



**Request for Proposals: Community Health Needs
Assessment Consultant**

Response Deadline: OCTOBER 4, 2024

Boston Public Health Commission
Boston Community Health Collaborative

I. Statement of Purpose

The Boston Public Health Commission has issued this RFP on behalf of the Boston Community Health Collaborative to identify vendor(s) for assistance in conducting a coordinated city-wide Community Health Needs Assessment (CHNA) for the city of Boston and the development of a Community Health Improvement Plan.

The [Boston Community Health Collaborative](#) (BCHC), formerly the Boston CHNA-CHIP Collaborative, brings together Boston healthcare institutions, public health and community partners to identify and address priority community health issues through a coordinated, citywide community health needs assessment and improvement planning process every three years.

BCHC Vision: A healthy Boston with strong communities, connected residents and organizations, coordinated initiatives, and where every individual has an equitable opportunity to live a healthy life.

BCHC Mission: To achieve sustainable positive change in the health of Boston by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities.

II. Background

The goal of the Boston Community Health Needs Assessment is to align partners to conduct a coordinated citywide CHNA that can address community benefit requirements of non-profit hospitals; support meeting HRSA compliance requirements of federally qualified health centers (FQHCs); support city public health accreditation efforts; identify the health needs of communities and those most impacted by health inequities; and provide valuable population health assessment data for a wide variety of organizations concerned with the health of Boston's communities and residents.

The coordinated CHNA-CHIP process is intended to provide up-to-date health status data at the city, neighborhood, and sub-population level. This involves analyzing data from a number of existing sources and using that data to collect feedback and insights from our neighbors on their prioritized health needs as well as their barriers and challenges to good health.

In 2016, the Conference of Boston Teaching Hospitals (COBTH), a coalition of Boston-area teaching hospitals convened member hospitals to collaborate on primary data collection shared across hospitals to support their respective CHNAs. This effort set a strong foundation for deepening and expanding the collaborative effort to include other community stakeholders with strong interests and requirements to conduct community assessments and develop plans to address health-related priorities and inequities. In 2019, the Boston CHNA-CHIP Collaborative launched its first coordinated CHNA process and developed a shared CHIP.

Our Team

In 2022, the Boston Public Health Commission assumed the role of central coordinating agency for the Boston Community Health Collaborative. The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC's mission is to work in partnership with

communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.

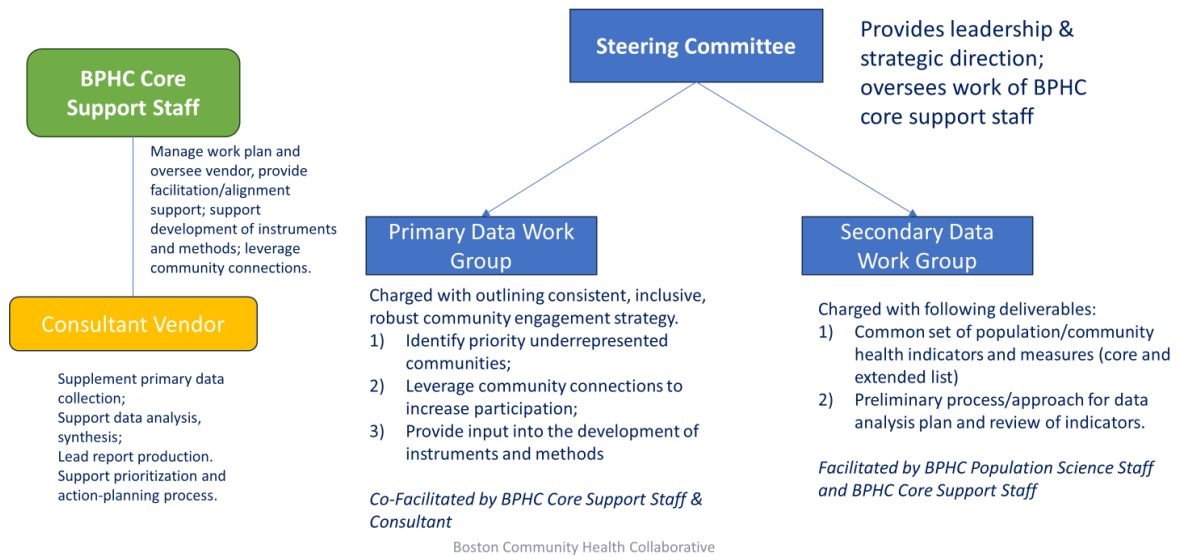
The core support staff for the Boston Community Health Collaborative sits within the Boston Public Health Commission and provides day-to-day management, technical assistance, and coordination of the Boston Community Health Collaborative, including ensuring that established benchmarks for the deliverables and data reporting are met and working in partnership with the BCHC Steering Committee to select a consultant partner and to oversee their operations.

This will be the Boston Community Health Collaborative’s third coordinated assessment and improvement planning process.

The central teams to this work include:

- The Boston Public Health Commission core staff for the Boston Community Health Collaborative (senior advisor, project director, and project coordinator), the Boston Public Health Commission staff from the Center for Public Health Science, Technology, and Innovation, as well as other key internal staff and subject matter experts;
- The Boston Community Health Collaborative Steering Committee and Primary and Secondary Data Assessment Planning Work Groups, which include representation from local health systems, hospitals, and health department and community partners;
- the CHNA consultant from this RFP.

Roles and responsibilities as they relate to the CHNA and CHIP process are outlined below. This project will require a high degree of cooperation and collaboration between and across teams. This includes working in partnership with hospital and public health representatives and community partners. The primary point of contact for this project will be the Project Director, Dr. Tibrine da Fonseca, who can be reached at tdafonseca@bphc.org.



III. Scope of Services

A. Performance Standards

A successful applicant will:

- a) Work collaboratively with the Boston Community Health Collaborative Core Support Team and Data Analysis team, Steering Committee and Planning Work Groups.
- b) Demonstrate expertise in community health assessment development and design, analysis, and inclusive community outreach and participatory research methods.
- c) Demonstrate their expertise in leveraging social media and other innovative techniques for primary data collection and incorporating various sources of qualitative data (focus groups, interviews, external assessments) into qualitative data analysis.
- d) Demonstrate their capacity to collaborate closely with central teams to collate, clean, analyze and synthesize complex quantitative and qualitative data to inform stakeholder discussions in the identification of community health priorities and recommended actions.
- e) Lead the production of final public reports and related materials.

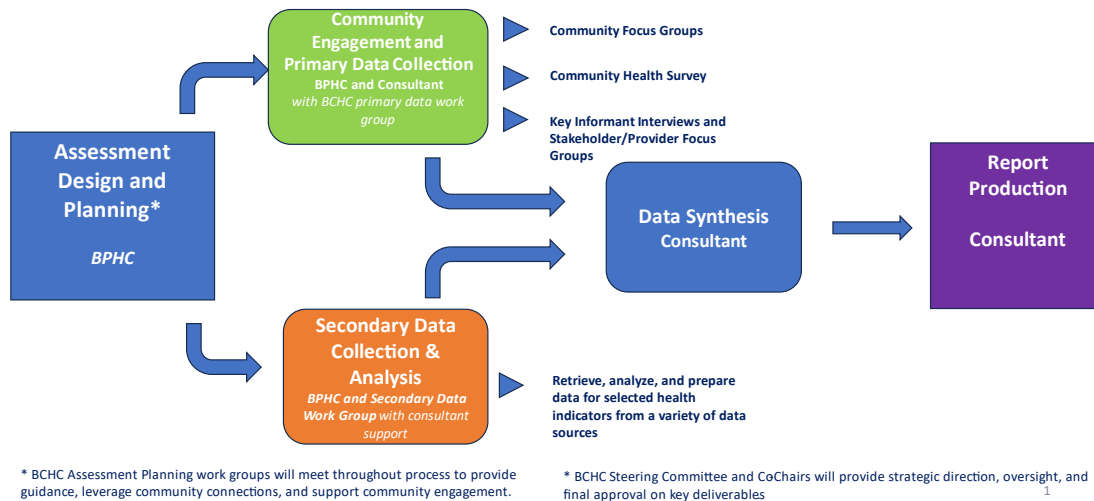
B. Overview

The Boston Public Health Commission seeks a vendor with extensive knowledge and experience working with diverse communities and supporting multisector partnerships through community health assessments and improvement planning processes to: support the dissemination of and analyze a citywide community health needs assessment survey, conduct community and stakeholder focus groups, and compile findings into a summary of rich analyzed data on community health priorities and their underlying root causes and community assets.

In addition, the vendor will synthesize the results of community engagement, along with secondary health indicator data analysis provided by the BPHC, to co-develop and produce a Community Health Needs Assessment draft report no later than **March 15, 2025** and a final report no later than **May 15, 2025**. The vendor will also present findings to inform the presentation and facilitation of stakeholder forums.

The workflow below depicts the multiple teams conducting specialized tasks which will require collaboration across teams. Major work products or deliverables and the teams involved, with the lead in bold are also depicted.

2025 Proposed CHNA Process Flow



C. Community Engagement and Primary Data Collection and Analysis. The aim of the community engagement and primary data collection efforts, including the community health survey, and resident and provider focus groups is to complement secondary data collection in learning about community health priorities, health issues of concern, community assets/resources, and challenges, opportunities and gaps. The overall approach for community engagement will be informed by [Boston Public Health Commission’s Equitable Community Engagement Framework](#), which centers the importance of incorporating a racial equity lens and emphasizes the need to intentionally seek and include the voices of those historically excluded and reduce barriers to participation.

The BCHC Primary Data Collection Work Group meets twice a month between August and November 2024 for 1.5 hours. The work group provides input into the development of assessment tools, led by BPHC, and an overall community engagement approach. The work group also leverages community connections to increase participation in the assessment, including identifying potential key informant interviews, stakeholder sectors, and community-based organizations for outreach and partnership. Meeting agendas and slides will be prepared by the Project Director in consultation with the vendor. Final review of the tools and plans for community engagement will be facilitated by the Boston Public Health Commission, in consultation with the BCHC Co-Chairs and the Steering Committee.

Community Health Survey Promotion and Analysis

- a. The vendor will advise, based upon their expertise, the development of a comprehensive survey methodology including an equity centered sampling framework and design. This may therefore require over-sampling of underserved, low-resourced neighborhoods, an inclusive outreach strategy, and an accessible survey instrument.

organizations working with historically underrepresented populations, including people experiencing homelessness/unhoused population, new immigrant communities, mental/behavioral health, government officials, and others.

F. Data Synthesis (Primary and Secondary)

- a. Vendor will collaborate with Boston Public Health Commission and the Boston Community Health Collaborative primary and secondary data work groups to synthesize findings from both the quantitative and the qualitative data analyses to summarize and highlight cross-cutting themes.
- b. The secondary data work group is charged with reviewing and recommending a common set of population/community health indicators and measures, based upon a preliminary list provided by Boston Public Health Commission. Additionally, the secondary data work group will analyze additional place-based data (child opportunity index, County Health Rankings, CDC Places, etc) and secondary data sources (complementary local health assessments) and provide these data summaries to the vendor for data synthesis.
- c. Boston Public Health Commission epidemiology staff will support data analysis of selected health indicators, and leverage [rich data compiled](#) by BPHC to examine city health trends and health status of residents.
- d. The vendor should attend secondary data work group meetings (twice monthly, 1.5 hours) to ensure continuity across the primary and secondary data collection and analysis, and to act as a thought partner. The vendor will also meet regularly with BPHC epidemiology staff to ensure continuity of understandings of data gaps and emerging health trends.
- e. The data synthesis will include quantitative and qualitative primary data collection analysis findings, key secondary health indicator analysis conducted by Boston Public Health Commission utilizing local data sets, as well as place-based secondary data analysis conducted by the Boston Community Health Collaborative secondary data work group.
- f. Primary points of contact for the data synthesis will include the Project Director for the Boston Community Health Collaborative and Boston Public Health Commission Director of Epidemiology.

G. Report Production

- a. Vendor will write a succinct, accessible, and comprehensive CHNA report draft with an explicit focus on equity that incorporates key findings from the qualitative and secondary data and which meets the requirements of the Internal Revenue Service and Public Health Accreditation Board. The CHNA report should include, at minimum, an executive summary, intro/background, assessment methodology, key themes and findings, description of the prioritization process as determined by the leadership of the Boston Community Health Collaborative, appendices.
- b. Vendor will develop engaging and visually appealing public-facing CHNA summary materials to form the foundation for stakeholder conversations on health priorities.

H. Deliverables

- a. Support the promotion and analysis of citywide community health survey.
- b. Collect and analyze findings from up to 10 community resident focus groups and analyze the summaries of an additional 5-10 focus groups (total of 20). Collect and analyze findings from between 5-10 stakeholder/provider focus groups and up to 10 key informant interviews. Analyses will be used in stakeholder forums and in final CHNA report.
- c. Synthesize findings of primary and secondary data analysis with primary data analysis into cohesive, succinct CHNA report that meets IRS and HRSA requirements and Public Health Accreditation Board standards.

IV. Minimum Qualifications

Applicants must possess the following qualifications for each role and assignment as indicated:

- Extensive expertise and knowledge of federal, state, and municipal Assessment and Planning processes and requirements.
- Experience developing, fielding, and analyzing community surveys.
- Skilled in community based participatory research and/or community engagement and inclusion in research and qualitative data collection and analysis.
- Skilled and experienced in facilitating inclusive, collaborative processes including direct experience capturing community input in large group settings.
- Skilled and experienced in using virtual tools to lead large groups through group processes and capturing community input.
- Ability to work collaboratively across multiple teams of varying professional capacities.
- Experience in working with government agencies, healthcare institutions, and community-based organizations.
- Demonstrated history of strong project planning and management.
- Familiarity with the Boston Public Health Commission and the City of Boston
- Experience in racial equity and social justice analysis, frameworks and processes.
- Strong written, report development, and oral communications skills.
- Strong analytical skills.

As part of BPHC's efforts to have an equitable procurement process, BPHC will consider and encourage unrepresentative businesses that includes; Minority-owned Business Enterprises (MBE), Women-owned Business Enterprises (WBE), Veteran-owned Business Enterprises (VBE), Service-disabled Veteran-owned Business Enterprises (SDVOBE), Disability-owned Business Enterprise (DOBE), Lesbian Gay Bisexual Transgender Business Enterprises (LGBTBE), and local businesses to apply to this RFP.

V. RFP Timeline

August 29, 2024	RFP Legal Notice Publication in the Boston Globe
August 29, 2024	RFP available online at www.boston.gov/bids by 9:00 AM EST. RFP will also be disseminated via email to relevant networks.
September 12, 2024	Questions due by 5:00 PM EST to: RFR@bphc.org and bostonchna@bphc.org Subject – CHNA-CHIP RFP Questions
September 20, 2024	Responses to questions available for viewing on Boston.gov/bids by 5:00 PM EST
October 4, 2024	Proposals due by 5:00 PM EST Submission via email to RFR@bphc.org And bostonchna@bphc.org Subject line – RFP for CHNA-CHIP Consultant NO EXCEPTIONS TO THIS DEADLINE
October 11, 2024	Eligible candidates will be notified of a Zoom interview by 5:00 PM EST
October 18, 2024	Notification of Decision: All candidates will be notified by or before 5:00 PM EST of the award. BPHC has the discretion to extend this time period without notice to the proposers. All proposals shall remain valid and open for a period of one hundred twenty (120) days from the proposal submission date, unless a proposer notifies BPHC of its withdrawal.

VI. Period of Performance, Contract and Location

The anticipated period of performance for this project is October 2024 – May 2025. There may be an option to extend services beyond this date subject to future project needs and available funding.

Performance Location: BPHC project staff are located at 1010 Mass Ave, Boston, MA 02118. Office hours are 9:00 – 5:00 PM EST. Most meetings take place virtually via Teams or Zoom. Note that resident focus groups will involve in-person component in Boston. Consultancy proposals from outside Boston, MA are welcomed, please budget for occasional travel to Boston throughout the project period.

VII. Proposal Requirements

Contract Award: The contract award will be up to \$120,000. Should more funding become available, the project may be extended.

Budget Guidance:

- Indirect Cost Capture is capped at 10% of Modified Total Direct Cost (MTDC) Base unless the vendor has a Federally Negotiated Rate Agreement. If you have a Federal Rate Agreement, please submit it with your proposal. MTDC Base definition: Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment costing \$5,000 or more for an individual piece of equipment, capital expenditures of \$5,000 or more, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.
- All service contracts awarded by the Boston Public Health Commission may be subject to following the City of Boston's living wage ordinance. This ordinance requires that all employees working on sizable city contracts earn an hourly wage that is enough for a family of four to live at or above the federal poverty level. This wage amount called the living wage, is recalculated every year. For more information, please visit <https://www.boston.gov/worker-empowerment/living-wage-division>.
- The selected vendor may propose the use a subcontractor or subcontractors as needed to support specific tasks. Any subcontractors must be approved by the BPHC, in its sole discretion.

Please submit the following documents:

Cover Sheet: Limit 1 Page

- a. Applicant Name and Logo
- b. Proposal/Content Contact Name, Address, Telephone, Email
- c. Fiscal/Contracts Contact Name, Address, Telephone
- d. Applicant website and social media handles (if applicable)
- e. Federal Tax ID#
- f. Proposed Budget Total

Proposal: Limit 10 pages

- a. Description of applicant's background, expertise of organization, and related experience. *Describe your organization's expertise in relation to the Scope of Services, including but not limited to primary data collection (recruitment and engagement methods), secondary data synthesis, report production and dissemination. Include references to projects of similar scope or that demonstrate your organization's capacity to conduct complex data analyses. Describe your*

organization's approach to centering health equity in multisector partnerships. Provide details on how you plan to meet the anticipated timeline for the Scope of Services and deliverables.

- b. Examples of recent past (1) stakeholder facilitation experience, (2) community health assessment reports, including examples/samples of relevant work, and examples of presentations created in plain language and conveying community health data.
- c. Scope of work and timeline for the period of performance (approximately 8 months)
- d. A detailed, itemized budget breakdown and budget justification for the specified timeframe, including hourly rate and unit costs for activities and deliverables.
- e. Budget narrative describing how expenses in budget support goals and deliverables of RFP
- f. Number all pages

Appendix: Limit 12 Pages

- a. Resumes/CVs and descriptions of roles/responsibilities for key staff: Provide a list of proposed lead staff for this work, with references to resumes or professional bios of each identified staff member involved in the proposed consultant project set up.
- b. At least two professional references from clients who have contracted with applicant for services similar to those defined in this RFP.
- c. Number all pages.

VIII. Proposal Narrative & Scoring

Please respond to all questions and attach supporting documents as directed.

Points per section:

Organizational Qualifications and Experience	35 Points
Work Plan and Timeline	25 Points
Budget	35 Points
Completeness and Clarity of Proposal	5 Points

IX. Submission Instructions

Please respond on or before October 4, 2024 by 5:00 PM EST. **NO EXCEPTIONS TO THIS DEADLINE.** Submit proposal and appendix as separate PDF documents in a single email to RFR@bphc.org and bostonchna@bphc.org.

Subject line – RFP for CHNA-CHIP Consultant