



PHIC Improving Communication about the Drug Supply to Improve Health  
Outcomes among PWUD:

Drug Supply Communications Landscape Assessment and Public Health  
Communications Toolkit

REQUEST FOR PROPOSALS

Release Date: December 6, 2024

Proposal Due Date: January 5, 2025

Period of Performance: February 1, 2025 – July 31, 2025

Total Award: \$45,000

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## 1. About NASTAD

NASTAD is a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. NASTAD work to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health through advocacy, capacity building, and social justice.

Each of NASTAD's seven programmatic teams—Health Care Access, Health Systems Integration, Policy & Legislative Affairs, Hepatitis, Prevention, Health Equity, and Drug User Health—interpret and influence policies, conduct trainings, offer technical assistance (TA), and provide advocacy mobilization for U.S. health departments to improve health outcomes for people living with HIV and hepatitis.

Questions about this RFP should be directed to [DrugUserHealthTA@NASTAD.org](mailto:DrugUserHealthTA@NASTAD.org).

## 2. Project Background

This funding opportunity is supported by the CDC National Center for Injury Prevention through *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*, [CDC-RFA-PW-24-00800101SUPP24: Improving Communication about the Drug Supply to Improve Health Outcomes among PWUD](#).

In collaboration with the Centers for Disease Control and Prevention (CDC) Division of Overdose Prevention (DoP) within the National Center for Injury Prevention and Control (NCIPC), NASTAD will work with project contractors to improve the quality of and access to high-quality community drug checking information, drug-related morbidity and mortality data, and related harm reduction recommendations through the provision of tailored TA and through strategic coordination, product creation, and workforce development with public health and harm reduction stakeholders, namely people who use drugs. To more effectively respond to [documented overdose-related health disparities](#), project activities and products will center the health needs and communications preferences of Black and American Indian/Alaska Native people who use drugs.

This project, *Improving Communication about the Drug Supply to Improve Health Outcomes among PWUD*, aims to increase the access of people who use drugs to practical and actionable information on the drug supply by:

- Improving the quality of community drug checking through TA with Remedy Alliance/FTP and the UNC Street Drug Analysis Lab;
- Documenting what people who use drugs want and need to know about changes in the drug supply to reduce health and safety risks associated with drug use; and
- Ensuring that critical health and safety information about the illicit drug supply is communicated meaningfully and in a timely fashion to people who use drugs, in particular Black and American Indian/Alaska Native people who use drugs.

Goals for this project are to:

- Ensure states, localities and communities conducting or thinking about conducting drug checking have expertise and resources to effectively implement and support high quality, evidence-based, equitable and accessible drug checking programs;
- Understand perspectives of people who use drugs, and in particular Black and American Indian/Alaska Native people who use drugs, on what information about the drug supply and related health and safety risks is desired and how health departments should and should not disseminate this information; and
- Through qualitative data collection with a multi-disciplinary group of experts, identify promising practices in how health departments and federal agencies communicate information about dangerous adulterants in the drug supply and related health risks to people who use drugs— information which may come from, for example, emergency department reporting, overdose spike alerts, community-based drug checking program data, and other sources.

The contractor selected through this RFP process will be responsible for the following required *Improving Communication about the Drug Supply to Improve Health Outcomes among PWUD* activities:

- Conducting landscape analysis and qualitative data collection (including up to 9 key informant interviews with Black and American Indian/Alaska Native people who use drugs and other stakeholders, literature reviews, social media and traditional media reviews, and other methods identified by contractor) to understand:
  - Experiences and preferences of people who use drugs in receiving drug supply information,
  - Health department strategies and goals in communicating about the drug supply and overdose trends with the public in meaningful and actionable ways, leveraging community-based drug checking information and other sources of drug-related morbidity and mortality data,
  - Perceived challenges and strengths of current communications related to drug supply trends, overdose trends, and urgent public health and safety threats for people who use drugs, and
  - Evaluation strategies and findings on these communications and alerts;
- Using findings from the landscape analysis, qualitative data collection, and input from Learning Exchange participants (see [Learning Exchange RFP](#)), producing a communications toolkit that identifies how health departments can work with community-based organizations and other stakeholders to most effectively, meaningfully, and actionably communicate urgent health and safety threats for people who use drugs, community-based drug checking information and other sources of drug-related morbidity and mortality data, while minimizing harms to the community.

### **3. RFP Overview**

Using a competitive RFP process, NASTAD will select an organization, agency, individual(s), or academic entity with demonstrated experience in qualitative data collection and analysis to complete a landscape analysis, including literature reviews and social media and traditional media reviews, up to 9 key informant interviews with subject matter experts, and other methods of in-depth qualitative data

collection identified by contractor, and to complete a public-facing summary document. Key informant interviews and other qualitative data collection will take place virtually and, if feasible, through in-person meeting(s) with people who use drugs, public health, harm reduction, academia, health systems, and other stakeholder groups. NASTAD will work with the selected contractor(s) to ensure representation of Black and American Indian/Alaska Native people who use drugs in data collection, synthesis, and dissemination. The contractor(s) will produce a public-facing landscape analysis and qualitative data summary document that will be disseminated with support from NASTAD.

NASTAD will work with the same contractor on the development and dissemination of a public health communications toolkit. The toolkit will share best and promising strategies for effective, meaningful, and actionable communication of community drug checking data, other drug-related morbidity and mortality data, and related public health and harm reduction recommendations with people who use drugs and other stakeholders, incorporating findings and strategies from the landscape analysis, key informant interviews, and feedback from [Learning Exchange participants](#). Best and promising practices for communications will include evaluation strategies that center directly impacted people and communities and that support program agility and sustainability. The primary audience for this product will be governmental public health agencies, harm reduction programs and community drug checking services, and other agencies and providers that serve people who use drugs.

The selected contractor(s) will be responsible for managing compensation for interview and focus group participants through a low-barrier direct payment process that abides by federal requirements. Proposed workplan and budget may include in-person convening(s) with key informants in addition to or instead of virtual sessions(s), but **please note that in-person convening(s) are not required**. NASTAD will provide additional planning and facilitation capacity for any in-person convening(s) and may be able to support venue rental, A/V, and printed material costs. NASTAD will lead toolkit dissemination with support from selected contractor(s) (for example, participating in a resource walkthrough webinar organized by NASTAD). NASTAD will be responsible for graphic design costs to finalize and package the landscape analysis and qualitative data summary document and the toolkit through existing organizational contracts.

Competitive proposals will include the following required activities:

- Designing landscape analysis and qualitative data collection plans and instruments, conducting landscape analysis and qualitative data collection and analysis (including literature reviews, social media and traditional media reviews, and other methods), identifying key informants and conducting interviews with up to 9 stakeholders and subject matter experts (including people who use drugs and who have experience navigating the illicit drug supply, specifically Black and American Indian/Alaska Native people, drug user representative community groups, harm reduction organizations, toxicologists, health departments, and researchers) virtually or, if feasible, in-person, and completing a public-facing landscape analysis and qualitative data summary document.
- Determining eligibility criteria and compensating qualitative data collection participants through low-threshold direct payment mechanism that abides by federal requirements;
- Developing a public health communications toolkit, with support from NASTAD and with input from other project contractor(s) and CDC, on effective, meaningful, and actionable communications strategies related to urgent health and safety threats for people who use drugs using community drug checking information and other sources of drug-related morbidity and mortality data, with a focus on the preferences and needs of Black and American Indian/Alaska Native people who use drugs, using findings, recommendations, and lessons learned through

landscape analysis, qualitative data collection activities, and feedback from Learning Exchange participants;

- Collaborating with other project contractor(s) (Remedy Alliance/FTP, UNC Street Drug Analysis Lab, and to-be-selected Learning Exchange Facilitation contractor) to identify opportunities for shared learning, to support consistency and utility across deliverables, and to provide feedback to NASTAD and CDC; and
- Participating in regular check-in meetings with NASTAD staff.

Competitive candidates will demonstrate:

- Experience and expertise in concepts and topics related to drug user health and harm reduction (at least some familiarity with interpreting and communicating drug use-related morbidity and mortality data for diverse audiences and with community drug checking programs, approaches, and engagement with public health systems is recommended);
- Experience and expertise in working and collecting qualitative data with populations that experience criminalization and marginalization, including considerations regarding participant safety and confidentiality;
- Experience and expertise in public health communications and resource creation, including stakeholder engagement and identification and sharing of best practices and promising strategies;
- Ability to implement low-barrier payment mechanism to directly compensate interview participants that abides by federal requirements;
- If proposing in-person convening(s), administrative capacity to plan event and to budget for and arrange participant travel and accommodations;
- Ability to quickly implement a contract with NASTAD via independent contracting, 501c3, fiscal sponsor, LLC, or host institution and to submit invoices in a timely manner; and
- Readiness to manage federal funding.
  - This funding agreement will be a fixed-price (deliverable-based) contract between NASTAD and the selected contractor(s). The selected contractor will need to provide a recent W9, resume or CV, NICRA documentation if claiming indirect costs, and payment information during the contracting process, as well as finalized versions of the workplan and budget proposed in the application.

#### **4. Submission and Selection Process**

NASTAD Drug User Health intends to follow the review and selection timeline below:

January 5, 2025: Deadline for application submission [via ClickUp form](#), 11:59pm PT

January 13-24, 2025: NASTAD project staff hold virtual interviews with finalists

January 27-31, 2025: Final selection, notification

Proposals will be reviewed through the following process:

- Each proposal will be reviewed by multiple NASTAD staff using a standardized rubric;
- Reviewers will meet to discuss scores and identify finalists;
- Project staff will hold virtual interviews with finalists;

- Project staff will make final selection based on application materials, virtual interview, and overall demonstration of ability and readiness to carry out project deliverables.

## 5. RFP Application

Applicants should complete and submit the [RFP application form through ClickUp](#) to be considered for this award. **Please submit application form by Sunday, January 5, at 11:59pm.** Applications submitted by email or other methods will not be reviewed.

For reference, application questions and materials are included below:

- Organization/Lead Applicant Name
- Organization/Lead Applicant Email
- Organization/Lead Applicant Phone Number
- Please describe your (organizational/individual) interest in and goals for this project. (500-word limit)
- Please describe your (organizational/individual) experience with concepts, topics, and public health interventions related to drug user health and harm reduction. Please highlight any previous experience related to navigation of the illicit drug supply, strategies for sharing drug-related morbidity and mortality data, community drug checking services, and/or health communications with people who use drugs. (500-word limit)
- Please describe your (organizational/individual) experience conducting qualitative data collection and/or public health intervention development with communities that experience criminalization and marginalization. (650-word limit)
- Please describe your (organizational/individual) experience conducting qualitative data collection and/or public health intervention development with Black and American Indian/Alaska Native people who use drugs and their communities. (650-word limit)
- Please describe your (organizational/individual) experience creating summary documents, toolkits, case studies, guidance documents, and other resources for public health and harm reduction service provider audiences. Please highlight any previous experience and/or products related to public health communications strategies. (650-word limit)
- Please provide any additional details about your proposed approach, structure, and content for landscape analysis and qualitative data collection and for the public health communications toolkit (including ideal degree of NASTAD involvement in planning and completing activities). (500-word limit)

- **Upload:** Proposed workplan and timeline for project period that includes required activities identified above.
- **Upload:** Proposed budget, including qualitative data collection participant compensation and costs for any in-person convening(s), including participant travel and accommodations. [Download budget template.](#)
- **Upload:** Sample work product relevant to project scope and/or required activities (optional).