MaineGeneral Health

MaineHealth

Request for Proposals

Contracted Services for development of the 2024-2025
Maine Shared Community Health Needs Assessment Community Engagement Process

RFP Release Date	Monday, October 30, 2023
Optional Bidder's Call:	Tuesday, November 7, 2023 10:00am-11:00am **Teams Meeting:** **Join on your computer, mobile app or room device** Click here to join the meeting Meeting ID: 224 557 592 005 Passcode: n5kyA4 Download Teams | Join on the web **Or call in (audio only)** +1 207-560-5189,,467790364# United States, Portland Phone Conference ID: 467 790 364# Send questions by 12:00pm on Monday, November 6th, via email to: Heather Drake, Maine Shared CHNA Program Manager at: info@mainechna.org Notes from the call will be posted at www.mainechna.org.
Proposals Due	Monday, December 4th, 2023 by 5:00pm Email proposals to: Heather Drake MSCHNA Program Manager info@mainechna.org This due date may be extended at the sole discretion of the Maine Shared Community Health Needs Assessment (Maine Shared CHNA) collaborative.
Presentations from select bidders	December 11th – 14th, 2023
Contract Award	December 29th, 2023
Project Period	January 2024-March 2025
Major Project Milestones	Please see Section V Schedule/Timeline as well as Appendix C.
Contract Amount	Total budget not to exceed: $90,000

Contact information:

Heather Drake
Maine Shared CHNA Program Manager
info@mainechna.org
www.mainechna.org

Table of Contents

I. STATEMENT OF PURPOSE 3
II. SCOPE OF WORK: COMMUNITY ENGAGEMENT 3
III. PROPOSAL NARRATIVE & SCORING 10
A. ORGANIZATIONAL QUALIFICATIONS AND EXPERIENCE 11
B. WORK PLANS AND TIMELINES 13
C. BUDGET AND COST EFFECTIVENESS 13
D. COMPLETENESS AND CLARITY OF PROPOSAL 13
IV. AWARD PROCESS 13
V. SCHEDULE/TIMELINE 15
APPENDIX A: BACKGROUND INFORMATION 16
Members *16*
Governance Structure *18*
Framework *18*
APPENDIX B: BUDGET TEMPLATE 19
APPENDIX C: MAINE SHARED CHNA TIMELINES 20
Timeline *20*
Forum Timeline *21*

Maine Shared Community Health Needs Assessment

The Maine Shared Community Health Needs Assessment (Maine Shared 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, and the Maine Community Action Partnership (MeCAP).

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, and
- Support data-driven health improvement plans and implementation strategies for Maine people.

I. 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 requirements of non-profit hospitals; support state and local public health accreditation efforts; identify the health needs of communities and those most impacted to meet Community Services Block Grant requirements; 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. The Maine Shared CHNA has been conducting collaborative statewide needs assessments since 2007. This will be our sixth collaborative assessment. Please refer to Appendix A for additional background information, including the collaborative members and governance structure.

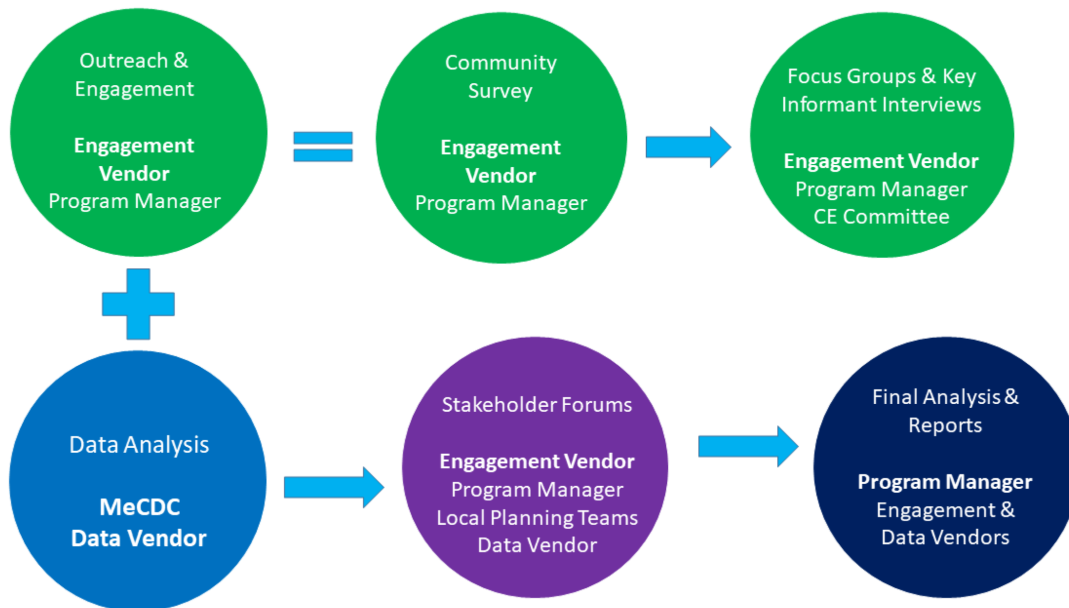
II. Scope of Work: Community Engagement

What follows is the scope of work and greater details on the expectations for work products and deliverables for the Community Engagement Vendor. Please refer to the following SOW when writing your answers to the questions posed in Section IV.

Overview:

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) Steering Committee seeks a vendor to: co-develop, field and analyze a statewide community health needs assessment survey, focus groups and key informant interviews, resulting in a collection of analyzed qualitative data on community health priorities and their underlying root causes and community assets. The vendor will use this information, data provided by the Data Vendor, and results from other needs assessments, to co-develop and facilitate county-wide stakeholder forums to prioritize community health priorities and recommended actions.

The workflow below depicts the multiple teams conducting specialized tasks which will require varying levels of collaboration across teams. A broad view of the major work products or deliverables and the teams involved, with the lead in bold are also depicted. The green circles represent community outreach and engagement – a combination of the qualitative (focus groups and interviews) and quantitative (survey) data. Outreach and engagement efforts will be led by the Community Engagement Vendor with support from the Program Manager, Community Engagement Committee, and other local partners as needed. The blue circle represents data analysis which will be a shared and collaborative responsibility of the Maine CDC and Data Vendor. The Community Engagement Vendor will combine the outreach and engagement results with the data analysis to inform the co-development and facilitation of the stakeholder forums. Final analysis will be overseen by the Program Manager and used to inform the development of final reports.



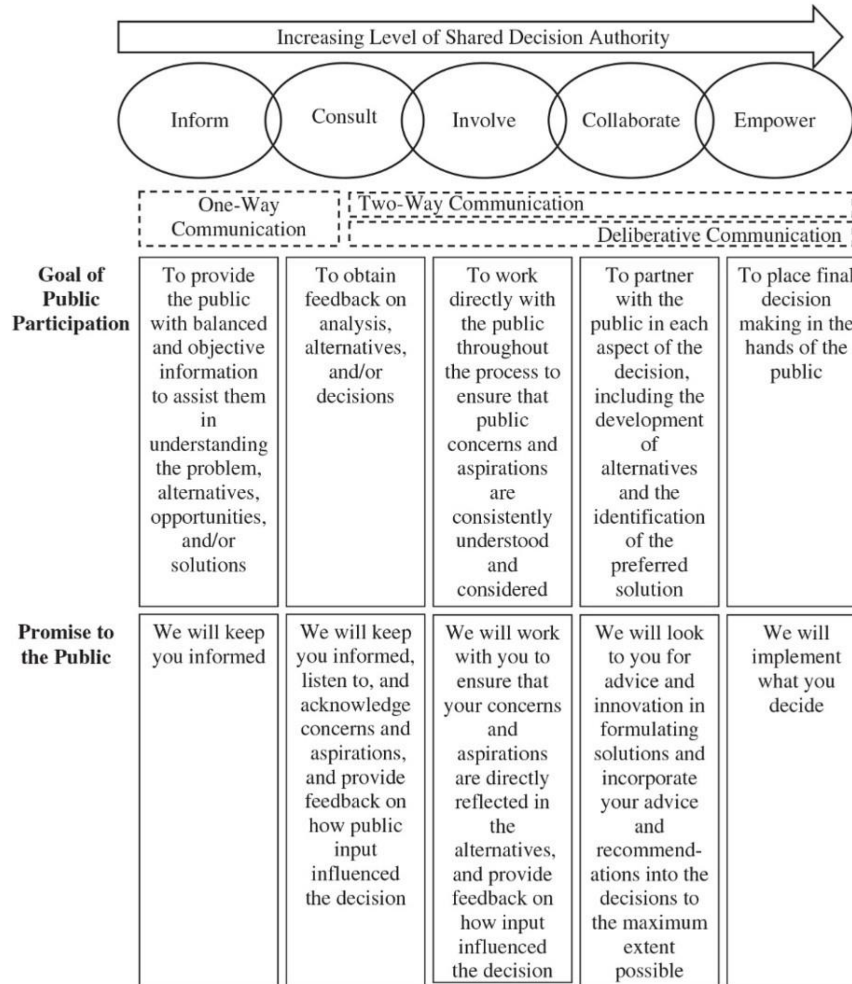
The successful applicant will:

- Work collaboratively with the Maine Shared CHNA Program Manager, the Data Vendor, the Local Planning Teams, Community Engagement Committee, and the Maine Shared

CHNA Steering Committee. The collaborative nature of the work may also include sharing resources and tools to enable stakeholder groups to lead their own locally sponsored events and report back on their findings for consideration of and potential inclusion in final reports.

- Demonstrate their expertise in survey development and analysis.
- Demonstrate their expertise in qualitative data collection and analysis, specifically using community based participatory research or community engagement and inclusion methods.
- Demonstrate their ability to incorporate various sources of qualitative data (focus groups, interviews, outside assessments/reports, other organization's raw data) into the qualitative data analysis.
- Demonstrate their ability to use qualitative and quantitative data analysis (provided by the Data Vendor) to inform and facilitate stakeholder discussions in the identification of community health priorities and recommended actions.
- Demonstrate how they will engage the community in the development, implementation and analysis of the community survey, focus groups and key informant interviews striving to at least consult community members but move toward involve. Examples of involvement: including community members or their representatives in the development of the methodology for focus groups/interviews; conducting member checking to make sure participants were heard correctly; or working with the community and Program Manager to provide alternate opportunities for concerns to be met if they are not selected as part of the Maine Shared CHNA prioritization process. See Figure 1.
- Demonstrate how they will engage stakeholders (professionals and advocates) in the development and analysis of the stakeholder forums, working specifically with Local Planning Teams, at least at the involve level, moving toward collaborate. An example of collaboration is to include recommendations for best practice and evidence-based programming to address the health priorities. See Figure 1.

Figure 1: Levels of Engagement



1. **Quantitative data collection.** To ensure accurate and complete quantitative data collection from a statewide community health assessment survey.
    - The aim of the survey is to determine if health priorities identified in previous Maine Shared CHNA cycles remain priorities and to learn about new health priorities, health issues of concern, assets/resources, and challenges/gaps. Questions should also be included that look at quality of life and well-being and systems, structures, and policies that may perpetuate discrimination and discriminatory practices impacting health outcomes. Examples of these questions can be found in the Milwaukee County Community Health Survey. The Vendor is also encouraged to build from the survey completed via the Community Action Agencies 2021 Community Needs Assessment survey.
    - The survey and methodology will be developed in partnership with the Program Manager. Results will inform the development of focus group and interview questions and presented at stakeholder forums. Summary information may also be included in the Health Profiles and Health Equity Sheets.
    - The vendor will translate the survey in 8 languages in Maine: English, Spanish, French, Portuguese, Somali, Lingala, Mandarin, and Arabic.

- The vendor will conduct the survey based on the developed methodology with sampling sizes that ensure adequate representation from each of Maine's counties, including state-level representative samples of selected subpopulations to include race and ethnicity, sexual orientation, socioeconomic status, age, gender, and rurality.

2. **Qualitative data collection.** To ensure accurate and complete qualitative data collection from two primary qualitative data collection activities:
   - **26-29 Focus Groups**
     - The Community Engagement vendor will develop focus group protocol, act as facilitator, data collector and scribe and conduct qualitative data analysis of outcomes from these events. The questions used during the focus groups will be informed by the statewide health assessment survey.
       - **6-9 Focus Groups**, with historically underrepresented communities
         - These activities are to be conducted in collaboration with and by members of the communities and the Maine Shared CHNA using a community based participatory research or community engagement and inclusion research approach. Potential communities may include but are not limited to: Tribal members/Indigenous, caregivers, young adults, immigrants, veterans, multigenerational black/African American, LGBTQ+, People with disabilities, people who are deaf or hard of hearing. Focus Groups are intended to have statewide representation, and therefore are intended to be held virtually unless there are unique needs of the population that warrant an in-person format. Participants will be recruited by the Maine Shared CHNA and its partners.
       - **20 Local Focus Groups**, with low-income populations across the CAP service regions (~1 per County; ~2 per CAP)
         - These activities are to be conducted in collaboration with the Community Action Programs and the communities they serve using a community based participatory research or community engagement and inclusion approach. Participants will be recruited by the Community Action Agencies and Maine Shared CHNA. The local focus groups are intended to be held in-person, but the local capacity and needs of the community will be taken into consideration when making final decisions. These decisions will be made with guidance from the Community Action Agencies and Maine Shared CHNA.
       - **NOTE:** In the event the vendor cannot complete the desired amount of focus groups within the budget provided, they are encouraged to provide creative solutions, such as providing local partners with tools, resources and training to conduct the focus

groups on their own and provide the results to the vendor for inclusion in analysis.

- **6-16 Key Informant Interviews**, with representatives of historically underserved communities and sectors.
    - o Community Engagement vendor will develop interview protocol, act as data collector and scribe and conduct qualitative data analysis of outcomes of these interviews. The questions used during the interviews will be informed by the statewide health needs assessment survey. These activities are to be conducted with and by representatives of the communities and the Maine Shared CHNA using a community based participatory research or community engagement and inclusion approach.
    - o Potential communities and sectors may include, but are not limited to: women, mental/behavioral health, substance use, people experiencing homelessness/unhoused population, incarcerated/formerly incarcerated, and new populations of immigrants (Arab, Afghan, Ukrainian, for example).
    - o Key Informant Interviews may be conducted in-person, via phone, or virtually at the discretion of the vendor and based on available resources.
- The Maine Shared CHNA aims to have a collaborative approach in development and use of tools and engagement methods for the qualitative data collection. Examples for consideration, such as Health Resources in Action's Health EquiTree and American Health Association's Asset Mapping. All tools identified for use during the focus groups and interviews must be transferable between in-person and virtual meeting formats and/or use a comparable tool. Additionally, it is the expectation of the Maine Shared CHNA data stewardship agreements will be used with those whom data is collected from. These will be developed by the Maine Shared CHNA, with opportunities for edits as suggested by the Vendors.

3. Qualitative data analysis

- Conduct initial analysis of qualitative findings in order to compile health concerns and priorities, related gaps, assets/resources, and root causes as identified during the community engagement activities within each county and for the state as a whole.
- The Maine Shared CHNA strives to reduce duplicate efforts and overburdening communities. As such, outside community health needs assessments will be utilized, when appropriate and available. The Community Engagement Vendor will integrate findings of other organization's reports and raw data into the analysis of the Maine Shared CHNA's primary data collection efforts. These outside assessments will be identified and vetted by the Maine Shared CHNA. These outside assessments may include final reports and/or raw data. Inclusion of key findings will be identified by the Vendor and Maine Shared CHNA.

4. Facilitation

Vendor facilitation of 16-18 Stakeholder Forums across all 16 counties in Maine. Some counties may hold 2 forums.

- Work collaboratively with the Program Manager and Local Planning Teams who will aid in the identification of a venue, confirm forum day/time, and recruit participants. The Vendor will be responsible for overseeing registration.
- Collaborate with Data Analysis Team as needed to ensure the accurate portrayal of data and gain clear understanding of data sources, data limitations, and prepare for questions commonly asked at the forums.
- Present qualitative data analysis to enable an understanding of community priorities, assets, and needs, with an understanding of data sources and data limitations and be prepared for questions commonly asked at the forums.
- Facilitate forums using tools identified in collaboration with the Maine Shared CHNA, such as Health Resources in Action's Health EquiTree, American Health Association's Asset Mapping, and last cycle's prioritization survey. and voting processes for health prioritization such as dot voting. Additional guidance for methodology for conducting the forums can be found in last cycle's Community Engagement Guide. It is expected that this guide will be updated in collaboration but led by the Maine Shared CHNA Program Manager.
- **NOTE**: It is the intent that the majority of stakeholder forums will be held in-person; however, the local capacity and needs of the community will be taken into account when making final decisions. These decisions will be made with guidance from the Local Planning Team and the Maine Shared CHNA. As such, all tools identified for use during the forums must be transferable between in-person and virtual meeting formats and/or use a comparable tool.

Key Deliverables:

1) Develop, field and analyze statewide survey results.
2) Develop focus group protocol, in collaboration with the Maine Shared CHNA, and collect and analyze resulting data for 6-9 statewide focus groups and 20 local focus groups. Analyses will be used for the health profiles, in the stakeholder forums, and in final reports.
3) Develop key informant interview protocol, in collaboration with the Maine Shared CHNA, and collect and analyze results for 4-16 key informant interviews. Analyses will be used for the health profiles, in the stakeholder forums, and in final reports.
4) Devise methodology for the stakeholder forums in collaboration with key stakeholders based on the existing methods found in the last assessment cycle's Community Engagement Guide.
5) Facilitate 16-18 stakeholder forums.
6) Collect, collate, and catalogue the data produced during all Stakeholder Forums.
7) Conduct analysis of findings to create 17 sets of:
   a) Key findings, including health priorities, root causes, locus of control, and strategic recommendations (one for each of Maine's 16 counties and 1 for the State) as identified during the community engagement process and Stakeholder Forums. The methods for capturing this information and voting on them will be co-developed with the Program Manager. The votes on these priorities will be captured using a voting process such as dot voting.
   b) Assets, gaps/barriers related to each of the top 4-5 priorities (one set for each of Maine's 16 counties and 1 for the State) as identified during the forums.
   c) A summary of major themes (one for each of Maine's 16 counties and 1 for the State).
   d) Salient quotes relating to health priorities and themes for use in final reports.

Vendor Qualifications:

- Experience developing, fielding and analyzing surveys.
- Skilled and experienced in community based participatory research and/or community engagement and inclusion research and qualitative data collection and analysis.
- Skilled and experienced in conducting focus groups and key informant interviews in collaboration with communities of focus.
- Skilled and experienced in capturing community input in large group settings.
- Skilled and experienced in using virtual tools to lead large groups through a nominal group process and capturing community input.
- Skilled in qualitative data interpretation and translating findings in plain language.
- Ability to work collaboratively among multiple teams of varying professional capacities.
- Experience working in multi-disciplinary teams to conduct population-level studies.

Timeline

Task	deliverable	Start Date	Due Date	span
Participate in planning process	Collaboration	1/8/2024	9/3/2024	30 weeks
Field and analyze statewide survey	Data collection and analysis	2/1/2024	3/29/2024	8 weeks
Conduct focus groups and key informant interviews	Data collection	4/1/2024	6/14/2024	11 weeks
Qualitative Data Analysis	Data analysis	4/1/2024	7/15/2024	16 weeks
Facilitate Forums	Facilitation	9/2/2024	12/31/2024	17 weeks
Forum Analysis	Data analysis	9/2/2024	1/30/2025	22 weeks

Note: During contract negotiations, interim milestones for completion of work will be developed.

NOTE: potential vendors may bid on more than one RFP

III. Proposal Narrative & Scoring

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

Points per section:

Section	Points
Organizational Qualifications and Experience	35 Points
Work Plans and Timelines	25 Points
Budget	35 Points
Completeness and Clarity of Proposal	5 Points

A. Organizational Qualifications and Experience (35 Points)

1. **Cover Page:**
   a. Please include as the first page of your proposal.
      i. Name of firm
      ii. Primary contact person with email and phone
      iii. Title of RFP to which the proposal is responding.

2. **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:
   a. The approach you will use to ensure collaboration with public and private health and health care stakeholders from different communities. Describe how your organization has successfully worked with other entities toward a common goal on collaborative projects.
   b. Describe your firm's experience in developing and facilitating focus groups and key informant interviews and subsequent analysis of data collected.
   c. Describe your firm's experience in facilitating community events using a nominal group process to achieve group consensus.
   d. Any software, programs, or technical support you plan to use while meeting the requirements of this project. Examples include, but are not limited to, project management tools, qualitative thematic analysis software, data exchange portals, or interactive software used in community events. Include a description of your firm's experience in using these tools. Please specify experience in using these tools for meeting registrations, cataloguing meeting outputs and outcomes.
   e. 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.
   f. 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 to provide the deliverables specified in this RFP.

3. **Key Staff:** Describe in detail the members of your team who you plan to assign to this project. All information provided will be kept confidential and limited to the Selection Committee. Specifically:
   a. 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 lead staff member for the project if different from primary contact.
   b. For key staff, provide a current job description, each person's curriculum vitae, and your firm's organizational chart in the Attachments.
   c. If staff members are to be hired for this project, please include a job description in the Attachments.

d. 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.
e. Please describe how each person assigned to this project, whether existing staff or that of any subcontractors meet the preferred qualifications listed in the Qualifications section in the Scope of Work.

4. **Work Examples:** Please provide examples from projects you or your firm have successfully completed that are similar to the Maine Shared CHNA project. Include in the Attachments.

5. **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 in the Attachments.

B. Work Plans and Timelines (25 points)

6. **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 analysis is complete with lead time for integration into the final Maine Shared CHNA reports to be completed by March 29, 2025. Column one should provide task to be completed, column two the week of the month to be completed, and column three the person or position responsible for tasks. If subcontractors are to be used, include tasks delegated to them. Please refer to the following overall project milestones for details, as depicted in the Scope of Work and the timeline in Appendix C.

C. Budget and Cost Effectiveness (35 points)

7. **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 grey highlighted cells with formulas. Points will be assigned based on your budgets' completeness, clarity, and cost effectiveness. Please note the not to exceed amount described on page 1 of the RFP. All bidders are responsible to ensure calculations are accurate. Please see Appendix B: Budget Template

D. Completeness and Clarity of Proposal (5 points)

8. **Proposals should include, in the following order:**
    a. Cover Page
    b. Table of Contents
    c. Narrative
    d. Work Plan and Timeline
    e. Job Description or CV's for all Key Staff (Attachment)
    f. Organizational Chart (Attachment)
    g. Work Examples (Attachment)
    h. References (Attachment)
    i. 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.

IV. Award Process

1. Members of the Steering Committee will make up the Selection Committee. This committee will evaluate proposals based on qualifications, relevant experience, completeness and clarity of implementation work plans and timelines, as well as

references. Using the point values indicated in Section IV, the Selection Committee will objectively evaluate and score each bidder's proposal and will make a proposal for a select group for interviews and presentations.

2. **Firms selected by the Steering Committee will be contacted by Heather Drake, Program Manager by Friday December 8th** to schedule their presentations and interviews. Please note these meetings are scheduled to be held December 11th-14th, 2023.

3. The presentations and interviews will be conducted by video conference. Following presentations, the Selection Committee, 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, will make their final decision. All other factors being equal, preference will be given to vendors based or with offices in Maine.

4. The successful applicant will receive a letter of intent from Heather Drake, on behalf of the Maine Shared CHNA collaborative to enter contract negotiations, with the intention of completing a contract by Friday, December 29th.

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.

V. Schedule/Timeline

Major Project Milestones	
Release of RFPs	Monday, October 30, 2023
Optional Bidder's Call	Tuesday, November 7, 2023
Proposals Due	Monday, December 4, 2023
Firms Selected for Oral Presentations	Friday, December 8, 2023
Presentations	December 11th-14th
Winning bidder(s) selected to enter contract negotiations	December 22, 2023
Contracts awarded	December 29, 2023
Initial meeting(s) with Maine SCHNA	January, 2024
Community Engagement Phase	February-August, 2024
Stakeholder Engagement Phase	September-December, 2024
Qualitative Analysis Phase	April-January, 2024
Final Reports Due	Friday, March 29, 2025

RFP and supporting documents can be found at Maine Shared CHNA website: www.mainechna.org.

Appendix A: Background Information

Members

a. **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.

b. **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.

c. **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.

d. **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. With 11,000 caring 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.

e. **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 provide leadership, expertise, information and tools to assure conditions in which all Maine people can be healthy. 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.

f. **Maine Community Action Partnership (MeCAP)** is a statewide organization dedicated to improving the quality of life of Maine citizens by advocating for, enhancing and supporting the work of Maine Community Action Agencies (CAA). Each of Maine's ten CAAs is rooted in the communities within which is serves, collectively touching the lives of approximately 140,000 clients. Each individual CAA has developed a mission statement and program focus areas specific to its organization and service area through community needs assessments. The unifying thread weaving the CAAs together is the strategic effort to improve the quality of life, health and economic circumstances of Maine's most vulnerable citizens – specifically targeting Maine's low income and very low income people.

Governance Structure

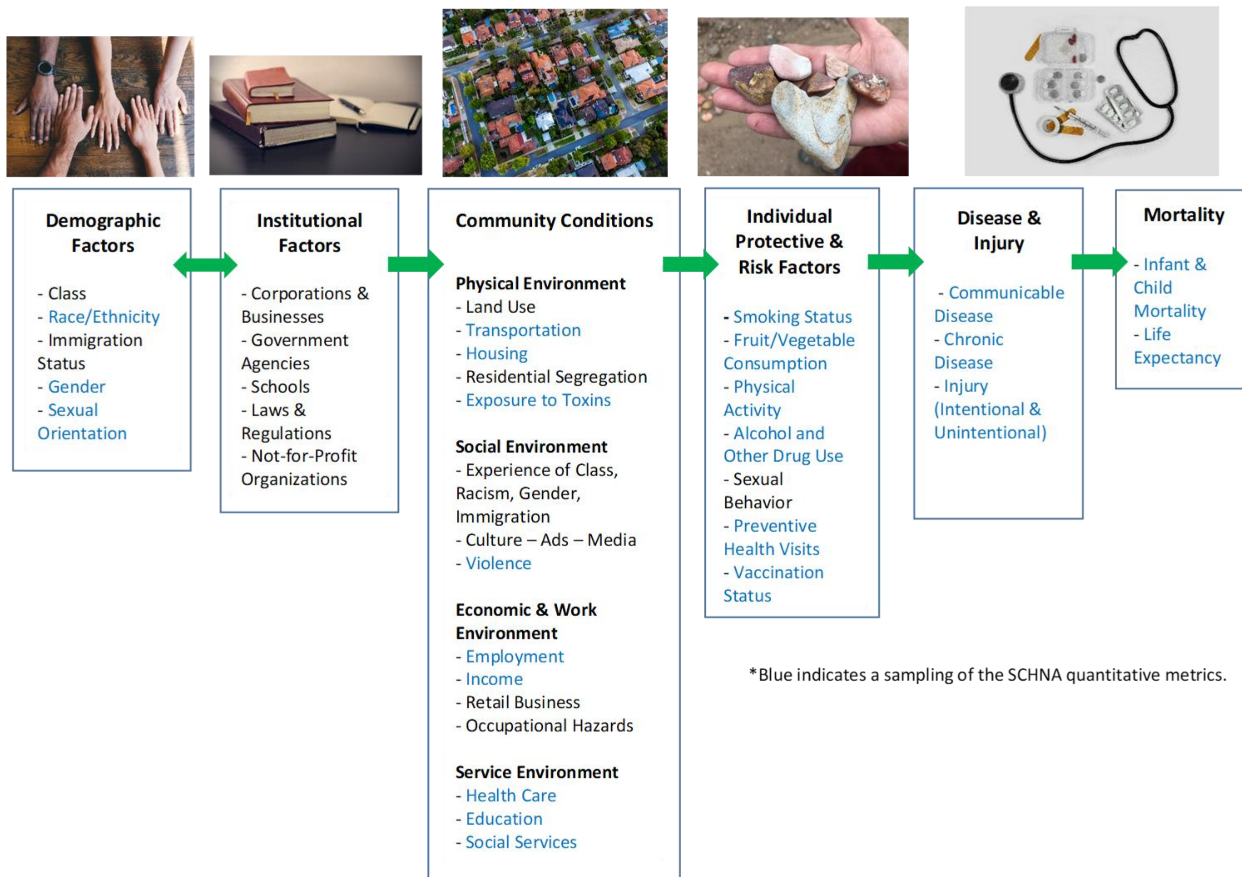
1. Representatives from the above six entities form the Maine Shared CHNA **Steering Committee**. The Steering Committee provides leadership and guides every aspect of the project. Additionally, this group oversees the work of the Maine Shared CHNA Program Manager. Two committees report to the Steering 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; and making any recommendations for annual data-related activities. 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, Community Action Programs, academia, non-profits and others with experience in epidemiology.

3. **The Community Engagement Committee** is charged with making recommendations for approval by the Steering Committee outlining a consistent and robust community engagement process. 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 Community Health Needs Assessment 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, Community Action Programs, academia, and Maine non-profits such as United Ways and others with an interest in broad community representation and input.

Framework

The Maine Shared CHNA seeks to use an adapted version of the Bay Area Regional Health Inequities Public Health Framework (see below) to shape the planning, implementation, and analysis of focus groups and stakeholder forums.



Appendix B: Budget Template

This is an excel worksheet for you to use in developing and communicating your budget. We are interested in seeing cost break downs by element as indicated. If you need to adjust the budget format please explain your adjustments. You may add rows as needed. Please be sure that any changes you make to the template do not interfere with the formulas in the shaded cells. The budget template and RFP materials are available at www.mainechna.org.

Appendix C: Maine Shared CHNA Timelines

Timeline

2023 (1 year prior to launch)	
August/September	Community engagement plan complete, approved by Steering Committee
September/October	Data set reviewed, analysis plan complete, approved by Steering Committee
November	Release RFPs
2024 (launch year)	
January	Vendors for 2024 SCHNA process in place, initial meetings with Program Manager
January-February	Data analysis work group convenes, analysis begins
February-March	Local planning team meetings begin
	Statewide survey in the field
	Begin planning for focus groups and interviews to meet population/sector needs
	Focus group and stakeholder forum schedule created
	Secure venues for in-person focus groups, ensure accessibility
	Survey analyzed
April	Focus group and key informant interview guides and protocol developed
	Focus group and key informant interviews begin
	Presentations on progress since the 2022-25 assessment cycle
May	Approve visualization criteria used to choose data for PPTs and HE data sheets
	Begin to identify and confirm venues for stakeholder forums, food, other meeting logistics
June	Data analysis complete
July	All County Stakeholder forum locations, dates, and times posted to website
	Visualization selection for PPTs and HE data sheets begins
	Focus group and key informant interview analysis complete
August	County Stakeholder registration links posted to website
	Stakeholder forum presentation materials complete, ready for table facilitator training & technical assistance, posting
	All Health Profiles & Health Equity Sheets published
	Breakout facilitator training and technical assistance takes place
September-December	Stakeholder forums take place
2025 (reporting year)	
January	Stakeholder forum analysis complete
February-March	Reports drafted
April	Reports finalized

Forum Timeline

If forums are held in:			
Sept	**Oct**	**Nov**	
Then you are:			
Cohort 1	**Cohort 2**	**Cohort 3**	
Then in:			**Milestones:**
Mar	Apr	May	Local teams' first meeting
			Prepare local outreach budget; identify source of support
			Review purpose and goals for forums with team
Apr	May	Jun	First draft forum agenda
			Create recruitment plan for table facilitators
May	Jun	Jul	Send 1st *Save the Date* notices w/location/date/time, link to mainechna.org
			Revise forum agenda
			Recruit table facilitators (more than you need)
Jun	Jul	Aug	Send 2nd *Save the Date* notices w/location/date/time, link to mainechna.org
			Prepare online registration
			Recruit table facilitators (more than you need)
Jul	Aug	Sept	Registration opens, send 1st invite with location/date/time and registration
Aug	Sept	Oct	Resend registration with links to data and data overview on mainechna.org
			Finalize agendas, handouts, speakers, & presentations
			Finalize presenter's roles and speaking points
			Provide training and technical assistance on table facilitation and reporting
Sept	Oct	Nov	Send final reminders with location/date/time/data reports/registration links
			Print and collate attendee packets
			Confirm technology needs are met
			Print registration attendance sheet
			Print sign-in sheet for walk-ins
Oct	Nov	Dec	Upload follow up materials
			Conduct any additional outreach and upload results