



**Request for Proposal
Questions and Responses
September 20, 2024**

**Request for Proposal: Community Health Needs Assessment Consultant
Proposal Due Date: October 4, 2024**

Q1: Will you entertain a consulting firm outside of Commonwealth of Massachusetts with recent experience in Massachusetts?

A: Yes, applications from outside of Boston are welcome to apply. However please note that there are in-person components (supporting in-person resident focus groups, for instance). Please budget for occasional travel to Boston throughout the project period.

Q2: Is the primary data collection (survey) the responsibility of the Boston Community Health Collaborative with support provided by the consultant?

A: The primary data collection consists of a community health survey, provider focus groups and key informant interviews (fully virtual), and resident focus groups (a combination of in-person and virtual). Outreach and survey dissemination will be led by Boston Community Health Collaborative partner organizations and the Boston Public Health Commission, and the consultant partner will play a supportive role through amplifying outreach through their Boston partner networks.

Q3: Are participation incentives allowed for resident survey responders, and if so, do they come out of the consultant budget?

A: Participation incentives will be provided to resident focus group participants, funded by the project budget and partner organizations. Incentives will not come out of the consultant budget. Consultant may be asked to track and provide gift cards and stipends to co-host organization during the course of, or following, focus group. Logistics around this will be coordinated with consultant partner.

Q4: Is the Steering Committee the Boston Community Health Collaborative? Is this augmented by representatives from the Primary and Secondary Data Assessment Planning Working Groups?

A: The Steering Committee provides oversight and strategic direction for the Boston Community Health Collaborative. Boston Public Health Commission provides central coordination, staffed by two full time staff and a senior advisor. The primary and secondary data planning work groups include representatives from the Boston Public Health Commission and Boston Community Health Collaborative Steering Committee and partner organizations.

Q5: What level of support will the data and epidemiology team provide for this project?

A: Boston Public Health Commission data and epidemiology staff will provide consultant partner with analysis of selected health and social determinant indicators, including descriptive statistics for each indicator. Data sources for secondary data may include Boston Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, hospital case mix data, vital records (birth and death) and may include BPHC acquiring additional data on an as needed basis. Data and epidemiology staff will also provide technical support and guidance to the consultant partner on interpreting data, appropriate data presentation, and support in developing a cohesive narrative. Data and epidemiology staff will play a supportive role in the Secondary Data work group.

Q6: Are there individuals within the Collaborative who can assist consultants as interpreters?

A: Language needs will be assessed for resident focus groups by the BPHC core support staff, and interpreters secured on an as needed basis. Having fluency in the top threshold languages of Boston is appreciated, recognizing that being able to communicate directly with residents can facilitate communication and build trust. The top three spoken languages in Boston other than English are Spanish, Haitian Creole, and Mandarin.

Q7: How many in-person visits are expected throughout the duration of the project?

A: Consultant partners are asked to propose what they and/or their teams may provide within their capacity for this project.

Q8: Could you clarify whether a survey tool has already been developed, or will a new one need to be created?

A: A survey tool has been developed by Boston Public Health Commission staff and Boston Community Health Collaborative partner organizations, and has been launched. Support is needed to enhance survey outreach across partner networks.

Q9: Could you provide examples of successful stakeholder facilitation within this project or similar initiatives?

A: There are several components of group facilitation within this project. Successful stakeholder facilitation of resident focus groups includes facilitating inclusive conversations with historically underrepresented communities to identify community priorities, nuanced insights about the built environment, and community strengths. Facilitation of provider focus groups and key informant interviews includes hearing from partners from an organizations from within similar sectors (mental and behavioral health providers, faith-based leaders, community health workers, for instance) to identify systemic and structural challenges to community health and coalitions working to improve community health and community assets. Successful stakeholder facilitation within this project would include be guided by BPHC's equitable community engagement framework, summarized here: <https://www.boston.gov/government/cabinets/boston-public-health-commission/racial-justice-and-health-equity/bphc-community-engagement>

Q10: Given the tight turnaround time, would it be permissible to utilize subcontractors for this proposal?

A: Yes, that would be permissible.

Q11: Will BPHC handle all quantitative and qualitative data analysis for the survey, focus groups, and key informant interviews, or will the contractor be responsible for portions of this analysis?

A: The scope of services for this project includes several components of quantitative and qualitative analysis; analysis of the community survey findings, analysis of provider and resident focus groups and key informant interviews, completed by the consultant partner. BPHC will support with quantitative secondary data collection and analysis, to synthesize together with data analyzed by the consultant partner.

Q12: Will the contractor be expected to draft the entire CHNA, or will BPHC contribute to the writing process?

A: The consultant is expected to lead author the CHNA report. The incorporation of secondary data analyzed by BPHC will be supported by BPHC data and epidemiology staff.

Q13: Has BPHC already identified participants for the key informant interviews, or will the contractor be involved in participant selection?

A: BPHC staff have identified potential participants for the key informant interviews and provider focus groups, and will be responsible for leading logistics for scheduling and inviting participants to focus groups. The consultant partner is welcome and encouraged to suggest potential participants, based upon their Boston community connections.

Q14: How will certifications or designations be weighted in the scoring process for contractor selection?

A: We follow BPHC's equitable procurement process.

Q15: Who will build, host, and monitor the survey in its final format (e.g., Alchemer or other survey software)?

A: The survey tool has been developed and is live, it is hosted on Survey Monkey. BPHC staff will monitor and report out on survey progress on a weekly basis with core planning team, including the consultant partner. The consultant partner will support by identifying strategies to address challenges in survey outreach, and amplifying the community survey through their partner networks.

Q16: Who will be responsible for marketing and communications related to the survey (e.g., social media messaging and dissemination, flyers, email language, etc.)?

A: BPHC communications staff have developed marketing and a communications toolkit related to the survey including social media messaging, flyers in multiple languages, template email language, and other partner tools to amplify outreach.

Q17: Can you provide examples of how the vendor might be expected to leverage communication connections to support the promotion of the survey? E.g., will it be limited to virtual promotion, or might the vendor be asked to support inperson survey dissemination efforts?

A: The consultant partner may share the survey through their social media networks in the city of Boston, through partner listserves, by suggesting potential partner organizations to support dissemination in neighborhoods and with community connections to sub-populations underrepresented in survey results. The consultant may facilitate a warm connection to BPHC staff. The consultant will not be asked to support in-person tabling or dissemination efforts.

Q18: Is it the intention that the survey be distributed electronically, or will it also include dissemination of paper copies? Who will be responsible for inputting responses into the survey platform if paper copies are distributed?

A: The survey is available as a web-based and paper formats in 8 Boston threshold languages. Paper surveys are utilized strategically among populations and communities where it facilitates survey participation. A student intern and BPHC staff will support inputting responses for paper surveys.

Q19: Will the survey be translated? If so, who is responsible for translation costs?

A: Yes, the survey has already been translated into 8 threshold languages.

Q20: Is the vendor responsible for providing incentives for completing the survey (e.g., gift cards for a raffle)?

A: The survey includes a raffle for a range of prizes, including a \$100 grocery gift cards, museum passes, and other local family-friendly experiences. Information about the survey raffle is included at the conclusion of the web-based and paper surveys. BPHC staff will handle logistics related to the raffle.

Q21: Has the primary data collection workgroup already started meeting, or are those meetings to commence once a consultant is hired?

A: Yes, the primary data collection work group has already begun to meet, facilitated by BPHC staff.

Q22: Will the vendor be responsible for securing interpretation services for focus groups in languages other than English?

A: Interpreter support will be secured by BPHC and/or partner organizations on an as-needed basis. It is appreciated if the consultant partner can leverage its language capacity to facilitate focus groups in Boston threshold languages. The top three spoken languages other than English are Spanish, Haitian Creole, and Mandarin.

Q22: Is there a cap on the amount of total funds that can be allocated toward direct costs?

A: There is no cap on direct costs except that the aggregate of direct and indirect costs should not exceed a total proposed cost of \$120,000. The indirect cost portion of this total proposed cost is capped at 10% of the modified total direct costs absent a federally negotiated rate agreement. For more information, please refer to the RFP Section VII, Budget Guidance.

Q23: Will all notes from focus groups hosted by the Boston Community Health Collaborative be given to the vendor in English?

A: The consultant will act as a facilitator and notetaker for all focus groups. Focus group notes will be taken in English only. Any notes from additional focus groups conducted by partner organizations will be provided in English.

Q24. Is the vendor responsible for providing incentives for community residents to participate in focus groups (e.g., gift cards)?

A: Incentives for community resident focus group participants and potential stipends to host organizations will not come out of the consultant partner budget. The vendor may be asked to support the project by providing participants with gift cards and co-host organizations with stipends, including creating a tracking system to document the incentive process.

Q25. Is the vendor responsible for providing stipends to focus group participants and/or host organizations to cover costs associated with the focus groups (e.g., reimbursement of transportation costs, childcare, refreshments)?

A: No, focus groups will be primarily held virtually and any stipends for focus group participants or host organizations will be paid for by the project budget and secured by BPHC and/or partner organizations. The vendor may be asked to support the project by providing participants with gift cards and co-host organizations with stipends, including creating a tracking system to document the incentive process. Interpretation and additional community engagement costs (interpretation as needed, food for select in-person focus groups) will be secured by BPHC and/or partner organizations.

Q26. Who is responsible for scheduling focus groups and logistics with host organizations?

A: BPHC will lead in identifying partner organizations, organizing logistics for virtual meetings, and supporting logistics for in-person meetings. Given that consultant partner will lead facilitation of focus groups, consultant partner will be involved in coordinating the day/time of focus groups.

Q27. Who is responsible for identifying KII subjects and scheduling interviews?

A: BPHC staff and the primary data work group will work to identify KII subjects. Consultant partner will schedule the interviews in accordance with their availability.

Q28. How much primary data can be incorporated from existing CHNA efforts within the City of Boston?

A: Leveraging existing data collected within the previous two years to support data collection and analysis is encouraged. Select complementary CHNAs by partner organizations may be reviewed by the secondary data analysis team, BPHC staff, and the consultant partner as part of the secondary data work group meetings and summarized for key themes and findings and incorporated into the overall data synthesis. Complementary reports will be cited in the final CHNA report.

Q29. The RFP states that the vendor will review summary notes of additional KIIs to incorporate key themes into data analysis - can you provide an estimate of how many additional KIIs the vendor would be responsible for analyzing?

A: We anticipate that there will be up to ten additional key informant interviews conducted outside of the Boston CHNA process by partner healthcare organizations, and that notes from these events will be reviewed by the consultant partner for this project.

Q30. Will survey results be analyzed based on the entire survey sample, or will the vendor be expected to conduct analysis for various population cohorts (e.g., by neighborhood or zip code, by demographic characteristics)?

A. In addition to analysis of the overall survey, an equity-focused analysis should be conducted of various subpopulations and zip codes of survey respondents. The purpose of the equity analysis should be to highlight the responses of priority groups with a high burden of health inequities in Boston, including BIPOC respondents, respondents that identify as LGBTQ+, households with children, Hispanic/Latinx respondents, and respondents from neighborhoods and select zip codes with higher age-adjusted premature mortality.

Q31. Can you provide more information on expectations regarding public-facing CHNA summary materials to form the foundation for stakeholder conversations on health priorities?

A. The consultant partner may provide a powerpoint slide deck or presentation format summarizing methodology, key findings and themes that emerged through data analysis and synthesis, to support the Boston CHNA report. These materials will be used to support community listening sessions and stakeholder conversations. The consultant partner should draw on their expertise on data visualization to present qualitative and quantitative data and key themes as inclusively and accessibly as possible to a broad audience. BPHC core staff will provide the vendor with brand and formatting guidance.

Q32. Will assessment results be prioritized within this assessment period (prior to reporting)? If so, can you provide information on key decision makers, timeline, process, and any involvement that will be required of the vendor?

A. All primary data collection is estimated to be completed by the end of December 2024. Between March and May 2025, several community listening sessions will be conducted, led BPHC staff, to present preliminary findings of the CHNA and to hear from community stakeholders and residents. Prioritization of assessment findings will occur during the summer of 2025. The process for prioritization is currently in development and will be informed by the availability of additional project funds.

Q.33. The Deliverables section of the RFP states that qualitative analyses will be used in stakeholder forums and in final CHNA reports. What are stakeholder forums? Will they be happening before the creation of the final CHNA report? Is the vendor expected to support these forums and if so, in what way?

A: Stakeholder forums will be conducted to inform the development of the Boston Community Health Improvement Plan, and are not included within the scope of services of this RFP opportunity. The process for prioritization for the Community Health Improvement Plan is currently in development.

Q. 34: How flexible is the March deadline for the DRAFT report?

A: The March 15 deadline for the draft report is firm.

Q35: How many focus groups out of the 10 to be conducted by the vendor where they are looking to be in threshold languages?

A: We anticipate that potentially 2-3 of the community resident focus groups may be conducted in languages other than English, and that interpretation may be provided in additional focus groups. Interpretation will be covered through the project budget and/or by partner organizations.

Q36: Which are the top three languages that should be prioritized?

A: The top three spoken languages for the City of Boston are Spanish, Haitian Creole, and Mandarin.

Q37: Is BPHC budgeting for this separately from the RFP, or does the vendor have to budget for this within the \$120,000 allotted for the project?

A: Language access will not come from the consultant budget.

Q38: Does BPHC or BCHC have any connections with target and multilingual communities that the vendor could leverage? Or would the vendor be solely responsible for sourcing participants for outbound calls and focus groups?

A: BPHC and BCHC partner organizations have strong community connections within communities of focus for this assessment process and networks with community-based organizations, which may be leveraged to support this process. Additionally strong community connections by the consultant partner are appreciated and may be leveraged.

Q39: In addition to COBTH data, what existing local data sources are available for use during this assessment?

A: Additional local data may be utilized for the Boston CHNA. It may include data from state sources such as the Mass Department of Health Community Health Equity Survey, or Department of Elementary and Secondary Education (DESE) data. The consultant partner will work with the secondary data work group to identify what additional data may help to supplement the CHNA data analysis and criteria for selection.

Q40: Is there common membership between the Primary & Secondary Data Work Groups and the Steering Committee, or are they 3 independent bodies?

A: Yes, there is common membership across the three bodies. Representatives from Steering Committee organizations or members of their teams also play a role in primary and secondary data work groups, to enhance cohesive planning and communication. The work groups are also open to external partners who have a strong interest in supporting the coordinated CHNA process, however the primary membership draws from public health, health systems, and community health centers.

Q41. How many stakeholder forums are anticipated for the presentation of the findings?

A: Stakeholder forums will be conducted to inform the development of the Boston Community Health Improvement Plan, and are not included within the scope of services of this RFP opportunity. The process for prioritization for the Community Health Improvement Plan is currently in development.

The consultant partner will be asked to present findings to key lead planning members of the Boston CHNA, including the Steering Committee, BPHC staff, and primary and secondary data work group members. This presentation will inform the facilitation of broader stakeholder forums. Additional support for stakeholder forums may be assessed based on the availability of additional project funds.