

Request for Proposal

2006 Bexar County Community Health Assessment and Progress Report

- 1. Background.** In 1998, the Bexar County Community Health Collaborative (The Health Collaborative) produced its first health assessment using qualitative and quantitative data, including information derived from a Behavioral Risk Factor Surveillance System (BRFSS) telephone survey. In 2002, the San Antonio Metropolitan Health District (SAMHD) and The Health Collaborative (THC) jointly produced an assessment report that built upon the strengths of previous efforts. The 2006 assessment report took the process to the next level by better integrating the efforts; overlaying the data with social determinants of health; and using a phased-in approach where each phase of research builds upon previous insights. The 2010 assessment report will once again utilize the successful phased approach, yet will expand its depth of data collection to more comprehensively measure the state of the community's health in Bexar County. The goal of the health assessment and progress report is to improve the health status of Bexar County by identifying and prioritizing health issues, understanding their origins and trends, and guiding preventive efforts. (For the 2006 report, see <http://www.healthcollaborative.net/assessment06/assess-toc.php>)
- 2. Objectives.** The assessment and progress report is intended to provide a better understanding of the health of our community and will be used by The Health Collaborative, policy makers, and other organizations to:

 - a) identify high-risk populations and assess their high-risk behaviors;
 - b) identify the social determinants of health of high-risk populations;
 - c) evaluate progress/challenges toward attaining Healthy People 2010 goals;
 - d) educate the community on salient health issues;
 - e) set priorities for key health issues;
 - f) support the development of community health improvement planning;
 - g) develop a system for tracking future progress in meeting priority goals;
 - h) facilitate new collaborations and community interventions;
 - i) support efforts for resource development;
 - j) report significant changes in community health status since the previous health assessment.

3. Scope of Project.

Geography: Bexar County and San Antonio, as well as the six sectors used in the 2006 survey, and other jurisdictions as appropriate.

Data sources: Appropriate qualitative and quantitative data sources, as recommended by the researchers. The data can include both secondary and primary sources.

Data and analysis: The assessment and progress report will build on the 1998 and 2006 assessments, comparing indicators to state, county and sector rates, as well as national goals, such as Healthy People 2010.

Time period of information: The assessment and progress report will reveal a historical perspective as far back as 1998 in some cases, as well as projections, where possible.

Implementation and recommendations: The assessment and progress report will include a process to identify key findings and health priorities.

4. Design Requirements. The research process is designed in three phases (see provided narrative and flow chart for elaboration).

Phase 1: Analyzing and drawing conclusions from the 2007 Health Profiles (www.sanantonio.gov/health/Profiles), published by SAMHD in late summer 2006, as well as proposing research themes and geographic areas for Phase 2. This includes placing the findings in a social determinant theoretical framework and analyzing relevant conditions in the neighborhood, family, workplace or other environment and relating them to health outcomes. (For reference, please review the World Health Organization document *Social Determinants of Health: The Solid Facts*, <http://www.who.dk/document/E81384.pdf>.) The sub-county data will be presented in the same six geographic sectors as the 2006 assessment, although analysis may be done on additional geographic areas as well. Propose research themes and geographic areas for Phase 2.

Phase 2: Supplementing Phase 1 with additional primary and/or secondary data, including, but not limited to: BRFSS, mental health, oral health, Alzheimer's, Women Infants and Children, Medicaid, Children's Health Insurance Program, Health Plan Employer Data and Information Set, hospital utilization data and other pertinent data specific to Bexar County. Propose research themes and geographic areas for additional primary data collection in Phase 3.

Phase 3: Primary data collection on select issues identified in Phase 2. Examples may include fitness, nutrition, health literacy, access to care, environment, chronic disease prevention/management, or youth mental health.

Subsequent to the completion of the each phase, The Health Collaborative will facilitate a community health improvement process and disseminate the research findings and plans to the public. The results of this work will feed into the 2014 health assessment, as well as assist other organizations in their work.

5. Deliverables. The final product for each phase will include the following:

- Executive summary, written at an eighth-grade reading level in Microsoft Word, with cross references and hyperlinks to the full report.
- Detailed Members-only report written in Microsoft Word with cross references and hyper links outlining the components, findings and recommendations. The report should include:
 - i. Benchmarking of Bexar County findings with state and national data and Healthy People 2010 goals, as well as previous assessments. Best efforts will be made to secure sector data.
 - ii. Data tables in Excel format. Pivot tables should be used whenever possible.
 - iii. A plan for monitoring needed changes in future years and measuring program effectiveness.
 - iv. An appendix of the community health indicators used to complete the Department of State Health Service community health assessment requirements
- A community report written at an eighth-grade reading level that gives general overview of the status of the community's health status by four main sectors, (North, South, East, and West) of Bexar County, inclusive of applicable pivot tables.
- In Phase 2, an update and augmentation of the table of statistical findings from the 2006 Bexar County Community Health Assessment Report Summary.
- The ability to disseminate and drill down the findings via the websites of The Health Collaborative, as well as data that is in a format that can be imported into the Alamo Area Community Information System SQL server.
- Facilitation of a process for the community to develop criteria for identifying key health improvement issues.
- Participation in presentations to community and other special interest groups and media interviews when requested.
- A PowerPoint presentation for lay audiences.

6. Functional Requirements.

- The report must satisfy the community health assessment requirements mandated by the Texas State Department of Health Services for hospitals receiving Medicaid disproportionate share funds and not-for-profit hospitals. (See 1 TAC Subsection 355.8065 © (5) Community health care assessment, and Vernon's Texas Statutes and Codes, Health and Safety, Subsection 311.044(d) Community Benefits Planning by Nonprofit Hospitals.)
- A Memorandum of Understanding (MOU) with the San Antonio Metropolitan Health District and The Health Collaborative appointed research institution that best defines data sharing relationship and reporting.

7. Assumptions and Agreements.

- Confidentiality of the report findings and processes is required. Findings and results of original data, the original datasets themselves, and the subsequently derived reports and graphs that will not be offered for general use will remain the property of The Health Collaborative and can only be used by the vendor with the approval of The Health Collaborative. The vendor will not make any statements or render opinions to third parties regarding the process or content of the project during or following completion of the project without written consent of The Health Collaborative. Data pertaining to individuals or groups that provide insight and information during the course of the project will be kept in strict confidence and will be coded for database interpretation.
- The vendor will be responsible for conducting data gathering, data interpretation, results interpretation, results summary, results presentations and outlining an action plan. Weekly communication with The Health Collaborative Executive Director and regular progress reports are required. The Health Collaborative will have the responsibility of making available various data sources, interview sources and introductions to key community sources from which the data will be abstracted.

8. Estimated Project Duration and Timelines. The project duration will not exceed one annual year. The vendor will outline a detailed timeline of project milestones that is acceptable to the client. The completion dates are:

- Phase 1: March 29, 2010; draft due March 15, 2010
- Phase 2: July 16, 2010; draft due July 2, 2010
- Phase 3: November 1, 2010; draft due October 18, 2010

Timelines may be adjusted through mutual written agreement with the client.

9. Vendor qualifications. The selected vendors will meet the following criteria. Satisfaction of the criteria is at the sole discretion of The Health Collaborative, which reserves the right to reject any and all proposals.

- Proven track record in the development, management and completion of a community health needs assessment and progress report, including primary data collection.
- Thorough knowledge of San Antonio, its health issues and local populations.
- Preference will be given to vendors that use research resources from local academic institutions.
- A thorough understanding of state and national healthcare trends and local markets.
- Documentation of staff qualifications, including experience in conducting similar studies.

- Appropriate references.
- Ability to use existing data and information sources, including those from the client.
- Responsibility to client regarding communication, timelines and costs.
- Proven track record in project management and writing for lay audiences.

10. Budget and financial terms. The vendor will prepare a detailed budget for each phase consisting of an itemized listing of components and value-added items. Payment schedules will be developed from the deliverables schedule. Payments will be made upon satisfactory completion of deliverables. The total budget is not to exceed \$200,000 for completion of the research and reporting.

11. Submission and Award process.

A. **Pre- Proposal:** Will serve as primary screening of qualified candidates. Candidates that score well pre-proposal phase will be invited to submit a full proposal. Pre-proposals should not exceed **five** pages. The following 3 sections should be addressed:

1. Cover Letter – to include:
 - Principal Investigator / Vendor qualifications
 - University or Organization
 - Proposed length of study (not to exceed one fiscal year)
 - Amount of funds requested
2. Pre –Proposal:
 - Background of organization submitting
 - Methodology
 - Evaluation / Data Analysis
 - Outcome Recommendations
 - Biographical Information of researcher
3. Administrative – please use following format for submittal:
 - Margins: 1 inch top, bottom, left and right
 - Font size: 12 point font
 - Spacing: 1.5 or double spaced
 - Number of copies: Original and 4 hard copies mailed and one complete electronic file emailed to:
Nicole.rogers@healthcollaborative.net (Please note submission of pre-proposal is based on postmark of mailed copies)

B. **Full Proposal:** An estimated 2-5 full proposals shall be solicited from qualified chosen vendors. Full proposals shall not exceed 25 pages in length. The full proposal evaluations should be coupled with site visits to those institutions being considered. The full proposal should include the following sections:

- Expanded Background Information: to include previous studies
- Goals of the project
- Work Plan to meet Project Deliverables to include design requirements
- Evaluation and Health Assessment Response Plan
- Budget and Budget Justification (not to exceed fiscal limit)
- Job Descriptions
- Financial Institution Agreement

Top vendors will be asked to present to the client on Monday, October 12, 2009. The contract is expected to be awarded on Monday, November 2, 2009.

12. Privacy. Any personally identifiable data will be removed from the final reports.

13. References. Vendor will provide five references of its most recent similar work.

14. Due date.

A. Pre-Proposals: Pre-proposals in response to this RFP are due at 5 p.m. on June 1, 2009. Ten unbound copies must be provided. The pre-proposal should be sent to Nicole Rogers, Executive Director, Bexar County Community Health Collaborative, 816 Camaron, Suite 2.09, San Antonio, TX 78212.

B. Full Proposals: Submission of a full proposal is by invitation only from The Health Collaborative. If invited, 10 unbound copies of the full proposal will be due at 5 p.m. on October 12, 2009 following a presentation of the project to the Assessment Steering Committee of The Health Collaborative.

15. Further information. For more information regarding the request, please contact Nicole Rogers, Executive Director of the Bexar County Community Health Collaborative, Nicole.rogers@healthcollaborative.net or (210) 481-2573.