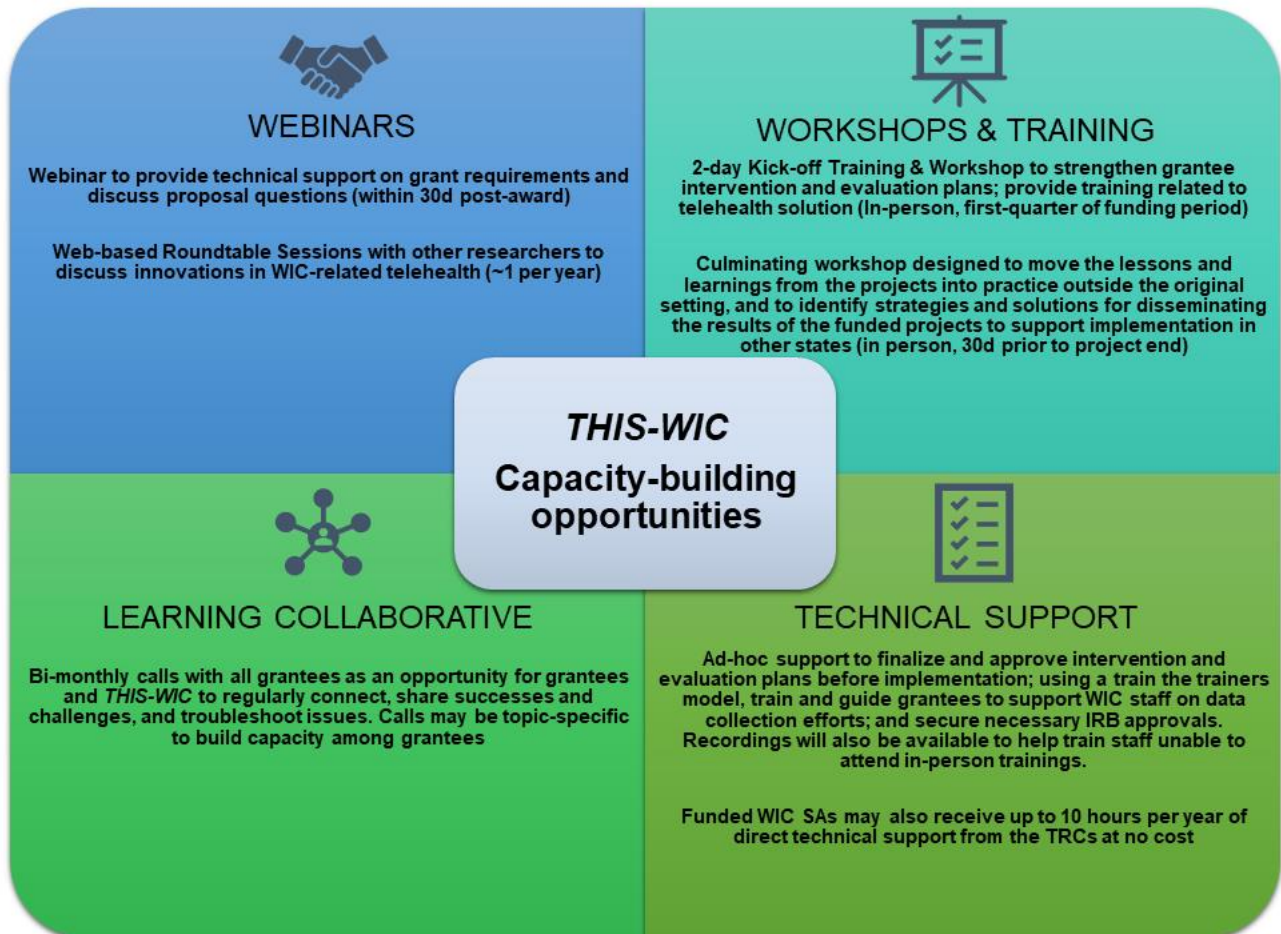
To ensure that all technical support provided to WIC SAs is uniformly available to all, the *THIS-WIC* team will post a summary of applicable questions and answers provided by the *THIS-WIC* team and TRCs. The *THIS-WIC* team aims to answer questions as quickly as possible and may add questions anonymously to our FAQ to share with other applicants. No identifying information will be shared on the FAQ page.

### Project Implementation Technical Support

#### Capacity Building for Awardees

*THIS-WIC* will continue to provide support to funded agencies as they implement their telehealth innovations. That support includes assistance to develop and strengthen implementation and evaluation plans, including data collection. *THIS-WIC* will organize a Learning Collaborative that will provide ongoing opportunities for grantees to interact and learn from one another through webinars and conference calls.

Example capacity-building opportunities include:



## VI. APPLICATION PROCESS & SELECTION CRITERIA

### How to Apply

All applications in response to this RFP must be submitted online using the *THIS-WIC* online system. Visit [the \*THIS-WIC\* website](#) and choose “Apply Online” on the “Request for Proposals” page under the “Funding” tab. WIC SAs (or consortiums of SAs) will be required to register before beginning the application process.

The online application system provides templates and detailed instructions for each phase and component of the grant application. Applicants must follow the instructions and use the templates provided in the online system. We strongly recommend that applicants log in to the system and understand online submission requirements before the submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, late submissions will not be accepted.

There are two phases in the competitive proposal process:

#### **Phase I: Brief Proposals** (due April 10, 2020, by 11:59pm ET)

All applicants must submit a brief proposal describing the proposed study using the provided template (up to 3 pages, single-spaced, 12-point font). There is no need at this stage to include a budget except for the anticipated total amount. [Click here for brief proposal template.](#)

Phase I applicants will be notified by May 1, 2020, if they are invited to apply to Phase II. Depending on the number of applications received, it is possible that all Phase I applicants will be invited to Phase II.

#### **Phase II: Full Proposals, if invited** (due August 7<sup>th</sup>, by 11:59pm ET)

Phase II applications must include: (1) a full proposal using a required project narrative following the provided template (up to 20 pages, single-spaced, 12-point font), (2) detailed budget and a budget narrative, (3) biosketches of key personnel (limit 5-pages for up to 5 personnel), and (4) supporting documents such as letters of support, etc. [Click here for full proposal template.](#)

### Selection Criteria

Brief proposals will be reviewed and scored by the *THIS-WIC* team while Full proposals will be reviewed and scored by a panel of external reviewers. Tufts will submit to USDA FNS summaries of all Brief and Full proposals submitted and discuss the top proposals with FNS. FNS will make the final selection decisions. The selecting official at FNS reserves the right to accept the panel’s recommendation or to select an application for funding in order to meet agency priorities, program balance, geographical representation, or project diversity.

While applicants will not be scored on the following information, those invited to submit full proposals must detail:

- Data, including administrative and cost data (*i.e.*, de-identified MIS data), that they are willing and able to collect and share

- Demonstrated commitment to *THIS-WIC* by acknowledging that data needed to evaluate the intervention will be shared, and that the SA will support *THIS-WIC* in any data collection efforts
- Capacity to collaborate with *THIS-WIC*, including any previous evaluation activities, current evaluation capabilities, previous collaborations with evaluators, and previous experience sharing administrative data
- Potential challenges related to evaluation, including data issues or concerns
- If applicable, provide a description of the Internal Review Board (IRB) process at SA

**The following criteria will be used to evaluate Phase I: Brief Proposal applications.**

**1. Telehealth Solution (4 points)**

- Clearly describes the telehealth intervention in relation to Priority Area 1 or 2 and how it will build on participant assessment information to provide nutrition education and/or breastfeeding support and how the solution will be used to deliver only allowable WIC services by qualified professionals
- Includes discussion on how the intervention will address challenges identified through the participants' nutrition and/or breastfeeding assessment (e.g., high risk)
- Includes discussion on how the intervention will facilitate documented counseling contacts, care plan development and appropriate follow-up
- Describes potential reach of the intervention, including geographical area and/or specific populations, and the number or range of local agencies or clinics that will be engaged during the project period

**2. Problem Statement (3 points)**

- Clearly describes the population served by the WIC SA(s) (if a consortium) and the specific populations targeted in the interventions
- Provides indication of whether rural or other populations with decreased access to WIC are included and to what extent
  - Additional points are awarded for telehealth solutions that target high risk WIC participants and/or complex issues including a description on how a subset of WIC participants will be directed to the solution through referrals
- Clearly describes complex problems among WIC participants that limit their access or use of WIC services and/or require qualified professionals at the SA level

**3. Staffing (2 points)**

- Documents capacity of the SA and any relevant partners to carry out the project, including roles of key team members with respect to implementation of project

**4. Evaluation (1 point)**

- Indicates ability to implement intervention in a randomized fashion or with a comparison and treatment group
- Indicates ability to collaborate with *THIS-WIC* on the evaluation including willingness to provide data and assist with data collection efforts

**5. Budget (not scored)**

- Includes total budget for proposed project

**Total Possible Points for Brief Proposals = 10**

**The following criteria will be used to evaluate Phase II: Full Proposal applications.**

**1. Telehealth Solution (30 points)**

- Clearly describes the telehealth intervention in relation to Priority Area 1 or 2 and how it will build on participant assessment information to provide nutrition education and/or breastfeeding support and how the solution will be used to deliver only allowable WIC services by qualified professionals
- Includes discussion of potential barriers and proposed solutions to overcome those barriers including how privacy and safety of WIC participants will be maintained when interacting via the proposed technology
- Demonstrates compliance with Federal Program Regulations<sup>iii</sup> for all proposed strategies/solutions

**2. Problem Statement (20 points)**

- Clearly describes the population served by the WIC SA(s) (if a consortium) and the specific populations targeted in the interventions
- Provides indication of whether rural or other populations with decreased access to WIC are included and to what extent
  - Additional points are awarded for telehealth solutions that target high risk WIC participants and/or complex issues including a description on how a subset of WIC participants will be directed to the solution through referrals
- Indicates how the proposed intervention addresses barriers to access and reflects the social and cultural environment relevant to the populations served
- Clearly describes main issues/problems among WIC participants that limit their access or use of WIC services and/or require qualified professionals at the SA level
- Discusses the use of referral systems available for participants with complex issues (i.e high risk)
- Discusses whether shortage of qualified professionals is a barrier to accessing WIC services in your SA

**3. Evaluation Capacity (15 points)**

- Articulates whether the WIC SA is able to implement the intervention in a randomized fashion or with comparison and treatment groups
- Demonstrates capacity and commitment to collaborate with the *THIS-WIC* team on all aspects of the evaluation including ability to collect and share data and/or capacity-building activities to allow the grantee to build capacity to collect and share data
- Provides documentation of procedures used to maintain the quality and integrity of all data and analyses

**4. Staffing (15 points)**

- Outlines the qualifications of the team to effectively carry out the project including data management and a clear description of any key partner engagement that will contribute to success, including letters of support from all committed partners
- If a consortium of WIC SAs, the applicants should designate a primary SA with administrative and fiscal responsibilities, and describe the communication plans, process for making decisions on project direction, and procedures for resolving conflicts

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<sup>iii</sup> <https://www.fns.usda.gov/sites/default/files/wic/WICRegulations-7CFR246.pdf>



## 5. Budget & Timeline (10 points)

- Demonstrates feasibility of the budget, budget justification and timelines as appropriate to the project scope; applicants may refer to budget templates for guidance

## 6. Sustainability & Transferability (10 points)

- Clearly demonstrates a plan to sustain the telehealth solution after the project period and how the project may be adapted and implemented by other WIC SAs
  - Additional points are awarded for proposals that intend to:
    - use open source software and technology<sup>iv</sup>, and/or
    - plan to develop systems that can be easily tailored and adopted by other SAs at little or no cost

**Total Possible Points for Full Proposals = 100**

# VII. ADDITIONAL REQUIREMENTS

## Human Subjects Safety

All evaluation activities involving people (*i.e.*, human subject), including WIC participants and WIC staff, must be carried out in alignment with federal and state regulations, institutional guidelines, and policies that govern human subject research. These regulations and guidelines exist to protect the rights and welfare of human subjects. All research and evaluation involving human subjects must be reviewed, approved, and overseen by an Institutional Review Board (IRB).

*THIS-WIC* will lead the IRB approval process, and will submit protocols to the Tufts Institutional IRB, which will oversee all research and evaluation involving human subjects. Project implementation and/or evaluation cannot begin until approval from the Tufts University IRB is received. Should grantees have their own IRBs/research review processes, *THIS-WIC* will work collaboratively with them to complete the review and approval process.

## Monitoring & Reporting

*THIS-WIC* will monitor the grantees' efforts to assure accountability. Grantees will be required to submit progress reports and financial reports quarterly. A final report is due to *THIS-WIC* for review and comment within 60 days of the end of the project funding period, with a draft report due within 30 days of the end of the project funding period. The *THIS-WIC* team will coordinate reporting efforts; additional details and templates will be provided to grantees at time of award.

Grantees will be asked to provide a short video brief as a deliverable along with their research results that will serve to communicate key findings. *THIS-WIC* will provide instructions on creating a 508 compliant video presentation summarizing key elements of the intervention and outcomes. For those grantees who want to put less emphasis on video production, the *THIS-WIC* team will provide simple instructions for creating a straightforward webcam/Powerpoint presentation that has low production requirements but will be effective at communicating results of the project. The video briefs will be posted on the *THIS-WIC* website.

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<sup>iv</sup>The term open source refers to something people can modify and share because its design is publicly accessible.

The *THIS-WIC* team will engage with grantees throughout the award period to build WIC practitioner capacity and share learnings. These engagement opportunities include:

- Bi-monthly progress calls with grantees to discuss implementation successes and challenges, share knowledge and troubleshoot evaluation and technology difficulties
- A post-award meeting with all grantees (delivered via webinar)
- Two in-person meetings: an initial Kick-off Training Workshop and a culminating workshop just prior to completion of the award period

The *THIS-WIC* team is also available to the grantees on an ad-hoc basis.

### **Use of Grant Funds**

Grant funds may be used for project staff salaries, consultant fees (if applicable), data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. **Grantees must include in their budget travel costs for at least two team members to attend the Kick-off training and the WIC Telehealth Innovation Research Dissemination Workshop**, which will occur in the first and last quarters of the project period, respectively. The training and workshop will be held in the Washington, DC area.

For additional information about use of grant funds and other requirements, including Federal regulatory and administrative requirements, please refer to the [THIS-WIC administration information](#).

## **VIII. PROJECT DIRECTION**

Funding for this opportunity is provided by the U.S. Department of Agriculture Food and Nutrition Service. Direction and technical support for this opportunity are provided by Tufts University Friedman School of Nutrition Science and Policy. Please direct all inquiries to:

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Tufts University Friedman School of Nutrition Science and Policy  
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Email: [thiswic@tufts.edu](mailto:thiswic@tufts.edu)  
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Key staff members at the Tufts University Friedman School of Nutrition Science and Policy are:

Erin Hennessy, PhD, MPH *Project Director*  
Catherine Wright, MS, *Deputy Project Director*  
Daniel Schultz, MS, RD, *Project Administrator*

Key staff members at the USDA/FNS are:

Karen Castellanos-Brown, MSW, PhD  
*Social Science Research Analyst*  
Office of Policy Support  
Special Nutrition Research and Analysis Division  
U.S. Department of Agriculture, FNS

Carla Garcia  
*Grant Officer*  
Grants and Fiscal Policy Division  
U.S. Department of Agriculture, FNS

Please visit the [THIS-WIC website](#) for background information and resource libraries related to telehealth and/or evaluation, frequently asked questions related to this RFP, and general updates on the project.

### **About *THIS-WIC***

*THIS-WIC* is a collaboration between the USDA Food and Nutrition Service, Tufts University Friedman School of Nutrition Science and Policy, Tufts University School of Medicine, Old Dominion University, the American Telemedicine Association, and RTI International. *THIS-WIC* is supported by an Advisory Board of experts with experience in WIC programming, WIC research, and telehealth.

#### Project Team:

- Erin Hennessy, PhD, Project Director, Tufts University
- Catherine Wright, MS, Deputy Project Director, Tufts University
- Daniel Schultz, MS, RD, Project Administrator, Tufts University
- Shanti Sharma, PhD, Associate Director of Research and Evaluation, Tufts University
- Peter Bakun, MS, Data Manager, Tufts University
- Jessica Coté, CRA, Financial Coordinator, Tufts University

#### Leadership Team:

- Christina Economos, PhD, Tufts University
- Lisa Gualtieri, PhD, ScM, Tufts University
- Jerold Mande, MPH, Tufts University
- Parke Wilde, PhD, Tufts University
- Harry Zhang, PhD, Old Dominion University
- Jonathan L. Blitstein, PhD, Research Triangle Institute
- Sabrina Smith, DrHA, American Telemedicine Association & the Telehealth Resource Centers

#### Advisory Board:

- Alice Ammerman, DrPH, UNC Chapel Hill
- Lauren Au, PhD, RD, University of California, Division of Agriculture and Natural Resources, Nutrition Policy Institute
- Josephine Cialone, MS, RD, *retired* WIC SA Director
- Susan Woods, MD, MPH, HiTechHiTouch, LLC

Sign up to receive email updates under the “Contact Us” tab on the [THIS-WIC website](#).

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- <sup>1</sup> Au LE, Whaley S, Gurzo K, Meza M, Ritchie LD. If You Build It They Will Come: Satisfaction of WIC Participants With Online and Traditional In-Person Nutrition Education. *J Nutr Educ Behav.* 2016;48(5):336-342 e331.
- <sup>2</sup> Bensley RJ, Hovis A, Horton KD, et al. Accessibility and preferred use of online Web applications among WIC participants with Internet access. *J Nutr Educ Behav.* 2014;46(3 Suppl):S87-92.
- <sup>3</sup> Martinez-Brockman JL, Harari N, Segura-Perez S, Goeschel L, Bozzi V, Perez-Escamilla R. Impact of the Lactation Advice Through Texting Can Help (LATCH) Trial on Time to First Contact and Exclusive Breastfeeding among WIC Participants. *J Nutr Educ Behav.* 2018;50(1):33-42 e31.
- <sup>4</sup> Au LE, Whaley SE, Gurzo K, Meza M, Rosen NJ, Ritchie LD. Evaluation of Online and In-Person Nutrition Education Related to Salt Knowledge and Behaviors among Special Supplemental Nutrition Program for Women, Infants, and Children Participants. *J Acad Nutr Diet.* 2017;117(9):1384-1395.
- <sup>5</sup> Au L. E., Whaley, S. E., Gurzo, K., Meza, M., & Ritchie, L. D. (2016). If you build it they will come: Satisfaction of WIC participants with online and traditional in-person nutrition education. *Journal of Nutrition Education and Behavior*, 48, 336-342.
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- <sup>7</sup> Au, L. E., Whaley, S. E., Gurzo, K., Meza, M., & Rosen, N. J., & Ritchie, L. D. (2017). Evaluation of online and in-person nutrition education related to salt knowledge and behaviors among Special Supplemental Nutrition Program for Women, Infants, and Children Participants. *Journal of the Academy of Nutrition and Dietetics*, 117(9), 1384-1395.
- <sup>8</sup> Au, L. E., Whaley, S., Rosen, N. J., Meza, M., & Ritchie, L. D. (2016). Online and in-person nutrition education improves breakfast knowledge, attitudes, and behaviors: A randomized trial of participants in the Special Supplemental Nutrition Program for Women, Infants, and Children. *Journal of the Academy of Nutrition and Dietetics*, 116(3), 490-500.
- <sup>9</sup> Au, L. E., Whaley, S. E., Gurzo, K., Meza, M., & Rosen, N. J., & Ritchie, L. D. (2017). Evaluation of online and in-person nutrition education related to salt knowledge and behaviors among Special Supplemental Nutrition Program for Women, Infants, and Children Participants. *Journal of the Academy of Nutrition and Dietetics*, 117(9), 1384-1395.
- <sup>10</sup> Au, L. E., Whaley, S., Rosen, N. J., Meza, M., & Ritchie, L. D. (2016). Online and in-person nutrition education improves breakfast knowledge, attitudes, and behaviors: A randomized trial of participants in the Special Supplemental Nutrition Program for Women, Infants, and Children. *Journal of the Academy of Nutrition and Dietetics*, 116(3), 490-500.
- <sup>11</sup> Bensley, R., Anderson, J., Brusk, J., Mercer, N., & Rivas J. (2011). Impact of Internet vs traditional Special Supplemental Nutrition Program for Women, Infants, and Children nutrition education on fruit and vegetable intake. *Journal of the American Dietetic Association*, 111, 749-755.
- <sup>12</sup> Gilmore, L. A., Klempel, M. C., Martin, C. K., Myers, C. A., Burton, J. H., Sutton, E. F., & Redman, L. M. (2017). Personalized mobile health intervention for health and weight loss in postpartum women receiving women, infants, and children benefit: A randomized controlled pilot study. *Journal of Women's Health*, 26(7), 719-727.
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