

Request For Proposal
Community Health Needs Assessment – PRIMARY DATA COLLECTION

Purpose of Consultation

The Hospital Council is seeking a consultant to assist in the completion of a collaborative Community Health Needs Assessment (CHNA) on behalf of the following hospitals, health systems and departments of public health located in Fresno, Kings, Madera, and Tulare counties, in compliance with Federal Internal Revenue Service (IRS) regulations and California law:

Adventist Health Central Valley Network	Community Health System
<i>Adventist Health, Hanford</i>	<i>Community Regional Medical Center</i>
<i>Adventist Health, Reedley</i>	<i>Clovis Community Medical Center</i>
<i>Adventist Health, Selma</i>	
<i>Adventist Health, Tulare</i>	
Kaiser Permanente Fresno Medical Center	Saint Agnes Healthcare
Valley Children's Hospital	Madera Community Hospital
Kaweah Health	Fresno County Department of Public Health
Kings County Health Department	Madera County Public Health

Timeline for Consultation: January 1, 2024 – August 31, 2024

Scope of Work and Deliverables

The consultant must be able to convene and conduct, and/or subcontract with Community Based Organizations (CBOs) to convene and conduct, focus groups and key informant interviews, across a four-county region (Fresno, Kings, Madera, and, Tulare). NOTE: submissions will be considered for consultants who are able to perform this work in some, but not all, counties requested.

In addition, the consultant will be responsible for working collaboratively with an identified Data Consultant to ensure proper data collection methods, questions, and timelines are adhered to.

Hospital Council Request for Proposal
Community Health Needs Assessment

Phase 1 — DATA COLLECTION		
Consultant Responsibility/Task	Deliverable(s)	Preliminary Deliverable due date
<p>With Data Consultant, develop a primary data collection strategy that meets IRS, CA Dept. of Health Care Access and Information (HCAI), Public Health Accrediting Board (PHAB) requirements and hospitals'/public health departments' desire for robust community engagement in each sub-geographic region, as determined by participants.</p> <p>As needed, and with steering committee approval, partner with local consultants, retained by Hospital Council, in each county to ensure robust primary data collection and community engagement with emphasis on vulnerable populations.</p> <p>Strategy must achieve community engagement, in an equitable manner, for vulnerable communities in virtual and in-person environments. Strategy must ensure language access in English, Spanish, Hmong, and Punjabi.</p>	<p>For review and approval by hospitals and health departments:</p> <ul style="list-style-type: none"> • Primary data collection plan and protocol. <p>Plan must include:</p> <ul style="list-style-type: none"> • Description of methods to be used • Language access capabilities • Strategies for reaching vulnerable populations 	January 30, 2024
<p>With Data Consultant, develop primary data collection instruments for key informant interviews, focus groups, and survey collection.</p>	<p>Primary data collection instruments approved by hospitals and health departments.</p>	February 15, 2024
<p>Collection of primary data within priority ZIP codes/communities as identified by participants.</p> <p>Manage focus groups (6-12 per county)—scheduling, convening, notetaking, transcription, and facilitation of interviews, and other logistics as needed.</p>	<p>Provide transcripts for health needs identification purposes.</p>	March – May 2024

Hospital Council Request for Proposal Community Health Needs Assessment

Addenda:

For assistance in responding to this RFP, addenda are included with additional information regarding:

- Scoring rubric to be used in evaluating responses.
- Public Health Department Vendor Risk Assessment

Submission Requirements

The consultant's proposal is due to the Hospital Council by 5PM on Friday, November 3, 2023 and sent to Valerie Norvell, Regional Coordinator, Hospital Council at vnorvell@hospitalcouncil.org. Proposal must include the following elements:

1. Plan for meeting the consultant responsibilities and deliverables as outlined in this RFP.
 - Be as specific as possible regarding the plan for primary data collection.
 - Include lists of existing relationships with relevant CBOs or community groups whom you would plan to work.
 - Discuss how to achieve community engagement in a virtual environment and how you will ensure language access and participation from vulnerable populations.
2. Cost estimate for meeting the consultant responsibilities and deliverables as outlined in this RFP.
 - Include an explanation of the assumptions used for the cost estimate and travel expenses (mileage will be reimbursed at the IRS standard mileage rate for the time period that work is performed).
 - If your plan to collect data includes any giveaways to focus group participants (e.g., gift cards), the cost for this must be included as a separate item in your bid.
 - NOTE: Any giveaway must be approved in writing by Hospital Council before project commencement. It is the responsibility of the chosen consultant to procure and distribute any such giveaways, including a mandatory distribution signature log if monetary incentives are used.
 - For primary data collection, breakdown cost per focus group.
3. Describe the individuals who will be assigned to the project and their qualifications and experience working in the Central Valley or preparing CHNAs, with an emphasis on their ability to achieve robust community engagement.

Hospital Council Request for Proposal Community Health Needs Assessment

4. Confirm your ability to subcontract with CBOs (if needed), including managing their invoices and payments.
5. Provide references and contact information for three CHNAs or similar projects you have completed.

Selection Process

The Hospital Council will convene project participants to review proposals the week of November 6, 2023. If needed, interviews will be scheduled for the week of November 13, 2023 for the purpose of reviewing the proposal with hospital representatives and engaging in conversation with the group. Participants then expect to work with the consultant to refine and finalize the scope of work and deliverables, project schedule, and cost for approval by their hospital leadership.

CHNA Scoring Rubric

	Excellent (4)	Good (3)	Fair (2)	Needs Improvement (1)
1. Respondent has prior experience preparing quality Community Health Needs Assessments				
2. Respondent demonstrates extensive knowledge of the IRS requirements for nonprofit hospitals on CHNA reporting—including the latest final regulations. Additionally, respondent demonstrates extensive knowledge on PHAB standards, as well as the CHA requirements for becoming an accredited entity for public health jurisdictions.*				
3. Respondent has prior experience working in the Central Valley and demonstrates a clear understanding of the region’s healthcare needs.				
4. Respondent proposes to utilize sound methodologies to gather data and monitoring strategies for the CHNA and has access to sub-county data as needed to identify disparities and support program planning for vulnerable populations (e.g. Tribal groups, veterans, LGBTQ+, farmworkers and rural residents).*				
5. Respondent describes the health needs identification criteria and the manner in which the indicators will be used to determine community health needs.*				
6. Respondent utilizes an inclusive community outreach strategy, such as diverse stakeholder outreach meeting locations; vetted translation/interpretation services in Hmong, Spanish and other languages as needed; varied meeting times to accommodate those whose jobs are not 8-5; childcare service at evening sessions; and an overall community outreach strategy that reflects the socioeconomic and cultural diversity of all four counties and demonstrates willingness to be responsive to feedback and adapt to specific community needs.				
7. Respondent shows a clear and deliberate strategy to reach targeted vulnerable populations (e.g. Tribal groups, veterans, LGBTQ+, farmworkers and rural residents)				
8. Respondent displays a clear understanding of the social determinants of health and integrates them into the proposal.				
9. Respondent shows an understanding of local community-based organizations and includes an effective engagement strategy to ensure their feedback is incorporated into the CHNA.				

*These categories will be considered only for responses to the Secondary Data RFP.

Department of Public Health - Risk Questionnaire

Risk Questionnaire	
<p>Instructions: Prior to making an award, the Department of Public Health evaluates the degree of oversight required by the County.</p> <p>In filling out the Risk Questionnaire, each question should be answered as completely as possible, using extra pages if necessary.</p>	
General Information	
Legal Name of Organization	
Please identify the type of organization you are (non-profit, for-profit, educational institution, government, other)?	
Is your organization incorporated or legally registered?	
If yes, which State is your organization incorporated or registered in?	
Is your organization currently registered under SAM.gov? If yes, please attach screenshot of active account. (SAM.gov registration may be required depending on grant funding source; if required, selected organization will need to comply with registration)	
Operational Risk	
Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer?	
List the number of employees within your organization.	
Has your organization run a publicly funded program before? If so, how many years of experience?	
How many programs does your organization currently operate with funding from public agencies?	
Does your organization have written human resources (HR) policies and procedures?	
Does your organization have written procurement procedures?	
Does your organization have written project management policies or procedures?	
Financial Risk	
Does your organization have written accounting policies and procedures?	
Can your accounting records separate the receipts and payments of this proposed program with any receipts and payments of other activities by your organization?	
Can your accounting records summarize expenditures according to different budget categories such as salaries, rent, supplies and equipment?	
How many years of experience does your accounting staff have managing accounting records?	
Do you use timesheets to track the time staff spend working on specific activities/projects?	
Does your organization have a bank account registered in its name and that is capable of segregating program funds from other funds?	
What is the approximate dollar amount of all grants your organization receives?	

Department of Public Health - Risk Questionnaire

Compliance Risk	
Does your organization have regular independent audits that you contract and pay for?	
If yes, who performs the audit?	
What was the date of the most recent audit and what was the result?	Date:
	Result:

Certification: This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete, and current.	
Signature: (Authorized Agent)	Date:
Print Name and title:	Phone Number/Email: