

Four-County Needs Assessment  
Oregon Association of Hospitals and Health Systems  
4000 Kruse Way Place, Bldg. 2, Ste. 100  
Lake Oswego, OR 97035

February 20, 2012

**Request for Proposal: Convening Organization for Four-County Community Health Needs Assessment**

The four-county founding partners are seeking a qualified organization to serve as the community convener and legal entity to facilitate a four-county collaborative health needs assessment. You are invited to submit a proposal to serve as the convening organization for partners in the four-county region comprised of Washington, Multnomah, Clackamas and Clark counties.

The purpose of this Request for Proposal (RFP) is to identify a qualified organization to serve as neutral convener to the four-county collaborative health needs assessment process, support partner organizations, and contract with a designated vendor that will develop a common framework for a simultaneously accessible assessment of community health in the region.

**Responses are due March 12, 2012.**

Please contact me at [llang@oahhs.org](mailto:llang@oahhs.org) if you require additional information.

Sincerely,

Linda Lang

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## **SECTION 1: INTRODUCTION**

On November 4, 2011, community partners agreed to move forward in the development of a single community health needs assessment (CHNA) for the four-county region of Washington, Multnomah, Clackamas and Clark counties. This approach will, for the first time, enable joint prioritization of needs and collaborative efforts for implementing and tracking improvement activities.

### **Background**

The Affordable Care Act, Section 501(r)(3) requires tax exempt hospitals to partner with Public Health to conduct a Community Health Needs Assessment (CHNA) at minimum once every 3 years, effective for tax years beginning after March 2012. The data is to be used to inform community health improvement. Organizations that operate one or more hospital facilities are to report the CHNA as part of IRS Form 990 filing.

Over the past three years, multiple needs assessments were conducted separately in the four-county region. Staff from the representative organizations independently collected and analyzed data and implemented health improvement activities. There has been no common framework or process to organize data in a way that is simultaneously accessible to all stakeholders in the region. Similarly, efforts to prioritize needs and to collaborate on health improvement and track outcomes have been inconsistent, resulting in duplicate efforts.

This project was undertaken in January 2011 as a strategic initiative of the Oregon Association of Hospitals and Health Systems (OAHHS), a membership organization comprised of Oregon's 58 acute care hospitals and health systems. OAHHS convened hospital members and county public health departments in the four-county region to assist its hospital members in leading a local effort to develop and conduct a single community needs assessment across stakeholders. Through this process, hospital and public health leaders developed and adopted the following proposal (see APPENDIX I) to create a joint community health needs assessment. OAHHS would like to transition this work to a convening organization identified through this RFP process.

**SECTION 2: INSTRUCTIONS FOR RESPONDENTS**

- Please submit your proposal response no later than **5:00 p.m. March 12, 2012.**
- Complete and return this RFP in the format provided and limit narrative response to 10 pages.
- An official representative of the organization must sign the proposal.

<b>Response Due</b>	Provide electronic response by: <u>March 12, 2012 at 5:00 p.m.</u> Late proposals will not be accepted.  Email response to <a href="mailto:ljang@oahhs.org">ljang@oahhs.org</a>
<b>Communications/ Questions</b>	Submit all communications or questions in written format to Linda Lang no later than 5:00 p.m. March 12, 2012.

### **SECTION 3: OVERVIEW OF KEY REQUIREMENTS**

This project demands significant involvement by your organization to convene partners and serve as the supporting organization to the partner organizations completing the community health needs assessment (CHNA) process. Ultimate success is highly dependent on effective facilitation and ability to serve as a neutral convener. To help achieve a smooth and successful implementation, it will be your responsibility to perform the following:

1. Serve as convening organization for principals, representative of the founding partner organizations; serve as the legal entity and centrally serve as the project manager for the community needs assessment process as outlined in the proposal enclosed (APPENDIX I).
2. Provide senior-level leadership and maintain engagement of stakeholders. Convene meetings of stakeholders and organize materials so that they review data, prioritize health needs, and develop content for the joint needs assessment.
3. Employ and supervise staff as included in the budget section of proposal (APPENDIX I).
4. Contract with Healthy Communities Institute (HCI) vendor for the Community Health Needs Assessment (CHNA) web system as a common assessment framework for stakeholders. Manage communications between the HCI vendor and stakeholders. Administer the vendor contract and invoice stakeholder organizations based on terms arranged in the attached funding proposal.
5. Provide balance sheet, income statement, financial reports and accounting requirements for the project, including invoicing stakeholder organizations for vendor/accounts payable transactions, receipts and maintaining accounting ledger.
6. Serve as the project manager.

When implementation of the project is complete, the partners will have access to a consistent assessment of community health in the region. The assessment framework will include timely, accurate data, ease of data entry, and flexible reporting with a repository of comprehensive community health information for the region.

## **SECTION 4: RESPONSE QUESTIONS**

### **Executive Summary**

Provide an Executive Summary that includes the following components:

1. Overview of your organization.
2. Brief summary of your vision for this collaborative.
3. Philosophy and approach of your organization to serve as a neutral convener of the partners.

### **Organization Background**

This section of your proposal should contain your responses to the following:

1. Please provide an attachment copy of your firm's organizational chart.
2. Please provide an attachment of the most recent IRS Form 990 or Audited Financial Statement.
3. Please specify the name, title, address, and telephone number of the contact for your proposal.
4. If available, please provide an attachment of the resume of staff that will carry out this work.
5. What unique attributes does your organization have to contribute to this project?

### **Community Needs Assessment Process Summary**

In this section, describe how your organization will work with founding partners and others to complete a comprehensive community health needs assessment for the four-county region.

1. Please describe how you will manage this project including convening partners and organizing materials to keep work moving forward; managing the Healthy Communities Institute (HCI) contract; coordinate the web presence for HCI; and develop a stakeholder engagement strategy for the workgroup.
2. Provide a brief description of your firm's experience in convening community planning processes, managing projects and management of reports and information.
3. Please describe your experience managing contracts and agreements with multiple partners.
4. Please describe your experience addressing equity and engaging stakeholders from diverse communities.
5. With the information provided in this RFP, what problems and/or opportunities do you foresee in convening partners for the community needs assessment?

**Please limit your written response to 10 pages total.**

**SECTION 5: EVALUATION CRITERIA**

Criteria	Possible Points	Points Awarded	Total Points
<p><b>1. Executive Summary</b></p> <ul style="list-style-type: none"> <li>• Vision and Approach?</li> <li>• Neutral Convening?</li> </ul>	0-20		
<p><b>2. Organization Background</b></p> <ul style="list-style-type: none"> <li>• Organization structure?</li> <li>• Experience in field?</li> <li>• Sustainability?</li> <li>• Experience working with hospitals and health systems and the public health system?</li> </ul>	0-30		
<p><b>3. Community Health Needs Assessment Process</b></p> <ul style="list-style-type: none"> <li>• Are there clear steps described and how likely is it that the proposed strategy will result in change?</li> <li>• How will the proposed strategy advance the objectives of the Four-County Community Assessment work?</li> <li>• Is it clear what the outcome will be?</li> <li>• Is the proposed strategy based on promising or evidence-based strategies?</li> <li>• How reasonable is the timeline?</li> <li>• Does the applicant possess the expertise, partnerships and resources to adequately implement the process?</li> <li>• Are potential obstacles identified and addressed?</li> <li>• How are diverse community representatives and stakeholders engaged in the proposed assessment process?</li> </ul>	0-50		
TOTAL SCORE			

## APPENDIX I

### Four-County Health Needs Assessment Proposal

November 4, 2011

The following is an overview of the proposal to develop a single health needs assessment across hospital and public health partners in the four-county region comprised of Washington, Multnomah, Clackamas and Clark counties (Four-County Partners).

#### The Vision

The vision is to align efforts to develop a simultaneously accessible “living” or real-time assessment of community health in the region. This unified approach will eliminate duplicate efforts and lead to effective prioritization of needs and enable joint efforts for implementing and tracking improvement activities.

#### Common Survey Instrument and Dashboard

The partners have selected the Healthy Communities Institute (HCI) Community Health Needs Assessment (CHNA) web system as a common assessment framework. This CHNA web system brings together in one system, data from multiple geographies and disparate sources. The web system provides a shared and common dataset of 75-100 indicators that are continually updated, making ongoing tracking possible. The common web system frees staff time to focus on processes related to partnerships and programmatic activity necessary for advancing health in the region. This standard survey instrument and dataset has been vetted by representative epidemiologists and hospital community benefit leaders to meet the requirements of the four-county region.

#### Participating Organizations and Geography

##### *1 Convening Organization “Community Convener” (TBD)*

The partners and stakeholders have learned from experience that it is essential for the success of the project to engage an organization to serve as a neutral convener. This organization, referred to as “community convener,” is a qualified organization that will centrally manage the community needs assessment process. This organization will also serve as the legal entity for vendor contracting and management and provide senior level leadership to ensure ongoing success. This organization will have expertise in public health, research and a proven track record of working collaboratively with partners and stakeholders in the four counties, as well as the state.

##### *18 Organizations:*

(OR) -- Legacy Emanuel, Legacy Good Samaritan, Providence Portland, Legacy Mount Hood, Adventist Medical Center, Oregon Health & Science University, Providence Milwaukie, Kaiser Sunnyside, Legacy Meridian Park, Providence Willamette Falls in Clackamas County, Tuality Healthcare and Providence St. Vincent in Washington County, Multnomah County Health Department, Clackamas County Health Department, Washington County Health Department; (WA) – PeaceHealth Southwest Washington Medical Center and Legacy Salmon Creek in Clark County, Clark County Health Department

*4 Counties:*

(OR) Clackamas, Multnomah, Washington

(WA) Clark County

### **Founding Partner Commitment**

Representative organizations will commit to **three consecutive years** of participation in the project. A three-year financial/working commitment is essential from all parties to develop a sustainable needs assessment program. Each partner organization will contribute a designated project leader to work with the convening organization to implement and sustain the project. A reevaluation will occur at the end of the initial three year period to determine ongoing needs.

### **Governance**

Principals of the representative organizations provide oversight and governance of the project. The consensus model is used for decision-making.

### **Administration, Roles and Responsibilities**

For this shared CHNA system, each representative organization in the four-county collaborative will identify one point of contact/local administrator for their site-specific contribution to the shared needs assessment. This individual will participate in regular partner meetings and will be responsible to manage local content and indicators entered into the shared system. Each health department, hospital or hospital system is able to embed the common dashboard and CHNA system in their own website; each health department/hospital or system will have the ability to select their specific county/service area for the default initial dashboard view.

### Community Convener

**The most important role of the community convener is to serve as the legal entity for the project.**

**The community convener must have a strong track record of effective collaboration in order to engage partners.**

### Four-County Founding Partners

Public health and hospital partners attend meetings, provide expertise and make decisions on priority areas and jointly develop the region's CHNA.

### HCI CHNA Web System

The HCI system provides a dashboard of indicators that is constantly updated for the four counties: (OR) Clackamas, Multnomah, Washington, (WA) Clark County; indicators include a combination of county, zip code and census tract data to compare indicators across locations; view disparities by race/ethnicity, age group, and gender; to compare current values to HP 2020 goals; to examine demographic variables by locations. A template outline for a community health assessment; listing of data and sources supplied in the dashboard; addition of related content/linked reports and existing web links; Priority Trackers allow partners to summarize priority areas, see the current values, and dynamically track progress.

**Financing**

The following outlines a financing proposal to allocate start-up and first-year operating costs related to the four-county community health needs assessment program. The financing proposal assumes participation from 18 organizations: 14 hospitals with allocation based on the number of Portland-Metro discharges and four county health departments at equal participation levels.

<b>Year 1 One-time Setup Fee</b>	<b>\$57,500</b>		
<b>Year 1 Administration/Project Support Costs:</b>			
<b>Direct</b>			
Annual License CHNA System w/Hospital Inpatient dataset (18 site-specific modules)		\$143,000	The community convening organization serves as legal entity, manages the contract and invoices stakeholder for their portion.
Training and launch		\$3,000	Publicity and additional training for implementation and launch of the joint needs assessment.
(0.5) FTE – Facilitation/Education/Web updates		\$40,500	Project manager, manages implementation and ongoing project plan, and provides meeting facilitation and technical assistance to sites.
Computer/office supplies		\$3,000	
<b>Indirect</b>			
Accounting (A/R, A/P, GL)		\$2,000	Project administration costs
Management/oversight		\$7,000	Senior executive allocation – oversight and evaluation of the community project and staff.
<b>Total annual Project costs</b>	<b><u>\$198,500</u></b>		
<b>Total Year 1 Costs w/one-time startup</b>	<b>\$255,500</b>		(County portion is <b>\$56,777.78</b> or \$14,195 per county health department) (The hospital portion is <b>\$198,722.22</b> and is allocated to each hospital/provider based on an allocation method using percentage of Portland-Metro discharges)
<b>Total Year 2 Costs</b>	<b>\$198,500</b>		(County portion is <b>\$44,11.11</b> or \$11,028 per county health department) (The hospital portion is <b>\$154,388.89</b> and allocated as above)

**Selecting a Community Convener**

A community convener will be identified through an open RFP process. The partners will jointly develop and issue the RFP to be posted publically. Selection will be based on consensus, using mutually agreed-upon evaluation criteria. This organization, once engaged, will serve as the legal entity to contract with the HCI vendor and to lead, manage and facilitate the process to develop the multi-county needs assessment.

**Implementation Timeline**

The selection process for a community convener is estimated to take three months. Once in place, the convener will bring partners together to develop primary and secondary data for the joint needs assessment. The HCI vendor estimates it will take four months from contract signing to develop web pages and upload data. Additional time is needed to develop primary and supplemental data, and for mapping and testing data.

		Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
<b>Task 1</b>	<b>Stakeholders agree on Multi-Co Proposal</b>										
	Final edits/modifications to proposal										
	Agree on terms/Sign MOU										
<b>Task 2</b>	<b>RFP for Neutral Convener</b>										
	Develop criteria, instructions and post										
	Meet, review proposals against criteria										
	Select organization										
<b>Task 3</b>	<b>Convener contracts w/HCI</b>										
	Signs vendor contract										
	Invoices stakeholders for start up costs										
<b>Task 4</b>	<b>Implementation of assessment project</b>										
	Training and web page design, review vendor list of core indicators, plus supplemental										
<b>Task 5</b>	<b>Data review and testing</b>										
	Convener facilitated project lead meetings and site-specific content developed.										
	Addition of stakeholder supplied content and analysis.										
	Soft launch to "friends and family"										
<b>Task 5</b>	<b>Public launch joint needs assessment</b>										