**Request for Proposals**

Contracted Services for development of the 2021-2022

Maine Shared Community Health Needs Assessment Process

|  |  |
| --- | --- |
| RFP Release Date | Monday, March 29, 2021 |
| Optional Bidder’s Call: | Wednesday, March 31, 202110:00 a.m.<https://zoom.us/j/91308771782?pwd=N2tuMWM4b2IwWTB4K29iM0g5TzVyQT09>Meeting ID: 913 0877 1782Passcode: 911857Send questions by 3:30 on Tuesday, March 30, 2021 via email to: Jo Morrissey, Maine Shared CHNA Program Manager at: info@mainechna.org Notes from the call will be posted at [www.mainechna.org](http://www.mainechna.org).  |
| Proposals Due | Wednesday, April 21, 2021, 4:30 p.m. Email proposals to: Jo MorrisseyMSCHNA Program Managerinfo@mainechna.org This due date may be extended at the sole discretion of MaineHealth and the Maine Shared Community Health Needs Assessment (MSCHNA) collaborative. The MSCHNA collaborative reserves the right in its sole discretion to reject any or all proposals. |
| Presentations from select bidders  | Last week of April, first week of May, 2021 |
| Contract Award | May 2021 |
| Project Period | May 2021-April 2022 |
| Major Project Milestones | Please see [Section VI Schedule/Timeline](#_Schedule/Timeline) as well as page 7 of the *Community Engagement Guide* for more detail found on [www.mainechna.org](http://www.mainechna.org). |
| Contract Amount | Target Budget: $58,590 |

Contact information:

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Maine Shared CHNA Program Manager

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[www.mainechna.org](http://www.mainechna.org)

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**Maine Shared Community Health Needs Assessment**

The Maine Shared Community Health Needs Assessment (CHNA) collaboration consists of a public/private partnership among the four largest health systems in Maine - Central Maine Healthcare (CMHC), MaineGeneral Health (MGH), MaineHealth (MH), Northern Light Health (NLH), and the Maine Center for Disease Control and Prevention (Maine CDC), which is part of the Maine Department of Health and Human Services.

Vision: The Maine Shared CHNA is the tool used for health planning by all people and agencies across the state.

Mission: The Maine Shared CHNA is a dynamic, public-private partnership that turns data into action in order to:

* Create Shared Community Health Needs Assessment Reports
* Engage and activate communities
* Support data-driven health improvement plans and implementation strategies for Maine people.

# Statement of Purpose

The Maine Shared CHNA has issued this RFP to identify vendor(s) to assist in conducting a statewide Community Health Needs Assessment. The goal of the Maine Shared CHNA is to conduct a coordinated statewide CHNA that can address community benefit reporting needs of hospitals; support state and local public health accreditation efforts; and provide valuable population health assessment data for a wide variety of organizations concerned with the health of Maine’s communities and citizens. This process is intended to provide up-to-date health status data at the state, county, urban, and sub-population level. This involves analyzing data from a number of existing sources and using that data to collect feedback and insights from our neighbors on their prioritized health needs as well as their barriers and challenges to good health.

# Background Information

1. The Maine Shared CHNA has been conducting collaborative statewide needs assessments since 2007. This will be our fifth collaborative assessment.

### Members

* 1. **Central Maine Healthcare (CMHC)** is an integrated healthcare delivery system serving 400,000 people living in central, western, and mid-coast Maine. CMHC’s hospital facilities include Central Maine Medical Center in Lewiston, Bridgton Hospital, and Rumford Hospital. CMHC also supports Central Maine Medical Group, a primary and specialty care practice organization with a presence in 17 Maine communities. Other system services include the Central Maine Heart and Vascular Institute, a regional trauma program, LifeFlight of Maine's southern Maine base, the Central Maine Comprehensive Cancer Center, and other high quality clinical services. To learn more, go to [www.cmmc.org](http://www.cmmc.org).
	2. **MaineGeneral Health** is an integrated, not-for-profit health care system providing a wide range of services throughout central Maine’s Kennebec Valley. MaineGeneral opened a 192-bed, state-of-the-art hospital in Augusta — the Alfond Center for Health — in 2013. In 2014, MaineGeneral completed renovations to transform its Waterville Campus — the Thayer Center for Health — into the largest comprehensive outpatient center in the state. The health care system includes a regional cancer center; primary care and specialty physician practices; long-term care facilities; rehabilitation; home health care and hospice services; specialized care for people with memory loss; and community outreach programs. MaineGeneral has earned recognition for achieving high levels of patient care and safety by the federal Centers for Medicare & Medicaid Services. To learn more, go to [www.mainegeneral.org](http://www.mainegeneral.org).
	3. **MaineHealth (MH)** MaineHealth is a not-for-profit integrated health system consisting of nine local hospital systems, a comprehensive behavioral healthcare network, diagnostic services, home health agencies, and more than 1,700 employed and independent physicians working together through an Accountable Care Organization. With close to 22,000 employees, MaineHealth is the largest health system in northern New England and provides preventive care, diagnosis and treatment to 1.1 million residents in Maine and New Hampshire. It includes Franklin Memorial Hospital/Franklin Community Health Network in Farmington, LincolnHealth in Damariscotta and Boothbay Harbor, Maine Behavioral Healthcare in South Portland, MaineHealth Care at Home in Saco, Maine Medical Center in Portland, Memorial Hospital in North Conway, N.H., Mid Coast-Parkview Health in Brunswick, NorDx in Scarborough, Pen Bay Medical Center and Waldo County Hospital in Rockport and Belfast, Southern Maine Health Care in Biddeford and Sanford, Spring Harbor Hospital in Westbrook and Stephens Memorial Hospital/Western Maine Health Care in Norway. MaineHealth Affiliates include Maine General Health in Augusta and Waterville, New England Rehabilitation Hospital in Portland and St. Mary's Regional Medical Center in Lewiston. It is also a significant stakeholder in the MaineHealth Accountable Care Organization in Portland. To learn more, go to [www.mainehealth.org](http://www.mainehealth.org).
	4. **Northern Light Health (NLH)** Northern Light Health is building a better approach to healthcare because it believes people deserve access to care that works for them. As an integrated health delivery system serving Maine, NLH is raising the bar with no-nonsense solutions that are leading the way to a healthier future for the state. The more than 12,000 team members—in its 10 hospitals, primary and specialty care practices, long-term and home healthcare, and ground and air medical transport and emergency care—are committed to making healthcare work for patients, communities, and employees alike. Northern Light Health member hospitals include: Northern Light Eastern Maine Medical Center (EMMC), Northern Light Mercy, Northern Light Acadia, Northern Light AR Gould, Northern Light Inland, Northern Light Sebasticook Valley, Northern Light Mayo, Northern Light CA Dean, Northern Light Maine Coast and Northern Light Blue Hill. Northern Light Health’s clinical services also include Northern Light Home Care & Hospice, and Northern Light Beacon Health, a population health member and leader in data analytics—supporting care teams across Maine and their goal of helping patients live their healthiest lives. To learn more about Northern Light Health and their locations across Maine, visit [www.northernlighthealth.org](http://www.northernlighthealth.org).
	5. **Maine Center for Disease Control and Prevention (Maine CDC)** is an office of the Maine Department of Health and Human Services, whose mission is to preserve, promote, and protect the health of Maine people. Maine CDC is accredited by the Public Health Accreditation Board (PHAB). Maine CDC is responsible for participating in or conducting a State Health Assessment, which is fulfilled by the Maine Shared CHNA. Maine CDC is also responsible for collaborating with public health partners to create and implement a State Health Improvement Plan, which is informed by the Maine Shared CHNA. The Maine CDC is providing significant data analyses in-kind for this project, and work contracted for in this RFP will need to be coordinated with their work. To learn more, go to [www.maine.gov/dhhs/mecdc](http://www.maine.gov/dhhs/mecdc).

### Governance Structure

1. Representatives from the above five entities form the Maine Shared CHNA **Steering Committee**. The Steering Committee provides leadership and guides every aspect of the project. Additionally, this group oversees the work of the Maine Shared CHNA Program Manager. Two committees report to the Steering Committee: the Metrics and the Community Engagement Committees.
2. **The Metrics Committee** is charged with updating the common set of health indicators; developing the preliminary data analysis plan (to identify scope of work for Maine CDC and Maine Shared CHNA vendor); reviewing best practices and research to ensure that indicators on emerging health issues are identified as needed; making any recommendations for annual data-related activities and estimating projected costs associated with these recommendations. Members of the Metrics Committee share their expertise with the group to create and update a common set of population and community health related indicators for the Steering Committee to review and approve. Members of the Metrics Committee include representatives of the Steering Committee, public health system partners, Federally Qualified Health Centers, academia, non-profits and others with experience in epidemiology.
3. **The Community Engagement Committee** is charged with making recommendations that outline a consistent and robust community engagement process for approval by the Steering Committee. This process should outline a method of: disseminating the Maine Shared CHNA state and county-level data; identifying priorities among significant health issues; and identifying local, regional, or statewide assets and resources that may potentially address the significant health needs identified. The Community Engagement process concludes with final CHNA reports for Maine’s 16 counties and the state as a whole. Members of the Community Engagement Subcommittee share their expertise with the group to create processes and deliverables for the Steering Committee to review and approve. Members of the Community Engagement committee include representatives of the Steering Committee, public health system partners, Federally Qualified Health Centers, academia, and Maine non-profits such as United Ways, Community Action Programs, and others with an interest in broad community representation and input.

### Collaborations

1. Implementing the Maine Shared CHNA involves multiple teams conducting specialized tasks. Many of these tasks require varying levels of collaboration between teams. This flow chart provides a broad overview of this project. The major work product or deliverable is shaded in blue. The green outlined boxes list the lead vendor (bold) and supporting teams (in bullets) that will work together to achieve those milestones. Local planning teams include members of the Community Engagement Committee, as well as community partners from across the state.



# Scope of Work: Communications

1. What follows is the Scope of Work (SOW) and greater details on the expectations for work products and deliverables for the Communications lead vendor. Please refer to the following SOW when writing your answers to the questions posed in Section IV.

Scope of work: Communication

**Overview:** Using existing design templates as reference, produce compelling, engaging and visually appealing public-facing materials such as data sheets, PowerPoints, and reports for use in the community. The Communications vendor will work closely with Program Manager and in collaboration with the Data Analysis and Local Planning Teams.

1. **Data health profiles**

These profiles convey the findings from the analysis of over 200 health indicators. This analysis will be visualized using infographics, maps, and tables. The MSCHNA is looking to reproduce the previous layout and design from the 2018 Profiles. The previously developed InDesign files are on file. Profiles are produced at varying geographic levels including:

* 1 State Profile
* 16 County Profiles
* 5 Public Health District Profiles
	+ District Profiles are a compilation of county profile data

See the Health Profiles on the Maine Shared CHNA website ([www.mainechna.org](http://www.mainechna.org)).

1. **Health equity data sheets:**

The following data briefs convey the findings of a select set of key indicators by either geographic or demographic variables, which highlight health disparities by categories. The design and layout for these briefs will be 2 pages of data and infographics. Those categories include:

* 3 Urban Areas (Portland, Bangor, and Lewiston/Auburn).
* Urban/Rural disparities
* Race
* Ethnicity
* Sex
* Sexual orientation
* Income
* Education
* Health Insurance status
* Older Adult Health\*

\*Refer to the Older Adult Health data sheet (on the Health Profile page: [www.mainechna.org](http://www.mainechna.org)) for a past example when estimating time and effort for this deliverable.

The Vendor should plan to work collaboratively with the Maine Shared CHNA Data Analysis vendor, Maine CDC epidemiologists, and community members or representatives to determine which indicators should be visualized and how they are best depicted.

1. **PowerPoint presentations**

These presentations are used to convey key data points, describe previous health improvement efforts, and share contact information. Presentations will be used in mainstream forum and community partner presentations. The Communications vendor will be responsible for developing data slides and assembling final presentations. Each PowerPoint (PPT) will include between 20-25 slides **that portray data in visually appealing and easy to understand infographics, charts, or graphs for lay audiences**. Data will be provided by the Data Analysis team and drafts reviewed by local planning teams to ensure culturally appropriate representation of the data. Information on previous health improvement efforts, event agenda, and local contact information will be provided by local planning teams. The following PowerPoint presentations are to be developed:

* 1 Statewide presentation
* 16 County presentations (1 per county)
* At least 12 presentations for engagement events with special populations
* Up to 5 Public health districts presentations

See Presentation Materials at [www.mainechna.org](http://www.mainechna.org) for past examples.

1. **Final CHNA reports**

The Communications vendor will be responsible for writing and producing final reports. Content for reports will be derived from final analysis conducted by the Data Analysis vendor. This final analysis will combine qualitative findings from the Community Engagement process and the Maine Shared CHNA quantitative data set. The Communications vendor will need to collaborate with Data Analysis vendor and Program Manager on creating templates and preferred formats for transferring data and drafts. Where applicable, graphs, tables, and infographics can be duplicated from Data Health Profiles and PPT presentations developed earlier in the project.

These reports must meet the requirements of the Patient Protection and Affordable Care Act for tax-exempt 501(c)(3) hospitals[[1]](#footnote-1) and Public Health Accreditation requirements for Maine CDC’s reaccreditation process.[[2]](#footnote-2)

The MSCHNA is looking to revamp final CHNA reports for precision and brevity. **This includes making recommendations to the Maine Shared CHNA collaborative on how to portray the results of both mainstream and sub-population engagement efforts.**

A mock up for a revamped Final CHNA report has been posted along with this RFP as one possibility. It is expected that the successful candidate will improve upon this design.

All copy must be written in plain language and copyedited prior to submitting first and subsequent drafts for review to the MSCHNA team.

Final CHNA reports are produced for each of the following geographic settings:

* 1 Statewide Report
* 16 County Reports
* 5 Public Health District Reports
	+ District Reports are a compilation of county key findings

Key Deliverables:

1. 22 Data health profiles in PDF compressed for web
2. 12 Health Equity Data Sheets in PDF compressed for web
3. 34 PowerPoint presentations, in PPT and as PDFs compressed for web
4. 22 Final CHNA reports in PDF compressed for web

Qualifications:

* Graphic design experience in producing data visualization for the lay audience
* PowerPoint presentation production
* Technical report writing, design and production
* Experience working in multi-disciplinary teams to conduct population level studies.

Timeline:

|  |  |  |
| --- | --- | --- |
| Deliverable  | Start Date | Due Date |
| Data Health Profiles Template | 5/17/2021 | 5/28/2021 |
| Final Report Templates (state, county, HE) | 5/17/2021 | 5/28/2021 |
| Health Equity Data Sheet Template | 5/17/2021 | 5/28/2021 |
| PPT Template | 5/17/2021 | 5/28/2021 |
| Data Health Profiles published | 7/5/2021 | 8/13/2021 |
| Health Equity Data Sheets published | 8/2/2021 | 8/13/2021 |
| Draft PPT data viz slides | 8/2/2021 | 8/20/2021 |
| Review PPTs data viz w/community partners | 8/2/2021 | 8/20/2021 |
| Develop templates for transferring final analysis | 8/2/2021 | 9/17/2021 |
| Final PPTs-with local slides to JSI | 8/23/2021 | 10/25/2021 |
| First draft Final Reports | 12/6/2021 | 2/25/2022 |
| 2nd draft Final Reports | 1/24/2022 | 3/11/2022 |
| Semi Final Reports out for partner review | 1/31/2022 | 3/18/2022 |
| Final Reports | 2/14/2022 | 4/1/2022 |

# Proposal Narrative & Scoring

Please respond to all questions and attach supporting documents as directed.

Points per section:

|  |  |
| --- | --- |
| Organizational Qualifications and Experience | 35 Points |
| Work Plans and Timelines | 25 Points |
| Budget | 35 Points  |
| Completeness of Proposal | 5 Points |

1. Organizational Qualifications and Experience **(35 Points)**
2. **Cover Page:**
	1. Please include as the first page of your proposal.
		1. Name of firm
		2. Primary contact person with email and phone
		3. Title of RFP to which the proposal is responding.
3. **Approach and Methods:** Describe in detail the general approach and specific methods your firm will use to deliver the Scope of Work described in this RFP. Specifically, describe:
	1. How you will capitalize on any resource and/or cost savings that can be achieved either through a collaborative approach and/or by leveraging existing materials, methods, and design.
	2. Describe your firm’s experience in working with community partners to produce high quality materials. What approach you will use to ensure collaboration with public and private health and healthcare stakeholders from different communities with varying levels of experience? Describe how your organization has successfully worked with other entities toward a common goal on collaborative projects.
	3. Describe your experience in producing culturally and linguistically appropriate materials. Include your experience in writing to meet the needs of all audiences using plain language, as well as the use of infographics, charts, graphs, or other illustrations to portray complex data or concepts.
	4. Any software, programs, or technical support you plan to use in the course of meeting the requirements of this project. Examples include, but are not limited to, project management tools or data exchange portals. Include a description of your firm’s experience in using these tools. Please specify experience in using these tools for version control and production trafficking.
	5. The support, information, and any other resources you will need from the Steering Committee, Metrics Committee, Community Engagement Committee, the Maine CDC, any individual collaborators, other vendors or from the Maine Shared CHNA Program Manager in conducting the work specified in this RFP.
4. **Key Staff:** Describe in detail the members of your team who you plan to assign to this project. Specifically:
	1. Please provide full contact information for your firm’s primary contact and the person responsible for project communication between your firm and the Maine Shared CHNA Program Manager. Please also specify a lead staff member for the project if different from the primary contact.
	2. For existing staff, provide a current job description, each person’s curriculum vitae, and your firm’s organizational chart as an attachment.
	3. If staff members are to be hired for this project, please include a job description as an attachment.
	4. If subcontractors will be used, provide a list that specifies the name, address, contact person, phone number and a brief description of each (if any) subcontractors’ organizational capacity and qualifications, as well as a brief description of the scope of work that will be assigned to them.
	5. Please describe how each person assigned to this project, whether existing staff or subcontractors, meet the preferred qualifications listed in the Qualifications section in the Scope of Work.

All information provided will be kept confidential and limited to the Selection Committee.

1. **Work Examples:** Please provide examples from projects you or your firm have successfully completed that are similar to the Maine Shared CHNA project. Include as an attachment.
2. **References:** Please provide contact names and phone numbers for three customer references for work you have done previously that is relevant to this effort. Include as an attachment.
3. Work Plans and Timelines **(25 points)**
4. **Work Plan and Timeline**: Provide a realistic and detailed work plan for the deliverables you are proposing to complete. Display the work plan in a table format that ensures the final Maine Shared CHNA reports are completed by April 1, 2022. Column one should list the task to be completed, column two Friday of the week the task is to be completed, and column three the person or position responsible for these tasks. If subcontractors are to be used, include tasks delegated to them. Please refer to project timeline included at the end of the Scope of Work for details, as well as the Major Milestones on page 7 of the *Community Engagement Guide* found on our website.
5. Budget **(35 points)**
6. **Budget:** Provide an understandable and clearly delineated cost proposal for each element as outlined in Section III: Scope of Work. Include an estimate of hours for all Project Staff. In the notes section, please describe key roles and responsibilities for each. Please provide a cost break down for all direct expenses as well as justification for indirect expenses in the notes section. All bidders are required to submit their budgets using the budget template provided. You may add lines as necessary, however please note the highlighted cells with formulas. Points will be assigned based on your budgets’ completeness, clarity, and ability to meet the target budget as described on page 1 of the RFP. All bidders are responsible for ensuring all calculations are accurate. Please see Appendix B: Budget Template
7. Completeness of Proposal **(5 points)**
8. **Proposals should include, in the following order:**
	1. Cover Page
	2. Table of Contents
	3. Narrative
	4. Work Plan and Timeline
	5. Job Description or CV’s for all Key Staff (Attachment)
	6. Organizational Chart (Attachment)
	7. Work Examples (Attachment)
	8. References (Attachment)
	9. Budget
9. **Proposal length:** Should not exceed **16** pages. Proposals should be single-spaced with 1” margins using 12 point Times New Roman. The cover page, table of contents, budget and attachments are **not** included in the page limit.

# Award Process

1. Members of the Steering Committee, as well as a select number of staff and community partners, will make up the Review Committee. This committee will evaluate proposals based on qualifications, relevant experience, completeness of implementation work plans and timelines, and references. Using the point values indicated in Section IV, the Review Committee will objectively evaluate and score each bidder’s proposal and will make recommendations for those to advance to the interview and presentation stage. The selection committee will also participate as panelists for interviews and presentations.
2. Firms chosen by the Review Committee for interviews and presentations and will be contacted by **Jo Morrissey, Program Manager** via email. Interviews and presentations will take place during the last week of April and the first week of May.
3. The Steering Committee will make the final decision based on scoring from proposals, the quality, content, and clarity of presentations, findings from reference checks, and any acquired knowledge of vendor’s past performance, and feedback from the Review Committee. All other factors being equal, preference will be given to vendors based in or with offices in Maine.
4. The successful applicant will receive a letter of intent from Jo Morrissey, on behalf of the Maine Shared CHNA collaborative, to enter into contract negotiations. Please see Appendix C: Sample Contract.

This RFP does not commit the Maine Shared CHNA Steering 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. The Steering Committee reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with any firm, and to cancel or change the RFP. The Steering Committee may act on this RFP in the exercise of its sole discretion.

# Appendix A: 2021 Community Engagement Guide

See [www.mainechna.org](http://www.mainechna.org) for PDF of the *Guide*.

# Appendix B: Budget Template

See [www.mainechna.org](http://www.mainechna.org) or Budget Template for the Communications proposal

# Appendix C: Sample Contract

See [www.mainechna.org](http://www.mainechna.org) for Sample Contract

1. <https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable> [↑](#footnote-ref-1)
2. <http://www.phaboard.org/> [↑](#footnote-ref-2)