

Maine Shared Community Health Needs Assessment
Community Engagement and Data Request for Proposals
Questions and Answers
As of November 16th, 2023

Question	Answer
1. Has someone done this work in the past and if so, who?	Yes. In the last cycle Market Decisions Research (data analysis) and John Snow, Inc (community engagement) were the contracted vendors.
2. Which organization within the collaborative will the awarded vendor contract with?	The awarded vendor will enter into a contract with MaineHealth.
3. Will the data vendor need to enter into any data use agreements with the Maine CDC or other entities?	Maine CDC does not require a data use agreement because it is not providing any data to the vendor. The vendor may need data use agreements with other State Departments or Maine DHHS offices. If that is the case, Maine CDC is able to assist in that process.
4. Is it 6 to 16 key informant interviews total or per county? Are you open to more interviews (e.g., n = 50 across the state)?	The RFP includes 6-16 key informant interviews total, assuming 1-4 interviews per sector listed in the RFP. If the vendor is able to accommodate additional interviews within the outlined budget in the RFP, we are open to more interviews across the State. Additionally, if there are sectors that cannot be reached via a Focus Group, the intent is to reach those sectors via interviews.
5. What is the purpose of the stakeholder forums and what has the agenda historically been for those meetings?	<p>The purpose of the stakeholder forums is to bring together a diverse array of stakeholders and advocates working in or related to public health, the health sector, social services, and other fields to review and discuss the quantitative data and qualitative data gathered through data analysis and community engagement processes to engage in a health prioritization process. Health priorities will be identified for each County and the State. The health topics identified will be recommended to the Steering Committee who will make the final decision on which health priorities to include in the final reports. The forums are held at the County level and co-developed with Local Planning Teams.</p> <p>The agenda has historically included a welcome and overview, leadership remarks from health system partners, review of previous priorities and activities, presentation of key findings, and break-out sessions for facilitated discussion on data and health priority identification. Last cycle’s PowerPoint presentations can be found here: Events MeCDC Maine DHHS. This cycle we are looking for ways to provide leadership remarks and updates from the last cycle outside of the forums to make room for more discussion at the forums.</p>

6. Can focus group honorarium be included in the budget?	Yes.
7. Is the committee open to additional community engagement methodologies outside of the scope of work in the RFP?	Yes, we are open to additional community engagement methodologies if they fit within the outlined budget in the RFP, are valid and community centered, and engage the communities listed in the RFP.
8. As part of the data analysis, is the vendor expected to create online dashboards similar to the current dashboards online?	No, the vendor is not expected to create the on-line dashboards. Maine CDC will be doing that task. However, data files will need to be submitted according to a specified file format (such as CSV files) that can be imported into the Maine CDC’s database for the dashboard.
9. When will the report writing RFP (if any) be released?	No, there will not be a report writing RFP. It is the intent that the Maine SCHNA Program Manager will do the bulk of the report writing. The vendors will be expected to provide analyses and findings to be used in the report writing and the data vendor will be charged with providing data tables and graphics for the reports.
10. Is it correct to assume that a representative from each member organization is on the proposal review committee? We are concerned about having a conflict of interest with our references due to many of the members being current or past clients of the firm.	The RFP Review Committee is comprised of a representative from each of the Maine SCHNA collaborative partners – Maine CDC, Maine General, Maine Health, Northern Light Health, Central Maine Health Care, Maine Community Action Partnership. We understand that bidders may have previous or existing relationships with one of more of these organizations. However, we do not consider this to be a conflict of interest.
11. Is there an intended format to how the survey is distributed?	We are open to the expertise of the vendor, but will likely employ a mixed methodology to ensure adequate representation of Maine’s population in the response rate. The format can include, but is not limited to, electronic, paper, and in some instances verbal. Additionally, where appropriate, we will work with community partners for help with dissemination.
12. Is there a target number of respondents for the survey?	There is not a target number of respondents for the survey at this point. However, we will work with the vendor to ensure there is a representative sample of Maine’s population and enough responses for statistical significance.
13. Should any interpretation, translation, or other survey, focus group, or interview supports be included in the budget?	Yes. The intent is to make the community engagement process accessible to the communities we are engaging. The vendor should plan to work with the various communities we engage to make sure we engaging them in a process that is respectful and transparent.

<p>14. Will there be a RFP for data visualization or communications? If not, are subcontracts allowable?</p>	<p>There will not be a separate RFP for data visualization or communications. Subcontracts are allowable, but must remain within the budget and scope of work outlined in the RFP.</p>
<p>15. With the addition of MeCAP as a partner, how will you include the requirements of the Community Services Block Grant and Head Start?</p>	<p>We have done crosswalks of the indicators used by MeCAP in their last assessment and the Maine SCHNA to identify overlap and missing indicators. With their inclusion there will be more social determinants of health data, specifically around transportation, housing, and childcare to meet their reporting requirements. This has resulted in about 55 new indicators. We have identified sources and definitions for these indicators, but also look to the vendor for finalization of sources and definitions based on their expertise.</p>
<p>16. Do you prefer 1 vendor or 2?</p>	<p>There is no preference for 1 vendor versus 2. Regardless of the number of vendors, communication between the parties is essential. In the past when there has been one vendor, that vendor has included subcontracts. This is an acceptable model as well..</p>
<p>17. What are lessons learned from past cycles?</p>	<p>We are always learning and trying to fine tune our needs assessment process, especially as we try to respectfully engage populations who have been adversely impacted by systems and structures. We will work with vendors to make sure there is clear coordination, communication and expectations, with timelines and milestones to meet reporting deadlines, specifically with regard to data flow processes and quality assurance and linkages between qualitative and quantitative data.</p>
<p>18. Are you open or interested in expanding your list of indicators, specifically to include more built environment and design metrics?</p>	<p>While we recognize the importance of these indicators, we do not have the resources available to expand our indicator list. For future cycles, we will be reviewing our criteria for inclusion and may make changes then.</p>
<p>19. Are you interested in having the case studies and other materials build from the 2022 visual design (e.g. the green pine trees, white background, existing font and heading choices, etc.)?</p>	<p>The Program Manager will be doing the bulk of the final report writing, with graphics/tables provided by the Data Vendor. The Data Vendor will be doing the health profiles from which some of the graphics/tables can be pulled. We are interested in having a new look/feel for the report and profiles that is modern and accessible. Any design elements of the profiles should be transferable to the reports.</p>
<p>20. Do you expect the County and District Profiles to be</p>	<p>The profiles will increase in length this year due to the additional ~50 indicators. The profiles from 2022 have about 10 indicators per page, so the profile lengths may increase by about 5 pages.</p>

roughly 48 pages again (similar to 2022)?	
21. Do you expect the Equity Data Sheets to be about 2-12 pages (6 pages on average) like 2022?	The equity data sheets will increase in length this year due to the additional ~50 indicators. The data sheets from 2022 have about 17 indicators per page, so the data sheets may increase in length by about 3 pages.