



MaineGeneral Health



MaineHealth



# Request for Proposals

## Contracted Services for Data Analysis for the 2024-2025 Maine Shared Community Health Needs Assessment Process

RFP Release Date	Monday, October, 30, 2023
Optional Bidder's Call:	<p>Tuesday, November 7, 2023 11:00am-12:00pm</p> <p><b>Teams Meeting:</b> <b>Join on your computer, mobile app or room device</b> <a href="#">Click here to join the meeting</a> Meeting ID: 251 134 273 945 Passcode: tYAeBa <a href="#">Download Teams</a>   <a href="#">Join on the web</a> <b>Or call in (audio only)</b> <a href="#">+1 207-560-5189,,273032068#</a> United States, Portland Phone Conference ID: 273 032 068#</p> <p>Send questions by 12:00pm on Monday, November 6<sup>th</sup> via email to: Heather Drake, MSCHNA Program Manager at: <a href="mailto:info@mainechna.org">info@mainechna.org</a></p> <p>Notes from the call will be posted at <a href="http://www.mainechna.org">www.mainechna.org</a>.</p>
Proposals Due	<p>Monday, December 4<sup>th</sup>, 2023 by 5:00pm</p> <p>Email proposals to: Heather Drake MSCHNA Program Manager <a href="mailto:info@mainechna.org">info@mainechna.org</a></p> <p>This due date may be extended at the sole discretion of the Maine Shared Community Health Needs Assessment (Maine Shared CHNA) collaborative.</p>
Presentations from select bidders	December 11 <sup>th</sup> -14 <sup>th</sup> , 2023
Contract Award	December 29 <sup>th</sup> , 2023
Project Period	January 2024-March 2025
Major Project Milestones	Please see Sections IV.B Work plans and timelines and Section VI Schedule/Timeline for more detail.
Contract Amount	Total budget not to exceed: \$75,000

Contact information:

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## 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), 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 Community Health Needs Assessment is the tool used for health planning by all people and agencies across the state.

**Mission:** The Maine Shared Community Health Needs Assessment 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: Data Analysis

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

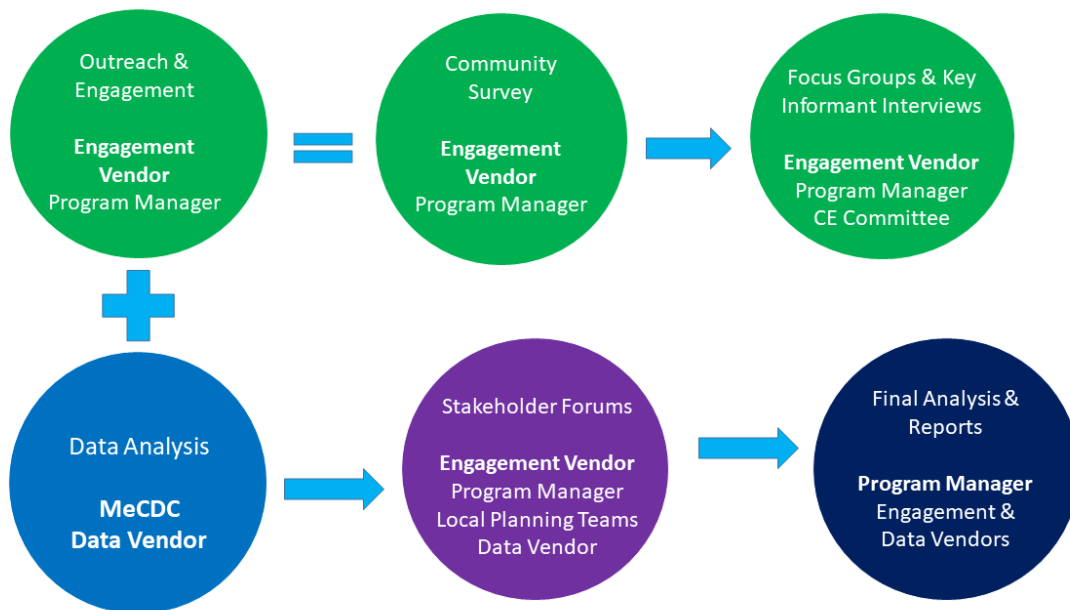
**Objective:** To conduct data collection, data retrieval, analyses, formatting, and quality checking in accordance with the Maine SCHNA data analysis plan in collaboration with the Maine CDC.

The vendor will also develop compelling, engaging, and visually appealing public-facing materials such as data health profiles. To review analyses to assist in forming the foundation for stakeholder conversations on health priorities. The vendor will work closely with the Program Manager and the Maine CDC with input from appropriate community partners including the Metrics Committee, Community Engagement Committee, and local communities.

**Overview:**

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.

2024 SCHNA Program Work Flow



**1. Quantitative analysis**

- Retrieve data for 125 indicators from a variety of data sources (see Appendix B). All indicators shall be provided for at the following geographic levels where possible:
  - State

- 16 Counties
  - 3 metropolitan regions (Portland, Bangor, Lewiston/Auburn)
- For some indicators, analyzed data will be retrieved (for example, the data source will have percentages or rates already calculated). For others, the vendor will retrieve numbers and will need to calculate rates and confidence intervals.
- For a number of indicators, the vendor will be asked to closely follow previous metadata and technical definitions to ensure continuity from previous cycles. A subset of the indicators will need additional research to refine the definitions and metadata. The vendor will provide new and updated metadata via input to the Maine Shared CHNA metadata in SmartSheet.
- In addition, at the state level data should be retrieved for analysis of sub-populations by demographic and socioeconomic status where data is available. Sub-population characteristics include age, gender, race, ethnicity, sexual orientation, gender identity, disability, educational attainment, income, health insurance status, and rural versus urban residence. This may require data aggregated over multiple years in some cases.
  - NOTE: The data analysis plan is subject to updates from data sources and availability of the data.
- Analysis will include state and county 15-year trends for 48 indicators that are new to the Maine Shared CHNA this round.
- All data should include benchmarks (sub-populations and county compared to state and U.S.). For benchmarks, comparable years of data will need to be retrieved if aggregation over multiple years is necessary for sub-population analyses.
- Analysis will include the calculation of confidence intervals whenever possible. 95% confidence intervals are preferred, but 90% is acceptable, depending on the margins of error available in various data sources.
- Data sources include:
  - U.S. Census, American Community Survey and/or other Census data
  - Head Start
  - Maine Department of Health and Human Services, including MaineCare and the Office of Child and Family Services
  - Maine Housing Authority
  - Maine Families Home Visiting
  - U.S. Department of Education (McKinney-Vento)
  - Maine Integrated Youth Health Survey
  - National Survey on Children's Health
  - Bureau of Labor Statistics
  - Federal Communications Commission
  - Map the Meal
  - Maine Department of Education
  - Maine Department of Labor
  - Maine Department of Public Safety, including Maine Emergency Medical Services
  - Maine Department of Transportation
  - National Survey on Drug Use and Health
- All results should be carefully checked for completeness, consistency of labeling, and accuracy prior to submission. Upon the completion of all data analysis, the vendor will

be part of a team to check data for completeness and accuracy, highlighting anomalies and in some cases providing feedback to the Maine CDC team of epidemiologists. The vendor will be the primary data assurance reviewer for 17 indicators that will be analyzed by the Maine CDC team.

- The vendor will deliver results using standardized CSV file format templates following a prescribed naming convention via an agreed upon collection portal such as SmartSheet or OneDrive.
- Once checked, the vendor will use the entire set of 271 indicators to produce county-level profiles and health disparities data briefs similar to the 2022 publications (see: [www.mainechna.org/health-profiles](http://www.mainechna.org/health-profiles)). In addition to the populations included in the last round (race, ethnicity, sexual orientation, education, income, age, insurance status, and by people who live in rural versus urban settings), data briefs on people with disabilities and on transgender individuals should be included.
- CSV file format, standard file naming convention, and existing metadata will be supplied.
- Any data containing individual identifying information will be handled based on the Maine Shared CHNA data stewardship agreement.
- For additional details, see: Appendix B Data Analyses Plan.
- Note: It is expected the vendor will work closely with the Program Manager and Maine CDC to develop key milestones within the Maine Shared CHNA timeline to meet deliverables with enough advance for quality assurance checking and development of resources for stakeholder forums occurring in the Fall 2024.

## 2. Final Data Analyses

- Review findings from both the quantitative and qualitative data analyses to provide additional interpretation of the data for up to 4 or 5 identified health priorities. There is one set of priorities for the state and one set for each of Maine's 16 counties.

### Key Deliverables

1. Data analysis for 125 indicators.
2. 16 to 18 sets of up to 25 data points to be visualized in Stakeholder Forum PPT presentations. These data are to be identified using predetermined goals and criteria such as scope, magnitude, prevalence, previously identified health priorities and health disparities. Data will be identified in collaboration with Local Planning Teams. One set of data for each PPT presentation.
3. Approximately 20-30 data graphics and tables for inclusion in the final reports.
4. Final analyses to connect quantitative data and qualitative findings to more fully describe the community identified health priorities on the top 4-5 identified health priority topics. (16 county analysis and 1 state analysis).
5. 17 Data health profiles in PDF compressed for web.
6. 10 Health equity data sheets in PDF compressed for web.
7. 3 Urban health profiles (Portland, Bangor, Lewiston/Auburn) in PDF compressed for web.

### Qualifications:

- Experience conducting quantitative data analyses using SAS is preferred but not required.

- Experience conducting final analyses and providing interpretation of quantitative and qualitative findings.
- Experience working in multi-disciplinary teams to conduct population level studies.
- Graphic design experience in producing data visualization for the lay audience.

Timeline:

Task	Deliverable	Est. Start Date	Est. Due Date	Span
Data analysis	Data analysis	January 15, 2024	June 28, 2024	23 weeks
Draft PPT visualization list	PPT	July 1, 2024	July 15, 2024	2 weeks
Data Health Profiles published	Data Health Profile	July 1, 2024	August 12, 2024	5 weeks
Final PPT visualization list	PPT	July 22, 2024	July 29, 2024	1 week
Health Equity Data Sheets published	Health Equity Data Sheets	August 1, 2024	August 12, 2024	2 weeks

Note: During contract negotiations, interim milestones for data analyses will be developed. The vendor should not expect to provide all data analyses on June 28, 2024.

### III. Proposal Narrative & Scoring

Please respond to all questions and attach supporting documents as directed. If responding to more than one RFP, please submit separate proposals for each Scope of Work.

Points per section:

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:

- Please include as the first page of your proposal.
  - Name of firm
  - Primary contact person with email and phone
  - 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:

- 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 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.
    - c. 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, data analysis software, design software, or data exchange portals. Include a description of your firm's experience in using these tools.
    - d. 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.
    - e. 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 complete the work specified in this RFP.
3. **Key Staff:** Describe in detail the members of your team who you plan to assign to this project. 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 each 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 the subcontractors' organizational capacity and qualifications, as well as a brief description of the subcontractor's 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.

All information provided will be kept confidential and limited to the Selection Committee.
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 so that all tasks listed in the Scope of Work are completed on schedule. Column one should provide task to be completed, column two the week of the month to be completed, and column 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 timeline for details:

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	<b>Data analysis work group convenes, analysis begins</b>
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	<b>Approve visualization criteria used to choose data for PPTs and HE data sheets</b>
	Begin to identify and confirm venues for stakeholder forums, food, other meeting logistics
June	<b>Data analysis complete</b>
July	All County Stakeholder forum locations, dates, and times posted to website
	<b>Visualization selection for PPTs and HE data sheets begins</b>
	Focus group and key informant interview analysis complete
August	County Stakeholder registration links posted to website
	<b>Stakeholder forum presentation materials complete, ready for table facilitator training &amp; technical assistance, posting</b>
	<b>All Health Profiles &amp; Health Equity Sheets published</b>
	Breakout facilitator training and technical assistance takes place
September-December	Stakeholder forums take place
2025 (reporting year)	
January	Stakeholder forum analysis complete
February-March	<b>Reports drafted</b>
April	Reports finalized

**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 C: Budget Template, found on the Maine Shared CHNA website at [www.mainechna.org](http://www.mainechna.org).

#### **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 8<sup>th</sup>** to schedule their presentations and interviews. Please note these meetings are scheduled to be held between December 11<sup>th</sup>-14<sup>th</sup>, 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 29<sup>th</sup>.

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

<b>Major Project Milestones</b>	
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 11 <sup>th</sup> -14 <sup>th</sup>
Winning bidder(s) selected to enter contract negotiations	December 22, 2023
Contracts awarded	December 29, 2023
Initial meeting(s) with Maine SCHNA	January 2024
Initial Data Analysis Complete	June 28, 2024
Data Health Profiles & Health Equity Sheets published	August 2024
Stakeholder Engagement period	August-December 2024
Final Reports	Friday, March 29, 2025

RFP and supporting documents can be found at Maine Shared CHNA website: [www.mainechna.org](http://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](http://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 Alford 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.maine-general.org](http://www.maine-general.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](http://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 Sebecook 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).
- 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. As an accredited public health agency 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).

- 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 it 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.

## Appendix B: Data Analysis Plan

This is an excel worksheet describing the full list of indicators. Please note there are some missing elements for new indicators.

Please note **Column H: Responsible Party** and **Column I: Reviewer**. Contractors are asked to bid on analyzing and review of only those indicators assigned to the Vendor.

## Appendix C: 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](http://www.mainechna.org).