



**THE HEALTH  
COLLABORATIVE**

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## Request for Proposals

### **2021 Collaborative Community Health Needs Assessment**

*Prepared by:  
The Health Collaborative, Gen-H*

<b>RFP Release Date</b>	October 21, 2020
<b>Optional Applicant Technical Assistance Contact Information</b>	<p>Questions regarding the application materials or selection process should be directed to Kiana Trabue or Lauren Bartoszek at:</p> <p>Phone: 513-247-6860</p> <p>Email: <a href="mailto:genh@healthcollab.org">genh@healthcollab.org</a></p>
<b>Proposals Due</b>	<p>Proposals and application materials should be emailed to:</p> <p>The Gen-H Team</p> <p><a href="mailto:genh@healthcollab.org">genh@healthcollab.org</a> with a subject line of "CHNA_RFP_Application_organisationname"</p> <p>no later than Wednesday November 25, 2020, 5:00pm EST</p>
<b>Oral Presentations</b>	Week of December 7
<b>Contract Period</b>	January 1, 2021 – December 31, 2021
<b>Notification of Selection</b>	December 16, 2020

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## Statement of Purpose

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As The Health Collaborative and its partners prepare for the 2021 cycle of the Community Health Needs Assessment (CHNA), we are issuing a request for proposals (RFP) for assistance in conducting this health needs assessment for the Greater Cincinnati area that includes southwest Ohio (including the Greater Dayton Area), southeast Indiana, and northern Kentucky.

## Background Information

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### The Health Collaborative

The Health Collaborative (THC) is non-profit organization with a mission to lead data driven improvement that results in healthier people, better care, and lower costs. Additionally, we are a coalescing organization, addressing healthcare challenges that no one organization can solve alone through data analytics and our population health agenda: Gen-H.

Generation Health, or Gen-H, is a systems-level health initiative to make Cincinnati healthy by design. Through collaboration, education, and advocacy, we are dedicated to ensuring everyone has the opportunity to be healthy. We have a vision to leverage the CHNA data to shape the community health strategies in our region to drive health equity. Our mission is to convene and align the region's collective efforts to improve health by focusing our actions on policy, systems, and environmental strategies, health related social needs (HRSNs), and the social determinants of health (SDoH). payer.

### Community Health Needs Assessments/Community Health Assessments

In 2010, the Patient Protection and Affordable Care Act included a provision requiring all non-profit hospitals to complete a community health needs assessment (CHNA) and develop a strategic community health improvement plan (CHIP) every three years to address the identified top health needs of the communities they serve. The Internal Revenue Service (IRS) is responsible for the regulation and enforcement of this requirement and provides general guidelines to create processes for conducting a CHNA/CHIP, and hospitals must receive input from at least one local public health department and members of medically underserved, low-income, and minority populations. For more information on the IRS requirements for hospitals, visit <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>.

Additionally, it is a state requirement for local public health departments (LHDs) to become accredited through the Public Health Accreditation Board (PHAB), an organization that measures health departments' performance against a set of nationally recognized, practice-focused and evidenced-based standards. As a part of the accreditation process, LHDs are required to complete a community health assessment (CHA) under Domain 1, which includes a collaborative process, reliable and valid data, identifying trends in health, and providing results and recommendations through an improvement plan. For more information on these requirements, visit <https://phaboard.org/>.

Finally, as of July 1, 2017, the Ohio Revised Code states that both hospitals and LHDs are required to show alignment of their respective CHNA/CHAs to the state's Health Improvement Plan (SHIP) in Ohio. For more information on this requirement visit <http://codes.ohio.gov/orc/3701.981>.

### Our Approach

For this collaborative CHNA process, THC utilizes the MAPP (Mobilizing for Action through Planning and Partnerships) process by following the six phases: organizing for success, visioning, the four assessments, identifying strategic issues, goals and strategies, and action. This collaborative effort is grounded in seven guiding principles including systems thinking, dialogue, shared vision, data,

partnership, strategic thinking, and celebration of successes. MAPP is a community-driven strategic planning process for improving community health. Facilitated by and centering public health leaders in local health departments, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.” For more information on the MAPP process, visit <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>. Throughout the process, THC will have final say over the process, methodology, and report and the consultant will report directly to the THC designee.

## Our Team and Partners

The central teams to this work include a Core Team, made up of The Health Collaborative’s Gen-H staff, a local health department co-chair, the CHNA consultant from this RFP, and an Advisory Committee, comprised of representatives of our six health systems, local health departments, academia, and behavioral health.

The partnership model Circles of Involvement is central to our collaborative process. Within this framework we have the Core Circle: *those doing the work day to day*, Circle of Engagement: *those who are committed to the plan and execution of the work*, Circle of Champions: *those who are in positions of leadership and can support and promote the work and methods*, and Circle of Information and Awareness: *those who are able, because of their positions and roles, to lend support to the effort*. Across our region, this partnership model includes, but is not limited to, the following entities:

- Hospitals (large systems and small specialty) and Health Systems
- Local Health Departments
- Association of Ohio Health Commissioners
- Academia and Universities
- Behavioral Health Organizations
- Social Service and Health Related Needs Agencies (e.g. food, transportation, housing, etc.)
- Community Organizations/Coalitions
- Essential Public Health Services

Throughout the continuation of this process, this partnership model should seek to build relationships of those within each of the four circles listed above, and the fifth level, Circle of Possibility: *those people and organizations who might be related to or crucial to implementation of the plans in the future*.

## Our Region

Our geographic region has historically included 35 hospitals across 6 health systems, 28 health departments representing counties and cities, across 25 counties, and 3 states. This region also includes several metropolitan/urban cities (Cincinnati, Dayton) and urban and rural counties, and includes over 3 million residents. For reference, please review the previous two cycles; 2019 CHNA (<https://healthcollab.org/wp-content/uploads/2019/02/2019-CHNA-Report-2-7-19.pdf>) and 2016 CHNA (<https://healthcollab.org/wp-content/uploads/2016/02/Cincinnati-CHNA-Report-2016-FINAL.pdf>).

## Scope of Services

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### A. Performance Standards

- a. This project requires a cooperative relationship between the vendor and The Health Collaborative. This includes working in collaboration with community partners and academic institutions and providing support for hospital and public health representatives. In addition, the

vendor must provide quality control and day-to-day oversight, meeting preparation and facilitation, and creation of products for dissemination of the results to the community at large. The point of contact throughout the project will be Project Manager, Dr. Lauren Bartoszek who can be reached at genh@healthcollab.org.

**B. Data Collection and Analysis**

- a. Data analysis involves the identification and collection of primary and secondary data sources which will yield important information about the community’s health. The shared responsibilities for data analysis include: collection, synthesis, & statistical analysis (means, percentages, etc.), comparison of local data to national benchmarks, oversampling of underrepresented population, commitment to stratified sampling (efforts to avoid city-centric assessment and include rural, urban, and suburban assessment), focus group facilitation, survey data collection, recruitment and direction of students, key informant interviews, and identification of health and healthcare disparities at the local, county, and state.

**C. Deliverables**

- a. The community health needs assessment final report should be produced **no later than November 1, 2021**. This reporting must meet the requirements of the IRS and Public Health Accreditation Board for hospitals and local health departments. The deliverables include but are not limited to the following: a comprehensive CHNA Report (sections might include executive summary, introduction/background, assessment methodology, sub-county profiles, social determinants of health, etc.). Reports will be written and edited by the vendor and The Health Collaborative to meet PHAB and IRS requirements for Health Departments and hospitals.
- b. Dissemination of results will be presented at a multitude of stakeholder meetings (hospitals, LHDs, etc.) and will be conducted by The Health Collaborative after approved by the Advisory Committee and stakeholders.

**D. Scope of Work Timeline**

MAPP Phase	Description	Category	Anticipated Timeline
MAPP General Methodology	Finalize Contract, Data Sources, Partnership Model	Performance Standards	December 2020 – February 2021
Phase III - Assessment	Community Health Status Assessment	Secondary Data Collection & Synthesis	March 2021 – May 2021
	Forces of Change Assessment	Primary Data Collection & Analysis	April 2021 – May 2021
	Community Themes and Strengths Assessment	Primary Data Collection & Analysis	May 2021 – July 2021
	Local Public Health System Assessment – Health Equity Capacity Assessment	Primary Data Collection & Analysis	May 2021 – July 2021
	Write CHNA Sections	Deliverables	March 2021 – September 2021

MAPP Phase 4 – Identification of Strategic Issues	Targeted Universalism Approach, Sub-committees/Workgroups Meet	Performance Standards and Deliverables	August 2021 – October 2021
MAPP Phase 5 – Develop Goals and Strategies	Targeted Universalism Approach, Sub-committees/Workgroups Meet	Performance Standards and Deliverables	October 2021 – November 2021
MAPP Phase 6 – Action Cycle	Product Creation for Dissemination of Results	Deliverables	November 2021 – December 2021

## Application Requirements

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Proposals should include the following sections (A-D). Descriptions of the sections are listed below:

### A. Cover Page (1 page)

The cover page should be the first page of your proposal and should include the following information: the name of the applying organization, email, and phone number of the primary contact. This contact information should be the individual responsible for communication between your organization and The Health Collaborative’s CHNA Project Manager.

### B. Proposal Narrative (5 pages)

The proposal narrative should not exceed 5 pages. Narratives should include the following information:

1. **Qualifications and Expertise of Organization:** Describe your organization’s expertise in providing the services as listed in Scope of Services (*including but not limited to secondary data source identification for the geographic region, secondary data synthesis, primary data collection (recruitment and engagement methods), scientific writing, presentation and dissemination, public speaking*). Include an explanation of projects of similar size, or projects that demonstrate your organization’s ability to conduct complex data analyses and retrieve up-to-date data from reliable and relevant sources with a focus on urban, suburban, and rural communities, at-risk populations, and data that encompasses both cities’ and counties’ needs. Describe your approach and experience in working with large organizations and multisector partnership models (e.g. government/local health department entities; private entities, community groups, social service organizations, healthcare institutions, etc.). Provide detail on how you plan to meet the anticipated timeline for the CHNA methods and deliverables.
2. **Key Staff:** Provide list of proposed staff for this work. Include resumes (no longer than 2 pages) for each identified staff member. If necessary, include an organizational chart.
3. **Collaboration:** Describe how your organization has successfully worked with other organizations toward a universal goal and your approach to collaborative projects. Be sure to include information on any models or frameworks you have used in the past, and how you will choose and utilize collaborative strategies for this CHNA.
4. **Commitment to Equity:** The Health Collaborative and Gen-H define health equity as “everyone has a fair to opportunity to achieve their highest potential for health. Health equity is accomplished by removing obstacles that prevent individuals and communities from attaining optimal health, which includes access to quality, affordable healthcare and eliminating socioeconomic barriers limiting access to healthy food, housing, and transportation.” Describe how your organization has displayed a commitment in establishing and sustaining equity, and

how you plan to center equity in your work on this CHNA.

**C. Proposal Budget (2 pages)**

Describe your proposed budget, including project fees and expenses, broken down by phase/deliverable, and a narrative justification for each budget item.

**D. Additional Documents**

Additional documents to include:

- a. a list of references submitted on a single page, with contact names, emails, and phone numbers for a maximum of 3 references.
- b. resumes of key staff (as described in B2 above)
- c. relevant work examples that demonstrate your experience and/or expertise to this process.

**General formatting guidelines and submission conditions:**

Proposals should be submitted:

- as a PDF
- single spaced
- 1-inch margins on all sides
- using 11-point Times New Roman font
- not exceeding 8 pages (excluding additional documents)
- to [genh@healthcollab.org](mailto:genh@healthcollab.org) with a subject line of "CHNA\_RFP\_Application\_organizationname"

All responses will be kept private from other vendors. The Health Collaborative reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole or in part, at any time. This RFP does not commit THC, the Advisory Committee, or any of its participants to award a contract, nor to pay any costs incurred in the preparation and submission of proposals in anticipation of a contract. THC and the Advisory Committee reserve the right to accept or reject any or all proposals received as a result of the request, to negotiate with any firm, and to cancel or change the RFP.

## Selection Criteria and Award Process

### Evaluation

For evaluation of applications, the CHNA Advisory Committee and the Core Team from The Health Collaborative will review proposals based on qualifications, completeness, cost-effectiveness, experience, and comprehensiveness of proposal.

This is a negotiated procurement and as such, award will not necessarily be made to the Vendor submitting the lowest priced proposal. Award will be made to the Vendor submitting the most responsive proposal satisfying The Health Collaborative's requirements, as determined by THC, including consideration of price and other indicated factors.

### Award Process

**All proposals are due to The Health Collaborative by Wednesday November 25, 2020 at 5:00pm EST.** An internal review process will result in the selection of the top 3 proposals to be contacted for oral presentations. **Oral presentations will be scheduled for the week of December 7-11.**

All oral presentations will be conducted via Video Conference with THC's review team and the CHNA Advisory Committee. Following the presentations, findings from reference checks and/or review of work examples provided, the review team will make their final decisions, and **the selected applicant will receive a letter of intent on behalf of The Health Collaborative by Wednesday December 16, 2020** to enter into a negotiation of a contract by January 20, 2021.

Small, Women, Veteran and/or Minority-Owned Business: Efforts will be made by THC to utilize small , women, veteran, and/or minority-owned businesses, with the consideration that the primary threshold is the most favorable return to THC, members, and the community. A Vendor qualifies as a small business firm if it meets the definition of "small business" as established by the Small Business Administration (13 CFR 121.201).

Proposals will be scored using the following point values:

Organizational Qualifications and Experience	30 points
Work Plans	40 points
Budget	30 points