

STATEMENT OF WORK

Task Order #2: Phase 1 Evaluation of the *U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)*

Period of Performance: 12 months from the date of approval

I. Background:

The typical U.S. woman spends roughly three decades of her life trying to avoid pregnancy¹. In 2006, more than half of the 66.4 million U.S. women of reproductive age (36.2 million) were in need of contraceptive services and supplies, representing a 7% increase over 2000 levels².

The *U.S. MEC*, the first national guidance on family planning containing evidence-based recommendations for the safe use of contraceptive methods among women with various characteristics and medical conditions, is expected to be released in December, 2009. In order to effectively evaluate the diffusion, perceived utility, and impact on attitudes and practices of the *U.S. MEC* among family planning providers, we propose conducting a 3-phase evaluation over a 2-3 year period. This statement of work is for the first phase of the *U.S. MEC* evaluation only, with an anticipated start date of early December, 2009. We aim to complete data collection within 90 days.

II. Purpose:

The objectives of the first phase of the *U.S. MEC* evaluation are as follows.

1. To learn more about the current use of contraceptive guidelines in practice and valued sources of contraceptive information;
2. To establish baseline attitudes on the safety of contraceptive methods for women with specific characteristics or medical conditions;
3. To assess differences in practices and attitudes between public and private family planning providers; and
4. To identify gaps between evidence and practice to inform development of educational interventions and provider tools to improve future service delivery.

III. Scope of Work:

The first phase of the *U.S. MEC* evaluation will consist of a mailed survey sent to private- and public-sector family planning providers. Private-sector providers will include office-based physicians (OB/GYNs, family practice physicians, and pediatricians specializing in adolescent medicine) sampled from the AMA Physician Masterfile. Public-sector providers will include practitioners providing services at Title X-supported clinics, sampled from the Office of Population Affairs (OPA) directory.

Anticipating non-response, a reminder postcard will be sent to those that have not responded to the first mailing after a deemed period of time (~2 weeks). A second copy of the survey will be sent to those that have not responded to the first survey or reminder postcard after a deemed period of time

(~2 weeks). Phone calls will be made to those that have not responded to any of the contact attempts (1st survey, reminder postcard, 2nd survey) to encourage participation.

Other activities will include development of a tracking database to track providers who have completed and returned the survey, determining who has not responded (via the tracking database) to determine who should receive postcard reminders, second surveys, phone calls, etc. Survey data will also need to be entered and re-entered (to assure validity of entry).

IV. Specific Tasks:

a. Government Responsibilities

WHFB staff will be the main points of contact for the contractor for technical issues and for the review and approval of all plans. CDC will provide the following:

1. List of private-sector physicians who have been sampled (n=2,000).
2. List of public-sector clinics that have been sampled (n=2,000).
3. Electronic version of the cover letter to accompany survey.
4. Electronic version of the survey.
5. Electronic version of the reminder postcard.
6. List of minimum data fields needed in the tracking database (e.g., provider type, date received).
7. Code book delineating variable names and labels/coding for item response options to assist development of Access database.

b. Contractor Responsibilities:

The contractor shall work under the direction and in conjunction with CDC staff to do the following:

1. Prepare 1st attempt mailing to 4,000 recipients nationwide. Print and mail (via USPS Priority mail) mailed survey with cover letter (~5-6 pages). Package should also include a 1st class USPS postage-paid return envelope. Mailing labels will need to be produced.
2. Develop tracking database to determine respondents and non-respondents.
3. Retrieve mail.
4. Track responses in the tracking database as completed survey come in.
5. Identify non-respondents using tracking database in preparation for 2nd attempt mailing (see #6).
6. Prepare 2nd attempt mailing to non-respondents (maximum of 4,000 recipients). Print and mail (via 1st class USPS) reminder postcards. Mailing labels will need to be produced.
7. Continue to retrieve mail.
8. Continue to track responses in the tracking database as completed survey come in.
9. Identify non-respondents using tracking database in preparation for 3rd attempt mailing (see #10).
10. Prepare 3rd attempt mailing to non-respondents (maximum of 4,000 recipients). Print and mail (via 1st class USPS) mailed survey with cover letter (~5-6 pages). Package should also include a 1st class USPS postage-paid return envelope. Mailing labels will need to be produced.
11. Identify non-respondents after 3rd attempt mailing using tracking database. Locate telephone numbers if number if not provided (~70% of individuals will have a telephone number provided).

12. Conduct telephone calls to non-responders. Would like to achieve at least 60% response rate; however, >70% would be ideal. *It is unknown how many phone calls might be needed to achieve this response rate goal; however, it is anticipated that response to mailings might be low (~30%).*
13. Development of Access database for survey data entry. CDC will provide explicit instructions on how each survey question should be entered (numeric or text), assign variable names, and assign labels for item response options.
14. Data entry of surveys (n=2800 if achieve 70% response rate).
15. Double entry of 25% of surveys to ensure accuracy (about 700 if achieve 70% response rate).
16. Documentation of all actions in a written report of actions.
17. Provision of analysis-ready dataset of survey data in Excel (or similar format).

V. Reporting Requirements:

CDC would like to receive a weekly update on the number of completed survey received, overall, and by provider type (e.g., private-sector, public-sector). It will be important to achieve a minimum response rate of 60%, and plans might need to be adjusted (e.g., increased phone calls, possible administration by survey via telephone) to reach this response rate goal.

VI. Period of Performance: 12 months from date of task order award.

VII. Deliverables:

	Item Description	Quantity	Delivery Date
1	Analysis-ready dataset of survey data in Excel (or similar format).	1 copy	Upon completion.
2	Completed tracking database (with names of providers removed).	1 copy	Upon completion.
3	Written report of actions.	1 copy	Upon completion.

VIII. Minimum Personnel Qualifications/Requirements:

Contractor should provide staff with administrative skills. Some tasks will require an individual skilled in database development.

IX. Project Officer:

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