



Request for Proposals to Complete a Community Health Assessment for St. Louis County

Introduction

The Saint Louis County Department of Health (DOH) is requesting proposals from qualified agencies to conduct a community health assessment (CHA).

The CHA must be completed by January 2, 2011, and the total cost cannot exceed \$200,000.

Proposals should be e-mailed to Colleen Beckwith at cbeckwith@stlouisco.com or mailed to Colleen Beckwith at 111 South Meramec Avenue, Clayton, Missouri, 63105. The deadline for submitting a proposal is 3:00 p.m. on September 10, 2010.

Electronic submissions are preferred as copies will need to be made by the DOH during the RFP evaluation process.

Background

The vision of DOH states:

“We will be a progressive public health department providing a full array of services which includes assessment, policy development and assurances for health information, disease and injury prevention, and environmental health.”

Assessment is one of the core functions of public health, involving the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on local health status, health needs, and/or other public health issues. (Institute of Medicine Committee for the Study of the Future of Public Health. *The Future of Public Health*. Washington, DC: National Academy Press, 1988.)

The previous CHA was conducted in 2005.

Scope of Work

The CHA must involve community stakeholders, provide health status information in a language or cultural format to accommodate special population groups, identify at least three public health priorities and include a summary report. The CHA must include data from at least five reliable

secondary data sources and primary data collected by the DOH and at least one community organization. Some data should be shown visually using graphs for previous and current years. Where applicable, trend analysis must be used to explain changes that have occurred in the health status indicators. St. Louis County trends must be compared with state trends and with trends of a jurisdiction with similar geographic or population areas. Trend analysis must be used to project the severity of health status problems into the future. Methods used to collect and analyze data must be documented. Sample populations used in any surveys must be defined. Sources of data must be identified and cited and the time period covered must be defined. Randomization must be assured or limitations must be cited. The CHA must be prepared in a format that is appropriate for distribution to community residents.

The following is a list of information that should be included in the CHA:

- o Demographics
 - Employment
 - Socioeconomic
 - Educational levels
 - Note any population groups unequal to the general population
 - o Socioeconomic
 - o Educational levels
 - o Disproportionate age groups
 - o Disparate racial or ethnic groups
 - o Non-English speaking groups
- o Leading Health problems in the community
 - Identify specific age or population groups disproportionately affected by leading health problems
- o Overall health status of the community's population
 - Life expectancy
 - Rates of hospitalization
- o Leading causes of injury
 - Age groups primarily affected
- o Leading causes of death
 - Age or population groups at higher risk
 - Rates of premature death
- o Behavioral risk factors
 - Identify behavioral risks associated with leading health problems
 - Identify specific age or population groups at greater risk
- o Occupational health risks
 - Identify specific age or population groups at greater risk
- o Health risk factors associated with local industry
 - Identify specific age or population groups at greater risk

- o Severity of health problems
 - Compare with average for the state
 - Compare with similar geographic/population area
 - Compare with average for the nation
 - Show data graphically
- o Childhood immunization rates for the community
 - Compare local immunization rates with the state
 - Compare local immunization rates with past rates for the area
- o Adult immunization rates
 - Incidence rates
 - Rates of death due to vaccine preventable deaths
 - Rates of hospitalization due to vaccine preventable illnesses
 - Participation in adult immunization programs
- o Availability of preventative services (health improvement projects, health education campaigns, health care resources, etc.)
- o Number of health care providers
 - Accessibility
 - Types of providers
- o Utilization of services data (emergency departments, inpatient care, urgent care, preventative services, institutional care)
 - Cost and quality of health care services compared with other areas
 - Preventable hospitalization data
 - Proximity of services to populations in need
 - Appropriateness of setting where health care is provided
- o Public safety
- o Maternal and child health
- o Nutritional status
- o Environmental health risks associated with sewage disposal
- o Environmental health risks associated with housing
- o Location of any hazardous waste sites and potential health threats
- o Existence of public policies and community environment to support reduction in health risks
 - Availability of assets in the physical environment
 - Programs, interventions, organized activities available for seniors, youth and general population
 - Practices regarding enforcement of public policy
 - Public policy that supports reduction in risks associated with the priority health problems
 - Effectiveness of public policy to reduce health risks
 - Adequacy of the physical environment assets

- Adequacy of policy established by schools that promote nutrition, physical activity and prevention of obesity and chronic disease
- o Capacity of existing health resources (providers, prevention programs, support groups, nutrition counseling, health education, cessation programs) to address health problems
 - Identify health resource gaps that exist in the community
- o Identify major barriers to utilization of health care and preventive services
 - Barriers that decrease access to existing health care and preventive services
 - Identify special population groups experiencing barriers to access
 - Identify proportion of the service area that lacks health insurance coverage

The DOH is seeking a vendor (or vendors) that will be able to start work as soon as possible. The chosen contractor (or contractors) will be expected to perform all services on behalf of and to the satisfaction of the DOH.

Each chosen contractor will be expected to designate at least one person as a DOH account representative to serve as a liaison throughout the entire process and term of the contract.

References and Submission Requirements

At a minimum, the following six items must be included with each proposal:

- 1) Three references that demonstrate the vendor's prior experience in conducting community health assessments for governmental or not-for-profit agencies. (Please note: the DOH will consider selecting more than one vendor for the CHA if different vendors can handle individual aspects of the project better than others.)
- 2) Resumes of team leader and key staff.
- 3) An overall budget (including administrative, data collection and analysis) that does not exceed \$200,000.
- 4) An overall project plan and suggested timeline.
- 5) A description of staff capacity to meet deadlines in a cost-effective manner.
- 6) An address, phone number and e-mail contact address.

The DOH will only evaluate submissions that include at least the six required items listed above. Budget estimates should also include an hourly rate basis for project components.

The Award Process

All proposals submitted in a timely manner will be examined by an internal DOH evaluation team. The DOH shall be the sole judge of the submitted proposals and of each individual vendor's compliance with the submission requirements.

If DOH selects more than one vendor because it feels that a combination of vendors can handle different aspects of the CHA better than one sole vendor, the total project cost of all vendors will not exceed \$200,000.

All questions should be submitted in writing to Colleen Beckwith at cbeckwith@stlouisco.com by 3pm on August 27, 2010. All responses to questions will be posted online for all vendors to view.

The DOH expects an award to be made within two weeks of the submission deadline. While not likely, DOH reserves the option to withdraw this RFP and not award the work.

Compliance with Law

The successful bidder (bidders) must comply with all federal, state and local laws, ordinances and regulations applicable to the work being performed under the contract.

The successful bidder (bidders) will be required to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996.