

**Request for Proposals for an Evaluating Implementation and Impact of *Sesame Street* Health Equity Resources for Healthcare Providers and Primary Caregivers of Young Children 2-to 5-years-old**  
(August 2022)

**Background**

Evidence indicates that social determinants of health, such as race/ethnicity, poverty level, household education, and neighborhood safety, can play a critical role in the lifelong well-being of children and in health inequities that have chronic and/or long-term consequences.<sup>1,2</sup> Many of these disparities in overall health and well-being are rooted in early childhood and impact the most marginalized racial and ethnic groups. For example, young children living in poverty and who often reside in communities of color are increasingly more at risk for illness (especially chronic conditions), oral decay, lead poisoning, obesity, or food insecurity, because they lack a consistent medical or dental home and/or preventive services. On the other hand, when culturally competent practices and preventive programs are adopted, it offers lifelong positive effects for children, families, and communities as a whole.

*Sesame Workshop on the Quest for Health Equity* addresses key social determinants of health by providing relevant resources to national organizations focusing on the healthcare of young children and their families. While this initiative will serve all children and families living in both rural and urban environments, we will focus on reaching low-income, vulnerable communities with the greatest need. This project will leverage Sesame Workshop's unique resources that are culturally relevant and bilingual (English and Spanish).

This program has three main themes and associated goals:

- **Theme 1:** Whole Child Well-Being presents everyday family routines as building blocks for learning healthy habits and reaching developmental milestones in both body and mind.  
**GOAL 1:** Support vulnerable families and children in improving their wellness by helping them understand their children's growing needs across a variety of domains (nutrition, physical milestones, preventative/routine care, and social-emotional wellness), taking into account social determinants of health such as food insecurity.
- **Theme 2:** My Healthy Team extends theme 1 to include the child's wider circle of care. Materials support and empower parents in their communication with a broad range of providers; providers explore strategies that lead to partnerships with families in which there is a shared language.

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<sup>1</sup> *The Impact of Racism on Child and Adolescent Health*, Maria Trent, Danielle G. Dooley, Jacqueline Dougé, Pediatrics, August 2019, 144 (2) e20191765; DOI: <https://doi.org/10.1542/peds.2019-1765>

<sup>2</sup> Larson, K., Russ, S. A., Crall, J. J., & Halfon, N. (2008). Influence of multiple social risks on children's health. Pediatrics, 121(2), 337-344.

**GOAL 2:** Empower families to proactively use health care systems and have more effective communication with their health care teams.

- **Theme 3:** Building on Families' Strengths (provider-facing) draws on content from Themes 1 and 2 above. Providers explore the idea that families' unique strengths—including those related to their race, ethnicity, and culture—can be assets in coping with challenges.

**GOAL 3:** Foster equitable, culturally-relevant partnerships and build trust between parents/ caregivers and children and their healthcare providers; address race-based discrimination.

### **The Proposed Evaluation**

Research is at the core of Sesame Workshop's model for creating engaging and effective content for young children and families. To that end, we are seeking an evaluation team to conduct two evaluations of **two related bilingual (English and Spanish) multiple media (online and hands-on) interventions focused on reducing health inequities:**

- 1. The first evaluation (randomized control trial) will assess a parent intervention that aims to increase knowledge and reported behavior of low-income primary caregivers with young children ages 2 to 5 years old regarding preventive and/or every day healthy practices, health literacy, and/or coping with food insecurity.**
- 2. The second evaluation (pre/post) will assess an intervention that aims to increase knowledge and reported behavior of healthcare providers to promote preventive and/or every day healthy practices, health literacy, and/or coping with food insecurity among low-income families who they support with children 2 to 5 years old.**

The interventions will take place over an 8 to 10-week period beginning in May, 2023. The evaluation team will be responsible for identifying and selecting qualified primary caregivers and healthcare providers serving low-income families within the US for a "treatment condition," and to also recruit a separate but relatively similar set of primary caregivers and providers for the "control/business-as-usual condition."

Healthcare providers will be recruited through existing national organizations who will be partnering with Sesame Workshop on this project. Those in the experimental group who will be exposed to the Sesame Workshop resources will be given training on how to use these resources with the families they serve approximately 1-2 weeks prior to the intervention period. There is also the option for the evaluation team to recruit healthcare providers from outside the partner organizations if necessary.

The evaluation team will also collaborate with Sesame Workshop and its partner organizations on this project to develop an implementation plan to best facilitate delivery of the intervention for the partner organizations' members. We suggest 1-2 focus groups with trainers from each of the partner organizations to gather information related to: (a) best practices regarding

implementation of the intervention and (b) development of training on the Sesame Workshop resources included in the intervention.

Our goal for the research is to assess the impact of the *Sesame Street* resources on providers' and parents' knowledge, attitudes and/or self-reported behavior regarding preventive and/or every day healthy practices, knowledge of health milestones, promoting parents'/guardians' self-advocacy for their child's health and wellbeing, and/or improving communication around young children's wellbeing by valuing the experiences and knowledge of parents/guardians. We encourage a quantitative methods approach, where responses will be collected via online surveys administered before and after exposure to the *Sesame Street* resources.

### **Timing**

The interventions will take place over a 10-week period beginning in May, 2023. Proposals should plan for a baseline evaluation in April, 2023 and an endline evaluation for October, 2023.

### **Sampling**

The target sample for the parent intervention will include adults acting as primary caregivers of young children (ages 2 to 5 years old), with an oversampling of primary caregivers of children who are low income. Similarly, the sample for the healthcare provider intervention will include adult healthcare providers serving children 2-5 years old, with an oversampling of providers who serve primarily low income families. The sample for the parent intervention will include 20% Spanish-speaking parents. The samples will not include children; the adult caregivers and providers will be asked to report on children's knowledge and behavior.

The evaluation may be conducted in one or more locations in the continental United States. Locations will be determined by evaluator in consultation with Sesame Workshop. The sampling procedure must consider demographic variables such as child's current primary caregiver, parent's and child's general health history (chronic illness requiring frequent healthcare visits), socio-economic and food security status, and child age and gender. The analyses will examine the project's educational impact by SES, child's age, race and gender, parent's/guardian's age, race, gender, language (English/Spanish), and other variables, to be recommended by the proposer. A power analysis should accompany the description of sampling methodology.

### **Outcomes and Measures**

The measures used in the evaluation must reflect the project's educational goals and be age- and culturally-appropriate. We expect researchers to pilot test the measures before fieldwork to ensure their validity and to make certain that other common measurement issues (such as a ceiling effect) are addressed. The evaluation will measure developmentally appropriate outcomes in adults, as well as reported outcomes in children (reported by parents/caregivers and providers) as articulated in the project's content framework.

The main outcomes of interest will focus on both the providers' and the parents'/guardians' changes in attitudes, knowledge and self-reported behavior regarding preventive and/or every day healthy practices, health literacy, and/or communicating with healthcare providers:

- PARENTS

Changes in parents'/guardians' knowledge of, and confidence in practicing strategies for promoting their young child's wellbeing across health domains, including nutrition, physical milestones, preventative/routine care, and social-emotional wellness, particularly among food insecure families.

Changes in knowledge regarding their young child's important health milestones.

Changes in knowledge of, and confidence in practicing strategies for engaging healthcare providers when their child is ill and during sick-visits.

Changes in parents'/guardians' knowledge of, and confidence in practicing strategies for communicating with healthcare providers and advocating for their young child's health during well-child and sick-child visits, and in establishing or maintaining communication with healthcare providers.

- PROVIDERS

- Changes in providers' use, knowledge of, and confidence in practicing strategies for promoting the importance of well-child and sick-child visits, everyday healthy habits, and consistent care among the families with young children they support.
- Changes in providers' use and knowledge of, and confidence in practicing strategies to engage and empower families to become active participants in their young child's health and well-being, particularly by drawing on the strengths and experiences of the families they serve.

- PARENTS AND PROVIDERS (TREATMENT GROUP)

- Assessing appeal, utility, and relevance of Sesame Street materials.

## **Proposal Components**

Proposals shall include a provision for delivery of the following elements:

1. **Research Design:** Proposals shall outline the design of a potential study or set of studies including:

- Description of implementation measurement
- Suggested outcome measures
- Measurement pilot
- Data collection plan, including a description of monitoring and quality control measures for data collection; a description of how researchers are trained and ways

in which researchers will ensure that they adhere to the ethical standards of research set forth by the Society for Research on Child Development (<http://www.srcd.org/about-us/ethical-standards-research>). We expect the evaluation team to obtain IRB approval for this work.

- Data analysis plan that outlines how data will be analyzed to draw conclusions about the project's impact
  - Timeline
2. **Budget:** A detailed budget for the project shall be submitted with the research proposal. The budget shall include separate sections outlining costs associated with each data collection wave.
  3. **Key personnel:** CVs or biographic summaries of key personnel.
  4. **Past evaluations and references:**
    - A 1-2-page description of similar or comparable studies in which the agency has engaged in the past, or similar work sample
    - Contact information for at least 2 previous clients for references

### **Deliverables**

Researchers will deliver the following for the evaluation:

1. **Baseline report:** After completing the baseline data collection, researchers will submit a report of findings.
2. **Data analysis plan:** Before endline data collection begins, researchers will submit a detailed data analysis plan that describes how data will be analyzed to draw conclusions about the project's impact.
3. **Endline report:** The researcher will submit a draft version of the report of the findings to Sesame Workshop for review prior to the completion of a final report (in English). The report must include an Executive Summary.
4. **1-2 page summary:** The researcher will submit a 1-2 page summary of findings with appropriate infographics created for a non-research audience.
5. **Data, original instruments, videos, IRB approval document, consent forms, data and other material:** Researchers will be required to submit an electronic version of data (in SPSS or SPSS-compatible format), as well as original instruments, and any videos made of children during the research sessions. Instruments will be in the local language (if applicable) and English. Quantitative data will be submitted in English and qualitative data should be submitted in the original language and an English translation. These items will become the property of Sesame Workshop. Note: The researchers selected will have access to instruments used in previous Sesame Workshop assessments, which can be used as a base for creating questionnaires and other data collection devices for the proposed study.

### **Deadline**

Proposal should be submitted by **October 7, 2022**. A decision will be made by **October 31, 2022**.

### **Budget**

The research proposal for both evaluations should not exceed a total budget of US \$280,000

A baseline report is due on July 15, 2023.

A final report that describes findings for both evaluations is due on October 6, 2023.

### **Evaluation Criteria**

Proposals will be evaluated based on the following criteria:

- Experience in conducting and analyzing qualitative and quantitative research and knowledge of media research methodologies
- Experience conducting educational research with families with young children and organizations who support these families
- Experience conducting research with early childhood educators, and on family engagement in particular
- Experience conducting research in low-resource contexts
- Experience conducting research in English
- A demonstrated capacity to work in a range of settings and to deliver products in a timely fashion under tight and strict monitoring, management and deadlines
- The ability to produce high-quality reports
- The ability to conduct high-level analyses such as multivariate analyses and multi-level modeling
- Feasibility of study within budget and time parameters
- Appropriateness of research design
- Capacity to execute proposed study

### **How to Submit Proposals**

Submit proposal via email to: [david.cohen@sesame.org](mailto:david.cohen@sesame.org). Please note the following in the email subject heading: **Proposal for Sesame Street in Communities Evaluation**. Upon submission of a proposal, bidders will be asked to submit a Contractor Information Form.

Questions are welcomed! Please contact [david.cohen@sesame.org](mailto:david.cohen@sesame.org)

### **Disclaimers and Terms of this RFP**

1. Sesame Workshop will not compensate offerors for preparation of their response to this RFP. All expenses incurred in the preparation of the Proposal in response to this RFP is at your sole cost and responsibility.
2. This RFP does not guarantee a resulting contract and Sesame Workshop is under no obligation to offerors unless and until a written agreement is signed by Sesame Workshop and offeror.
3. Sesame Workshop may withdraw or amend this RFP at any time.
4. This RFP may result in one or more contracts for parts of activities.

5. Sesame Workshop may request additional rounds of responses based on more detailed instructions or requirements.
6. Information provided by Sesame Workshop in connection with the RFP process, including this document, is confidential to Sesame Workshop. Proposals produced under this RFP belong to Sesame Workshop. Any distribution of such Proposals must first have written authorization from Sesame Workshop.
7. Offerors are not entitled to any compensation or payment for any submission to Sesame Workshop or Sesame Workshop's use of such submission for any purpose. Offerors acknowledge that Sesame Workshop in good faith will have the sole discretion to determine whether any compensation is due to offerors for use of any submitted materials. Offerors recognize that any creative materials, concepts, ideas and techniques that are disclosed to Sesame Workshop may be similar or identical to, in whole or in part, to creative materials, concepts, ideas and techniques already developed, in development, or to be developed in the future by Sesame Workshop.
8. Offeror will retain a copy of its Proposal and hereby releases Sesame Workshop from any liability for loss of, or damage to the copy of the Proposal that is submitted to Sesame Workshop.
9. All intellectual property and related materials provided to offeror by Sesame Workshop shall remain the sole and exclusive property of Sesame Workshop and no license is granted to offeror other than as may be necessary for offeror to prepare and submit its Proposal hereunder. Offeror understands and agrees that Sesame Workshop is entitled to use any part of the Proposal which is not concrete or does not itself constitute protectable and/or copyrightable property without compensation to offeror.
10. No work may be sub-contracted out on this proposal, unless otherwise agreed to by Sesame Workshop.
11. Any contract to be entered into between Sesame Workshop and an offeror will be for work provided solely as work-made-for-hire, with ownership and all rights belonging to Sesame Workshop.
12. The cost estimate and proposed time-line and all other terms and conditions stated in your Proposal must remain valid for 180 days from the date of delivery of the Proposal to Sesame Workshop.