



**HOSPITAL ASSOCIATION**  
of San Diego and Imperial Counties

# **Community Health Needs Assessment**

**Request for Proposal**

**May 30, 2012**

## **INVITATION**

Organizations and consultants are invited to submit one proposal in response to this Hospital Association of San Diego and Imperial Counties (HASD&IC) Request for Proposal (RFP). To submit a proposal, applicant must comply with the instructions contained in this RFP. By submitting a proposal, applicant agrees to the RFP terms and conditions.

Competitive proposals of up to \$100,000 will be considered for the Community Health Needs Assessment project. This will be a fixed price contract. There will not be any additional reimbursement of costs.

The RFP proposal due date is **Friday, June 29, 2012 at 5:00 p.m. PST.**

Late and/or incomplete proposals will not be considered.

## **INSTRUCTIONS TO SUBMIT**

**Completed proposals must be submitted as described below by Friday, June 29, 2012 at 5 pm. Please use a label with the name of the applicant/organization on the front of the envelope. If you are submitting the proposal electronically, please do the same in the subject line of the email.**

**Please select one of the following options:**

### **Hard Copy Delivered with DVD/USB flash drive:**

1. Mail, Fed Ex, or Hand Deliver two (2) paper copies of the completed proposal, and include one DVD or USB flash drive copy, to HASD&IC, 5575 Ruffin Road, Suite 225, San Diego, CA 92123, Attention: CHNA. Please be advised that HASD&IC needs to RECEIVE your packet by 5 pm on Friday June 29, 2012.

**OR**

### **Email Electronic Copy & and Provide Hard Copy:**

Email completed document in PDF format as an attachment to [CHNA@hasdic.org](mailto:CHNA@hasdic.org). It is recommended that you request a notification upon receipt. Please be advised the HASD&IC needs to RECEIVE the emailed proposal by the date and time listed above. In addition to the electronic submission, mail two (2) hard copies to HASD&IC, 5575 Ruffin Road, Suite 225, San Diego, CA 92123, Attention: CHNA. Hard copies to follow email submission no later than Monday July 2.

**Documents must be received by June 29, 2012 by 5:00p.m. PST.**  
**Postmarks will not be accepted.**

## **BACKGROUND AND MISSION**

### **Hospital Association of San Diego and Imperial Counties**

The Hospital Association of San Diego and Imperial Counties (HASD&IC) is a non-profit organization providing leadership, representation and advocacy on behalf of over 35 hospitals and integrated health systems in the two-county region.

HASD&IC was established in 1956 (then the Hospital Council) and serves member hospitals that range from small, rural hospitals to large, urban medical centers; include not-for-profits (60 percent), district (16 percent) investor-owned (9 percent), and city/county/state/federal (15 percent) facilities; and represent over 8,100 licensed beds.

HASD&IC's mission is to support its members by advancing the organization, management and effective delivery of affordable, medically necessary, quality health care services for the communities of San Diego and Imperial counties. HASD&IC provides strong leadership, representation and advocacy with local governmental entities, business coalitions, the media, community organizations, and the public. HASD&IC's Board of Directors represents all member sectors and provides policy direction to ensure the interests of member hospitals and health systems are preserved and promoted.

### **Community Health Needs Assessment**

Community Health Needs Assessment (CHNA) originated from California statewide legislation in the early 1990s. SB 697 took effect in 1995, which required private non-profit hospitals to submit detailed information to the Office of Statewide Health Planning and Development (OSHPD) on their community benefit contributions. Annual hospital Community Benefit Reports are summarized by OSHPD in a *Report to the Legislature*, which provides valuable information for government officials to assess the care and services provided to their constituents.

As part of the community benefit reports filed, non-profit hospitals are required to conduct a CHNA every three years. This comprehensive account of health needs in the community is designed for hospitals to plan their community benefit programs together with other local health care institutions, community based organizations, and consumer groups.

In San Diego County, the long history of collaboration among hospitals, healthcare systems and community partners has resulted in successful partnership on past CHNAs. While public institutions and district hospitals do not have to report under SB 697, these institutions have become an integral part of the CHNA in San Diego County. Information is gathered through the CHNA for the purposes of reporting community benefit, developing strategic plans, creating

annual reports, providing input on legislative decisions, and informing the general community of health issues and trends.

In addition to existing statewide legislation, the Internal Revenue Service (IRS) recently released new requirements for tax exempt hospitals under the Patient Protection and Affordable Care Act of 2010. The new Internal Revenue Code (IRC) Section 501(r) requires that certain tax-exempt facilities conduct a needs assessment in the community and adopt an implementation strategy for each state-licensed hospital facility it operates to meet community needs identified. The purpose of the new regulations is to better define the differences between for-profit and tax-exempt hospitals. They are also designed to provide transparency for quantifying community benefit care and activities of tax-exempt organizations that provide hospital or medical care.

Required tax-exempt hospitals must produce an individual CHNA and implementation plan for each of their state- licensed facilities, and submit the implementation plan along with completion of IRS Form 990 (Schedule H). Required activities include identifying primary and chronic disease needs of uninsured persons, low-income persons, and minority groups. Also required is a process of prioritizing community health needs and services, and consulting with community leaders and health experts on these local issues.

The CHNA allows hospitals, local health departments, community organizations, and members of the community to work together in response to SB 697 and the Patient Protection and Affordable Care Act of 2010 (i.e. IRC Section 501 (r) and Schedule H).

*NOTE: The focus of this project is San Diego County hospitals, health systems and patients. In the future, the HASD&IC Board of Directors may consider supporting a similar analysis in Imperial County.*

A list of resources and web links related to: SB 697, community benefit, IRC Section 501 (r), and CHNA in San Diego is located in the Resource Appendix (page 11).

### **HASD&IC CHNA Advisory Workgroup**

HASD&IC provides project administration and facilitation of the CHNA process through the CHNA Advisory Workgroup (Workgroup). The Workgroup oversees activities and outcomes related to the CHNA, and will be instrumental in providing leadership and guidance throughout the process.

## **ELIGIBILITY**

Proposals will be accepted from public, private non-profit, private for-profit organizations, and independent healthcare consultants. Strong candidates will have a proven knowledge of the San Diego and California healthcare markets.

HASD&IC members are not eligible to apply. Applicants must disclose any potential conflicts of interest. HASD&IC expects applicants to act in a manner consistent with high standards of honesty and integrity, and to refrain from conduct that involves, or appears to involve, actual or potential conflicts of interest.

## **SCOPE OF WORK**

HASD&IC and its member hospitals will report, share, and utilize information gathered during the CHNA process. Through data analysis and health expert discussions, San Diego professionals and community leaders will become better informed for addressing the health needs in the region.

As a result of the CHNA process, health indicators will be identified and prioritized through a three-tiered process involving both quantitative and qualitative data analysis. The contractor will first analyze data from multiple sources and identify broad health indicators for initial review. Next, working with the CHNA Advisory Workgroup, focus areas will be prioritized for analysis and correlation with health disparities data. Finally, focused indicators will be considered by health experts and local leaders for feedback regarding alignment and relevance with the health needs of the community.

Participating member hospitals will use this process and product to guide and inform their community health programs. Some hospitals will also use the work product to develop individual reports and community benefit implementation plans as required by state and federal law.

Links to regulations regarding requirements of state regulations (SB 697) and federal regulations (IRC Section 501(r) and Schedule H) are included in the Appendix. Information about the data tools and resources available to the contractor are also in the Resource Appendix (page 14).

Specific objectives related to the overall goal of the CHNA include:

1. Quantitative Data Identification & Analysis
  - a. Analyze data from state, national, and local level sources and identify broad health indicators for initial review. Present these health indicators to the Workgroup and collaboratively narrow the list to a set of quantitative health indicators that will be further analyzed. Deliverables may include: a

summary report, mapping, and a broad list of preliminary data indicators. Data analysis and investigation of trends is expected to occur September 2012 through January 2013. Deliverables are expected to be completed by January 2013.

- b. Analyze broad health data indicators to identify health trends in San Diego County, as agreed by the Workgroup. Further investigate these trends through the examination of specific health care diagnoses at the local/community level—by region or zip code when possible. Deliverables may include: a summary report of findings, mapping, and a list of specific health indicators. Data analysis and investigation of trends is expected to occur September 2012 through January 2013. Deliverables are expected to be completed by January 2013.
- c. Report on relationship between health data analysis, health disparities, and targeted community health need data. Quantitative and qualitative data on socioeconomics, demographics, health behaviors, and other indicators should be used to identify communities in San Diego County with higher vulnerability to poor health outcomes. Special attention should be given to the chronic disease needs and other health issues of uninsured persons, low-income persons, minority groups and/or other underserved persons or communities. Deliverables may include: a summary report of findings, maps, and a list of prioritized data indicators. Analysis of data, disparities, and targeted community health needs is expected to occur September 2012 through January 2013. Deliverables are expected to be completed by January 2013.

## 2. Qualitative Assessment and Community Engagement

- a. Develop tools to assist HASD&IC and its member hospitals in engaging the community about health needs and resources. Deliverables may include: maps, health trend fact sheets, and a standardized survey tool designed to collect broad based community input on health focus areas. Development of tools and related deliverables are expected to occur September 2012 through February 2013. Deliverables are expected to be completed by February 2013.
- b. Engage health experts and community leaders in discussions that contribute to the identification of relevant health focus areas. Activities include developing targeted discussion points, facilitating discussion focus groups or forums, and summarizing findings that include input on the prioritization of community health needs. Deliverables may include: summary report of findings, list of discussion points, description of focus group/forum events, and a list of participants. Health expert and community leader activities are expected to occur February 2013 through April 2013. Deliverables are expected to be completed by April 2013.

### 3. Comprehensive Findings and Recommendations

Complete a Final Report with overall findings from the CHNA. The Final Report will consist of a detailed description of data analysis methodology and results, community leader discussion process and results, and recommendations for broad outreach, ongoing community engagement, and potential policy strategies related to health needs identified through the CHNA. Final report and deliverables related to this objective are expected to be completed by April 2013.

**All objectives described in the Scope of Work will be performed under the direction and guidance of the CHNA Advisory Workgroup.**

This RFP is drafted with specific deadlines and deliverable in consideration of non-flexible timelines that hospitals are required to meet in 2013. Hospitals will utilize information obtained through the CHNA process to respond to state and federal reporting requirements and engage in strategic planning. Although there is limited flexibility within the timeframes for deliverables, the RFP Selection Committee will be very interested in seeing creative responses regarding the content and format of deliverables.

#### **Summary of Objectives With Timeline**

<b>#</b>	<b>Description</b>	<b>Deliverable Due Date</b>
1a	Analyze data from state, national, and local level sources and identify broad health indicators for initial review.	January 2013
1b	Analyze broad health data indicators to identify health trends in San Diego County, as agreed by the Workgroup. Further investigate these trends through the examination of specific health care diagnoses at the local/community level.	January 2013
1c	Report on relationship between health data analysis, health disparities, and targeted community health need data.	January 2013
2a	Develop tools to assist HASD&IC and its member hospitals in engaging the community about health needs and resources.	February 2013
2b	Engage health experts and community leaders in discussions that contribute to the identification of relevant health focus areas.	April 2013
3	Complete a Final Report with overall findings from the CHNA.	April 2013

## **SELECTION PROCESS**

### **Selection Committee**

Proposals will be reviewed and scored by a panel including HASD&IC member representatives.

HASD&IC retains the right, in its absolute discretion, to accept or reject any proposal and is not bound to select any proposal based on price or other considerations. In addition, HASD&IC may negotiate with one or more applicants after the proposals have been submitted.

### **In-Person Interview**

Finalists will be expected to present their proposals during an in-person interview August 1-3, 2012. Details will be made available to finalists by July 27, 2012 regarding date, time, and location of interview.

Notice of award will be announced in August 2012. Contract will be awarded by August 31, 2012.

## **SUBMISSION REQUIREMENTS**

**Applicants must submit all required elements of the proposal to be considered. The proposal includes four elements:**

- 1. Cover Page (using template provided)**
- 2. Project Description**
  - A. Project Narrative
  - B. Implementation Plan (using template provided)
- 3. Budget**
  - A. Budget Narrative
  - B. Budget Form (using template provided)
- 4. Attachments**
  - A. Two Letters of Recommendation (required)
  - B. Key Staff Resume/Curriculum Vitae (required)
  - C. Sub-Contractor Resume/Curriculum Vitae (if appropriate)
  - D. Supporting Documents (optional) - limit 2 documents



# **DETAILED INSTRUCTIONS FOR PROPOSAL ELEMENTS**

## **1. Cover Page**

Complete the form provided (attached page 16) and use this as the front page of the proposal.

## **2. Project Description**

### **A. Project Narrative**

Describe the CHNA project using the Scope of Work as a guideline to address the following:

#### **1. Experience**

Provide a description of your organization's capacity to perform the CHNA. Include, as appropriate, the following: organizational mission, knowledge of the San Diego health care market, examples of working with quantitative and qualitative data, facilitation of focus groups and forums, and experience with community needs assessments or similar projects. Identify key staff and describe special skills and competencies that qualify them for work on the CHNA.

#### **2. Work plan**

Describe the overall project design for the CHNA, including each objective in the Scope of Work:

1. Quantitative Data Identification & Analysis
2. Qualitative Assessment and Community Engagement
3. Comprehensive Findings and Recommendations

Include methodology, rationale, data collection tools and strategies, quality assurance measures, resources available, and an evaluation plan that describes measures of success, potential challenges and how they will be handled. Please address the following questions in your project design:

- a. What methodology will be used to identify health needs of vulnerable communities?
- b. What data sources will be used? How have those data sources been utilized in previous research conducted or projects managed by you or your organization?
- c. How will data on the demographics and socioeconomic status of communities be used to measure vulnerability to poor health outcomes or decreased access to care?

- d. How will the primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups be determined and evaluated?
- e. What methodology will be used to prioritize the health needs of communities?
- f. How will the CHNA Advisory Workgroup be informed throughout the CHNA process? How will the Workgroup be informed and engaged to define communities within the service areas of hospitals or healthcare systems?
- g. How will the capacity of existing health care facilities and resources within communities be evaluated?
- h. How will health experts and community leaders be identified? What process will be used to consult with health experts and community leaders?
- i. What information gaps and data limitations are anticipated, and how will those be addressed?

## **B. Implementation Plan**

Use the template provided (attached pg 17) to describe the implementation plan for the CHNA from September 2012 – April 2013. Include activities, timeline, key staff, and deliverables for each objective in the Scope of Work.

## **3. Budget**

Competitive proposals of up to \$100,000 will be considered for the CHNA project. This will be a fixed price contract. There will not be any additional reimbursement of costs.

### **A. Budget Narrative**

Provide a detailed description of how the requested funds will be used. Include personnel expenses, non-personnel expenses, and any indirect costs associated with the project. There will be no reimbursement of expenses not included in the contracted amount.

## **B. Budget Form**

Use the template provided (attached page 18) to illustrate line item costs related to this project.

## **4. Attachments**

- A. Two Letters of Recommendation (required)
- B. Key Staff Resume/Curriculum Vitae (required)
- C. Sub-Contractor Resume/Curriculum Vitae (if appropriate)
- D. Supporting Documents (optional) - limit 2 documents

**Proposals are due June 29, 2012 by 5:00 p.m. PST  
Late and/or incomplete proposals will not be considered.**

## **CONTACT INFORMATION**

**Please submit any questions by email to:**

Lindsey Wade, Director of Health Policy & Patient Safety  
Hospital Association of San Diego and Imperial Counties  
Email: [CHNA@hasdic.org](mailto:CHNA@hasdic.org)

# RESOURCE APPENDIX

## ***Resources that may be useful in understanding and responding to the Community Health Needs Assessment RFP:***

### **Background**

**Hospital Association of San Diego & Imperial Counties**  
[www.HASDIC.org](http://www.HASDIC.org)

**SB 697 - California State Community Benefit reporting requirement for private not-for-profit hospitals**  
[www.oshpd.ca.gov/HID/SubmitData/CommunityBenefit/](http://www.oshpd.ca.gov/HID/SubmitData/CommunityBenefit/)

**Form 990 (Schedule H) - Federal IRS reporting requirement for tax-exempt hospitals**  
[www.irs.gov/pub/irs-pdf/f990sh.pdf](http://www.irs.gov/pub/irs-pdf/f990sh.pdf)

**IRS Notice Addresses the community health needs assessment requirements described in section 501(r)(3) of the Internal Revenue Code**  
<http://www.irs.gov/pub/irs-drop/n-11-52.pdf>

**American Hospital Association Issue Page**  
<http://www.aha.org/advocacy-issues/taxexempt/index.shtml>

### **HASD&IC Member Hospital Web Links**

**Kaiser Permanente Community Benefit**  
<http://info.kp.org/communitybenefit/html/index.html>

**Palomar Health General Website and Community Action Councils**  
[www.pph.org](http://www.pph.org)  
[www.bit.ly/lVXhyi](http://www.bit.ly/lVXhyi)

**Rady Children's Hospital Community Health Initiatives**  
[www.rchsd.org/programsservices/index.htm](http://www.rchsd.org/programsservices/index.htm)

**Scripps Health Community Benefit**  
[www.scripps.org/about-us\\_scripps-in-the-community](http://www.scripps.org/about-us_scripps-in-the-community)

**Sharp HealthCare**  
<http://www.sharp.com/about/community/community-benefits-health-needs.cfm>

**Tri-City Medical Center**  
<http://tricitymed.org/>

**UC San Diego Health System**  
<http://health.ucsd.edu/about/gca/Pages/community-benefits.aspx>

## ***Examples of Hospitals & Communities Use of Needs Assessments***

### **Building a Healthier San Francisco coalition**

[www.healthmattersinsf.org](http://www.healthmattersinsf.org)

<http://www.healthmattersinsf.org/index.php?module=Trackers&func=display&tid=2>

### **Carlisle Area Health & Wellness Foundation**

<http://www.cahwf.org/publications.cfm>

### **Catholic Health Association of the United States**

<http://www.chausa.org/communitybenefit/>

### **Community Health Improvement Partners (CHIP)**

<http://sdchip.org/initiatives/charting-the-course-vi.aspx>

### **Healthy Communities Institute**

<http://www.healthycommunitiesinstitute.com>

### **Healthy Living Map of the Capital Region**

<http://www.healthylivingmap.com/>

### **Indiana Regional Medical Center 2011 Assessment & Report**

<http://www.indianarmc.org/PDFs/HouseCall0312.pdf>

### **Metropolitan Chicago Healthcare Council**

<http://supportourhospitals.com/>

### **The Children's Initiative**

<http://www.thechildrensinitiative.org/>

### **Wisconsin's State Policy and Programs Database**

<http://whatworksforhealth.wisc.edu/>

## ***Community Information & Mapping Resources***

### **Community Commons**

<http://initiatives.communitycommons.org/faq.aspx>

### **Healthy City**

<http://www.healthycity.org/>

## **Data Tools & Resources**

### **SpeedTrack**

<http://www.speedtrack.com/healthcare.php>

Through HASD&IC, the contractor would have access to SpeedTrack. SpeedTrack's online service gives access to four years of every Inpatient, Outpatient and Emergency Room encounter in California (over 63 million records). This data is publicly available from the Office of State Health Planning and Development (OSHPD).

For example, SpeedTrack provides the capability to:

- Easily analyze and map the geographic distribution of patients across all three databases (Inpatient, Outpatient and ER) simultaneously or individually, and isolate trends.
- View all MS-DRG codes with inpatient stays greater than the CMS mean length of stay for any facility; conduct comparisons across other facilities.
- Create the distribution of inpatient stays for multiple combinations of data fields (Facility, MS-DRG, Diagnosis, Procedure, Geographic Location, etc).
- Explore and analyze information associated with any combination of data fields contained in the vast OSHPD databases.

Additional information and example reports are available upon request to [CHNA@hasdic.org](mailto:CHNA@hasdic.org)

### **Thomson Reuters**

[http://thomsonreuters.com/products\\_services/healthcare/](http://thomsonreuters.com/products_services/healthcare/)

Through HASD&IC member hospitals, the contractor would have limited access to Thomson Reuters data that other hospitals, hospital associations, and communities have used to develop community needs indices.

Example uses of Thomson Reuters data for community needs assessments:

[http://www.azdhs.gov/phs/healthdisparities/pdf/wklyUpdate/04.21.11/Attachment1-CommunityNeedIndexFactSheet\\_2011.pdf](http://www.azdhs.gov/phs/healthdisparities/pdf/wklyUpdate/04.21.11/Attachment1-CommunityNeedIndexFactSheet_2011.pdf)

[http://www.healthylivingmap.com/2010%20CNA%20Secondary%20Analysis%20Explanation\\_for%20Website.pdf](http://www.healthylivingmap.com/2010%20CNA%20Secondary%20Analysis%20Explanation_for%20Website.pdf)

[http://www.chausa.org/Pages/Our\\_Work/Diversity\\_and\\_Disparities/Disparity\\_Programs/Community\\_Need\\_Index/](http://www.chausa.org/Pages/Our_Work/Diversity_and_Disparities/Disparity_Programs/Community_Need_Index/)

Additional information is available upon request to [CHNA@hasdic.org](mailto:CHNA@hasdic.org).

# **DOCUMENTS & TEMPLATES FOR RFP SUBMISSION**



# COVER PAGE

## Community Health Needs Assessment HASD&IC RFP Response

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**Date Submitted:**

**Name of Organization or  
Independent Healthcare Consultant:**

**Physical Address:**

**Phone Number:**

**Fax Number:**

**Web Address:**

**Primary Contact Name:**

**Title:**

**Phone Number (Direct Line or Cell Phone):**

**Email Address:**

**Total Amount Requested (\$):**

**Number of Employees:**

**Number of Years in Business:**

**Describe, if applicable, any potential conflicts of interest:**

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**Signature & Date**

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**Title**

# IMPLEMENTATION PLAN TEMPLATE

Describe activities, timeline, key staff, and deliverables for each objective in the Scope of Work.

Objective	Activities	Timeline	Key Staff	Deliverables
<p><b>1) Quantitative Data Identification and Analysis</b></p> <p>a. Analyze data from state, national, and local level sources and identify broad health indicators for initial review. With Workgroup guidance, narrow list of indicators for further review.</p> <p>b. Analyze agreed upon health indicator data for trends in San Diego County, and further investigate on local/community level.</p> <p>c. Report on relationship between health data analysis, health disparities, and targeted community health needs data.</p>				
<p><b>2) Qualitative Assessment and Community Engagement</b></p> <p>a. Develop tools to assist HASD&amp;IC and its member hospitals in engaging the community about health needs and resources.</p> <p>b. Engage health experts and community leaders in discussions that contribute to the identification of relevant health focus areas.</p>				
<p><b>3) Comprehensive Findings and Recommendations</b></p> <p>Report overall findings from the CHNA.</p>				

# BUDGET FORM

Itemize expenses in the table below. Include detail for Personnel, Non-Personnel, and Indirect Costs. (Please add rows or columns as necessary.)

Name(s) and Title (s) of Key Staff	Rate	% FTE/hours	Amount
<b>Benefits %</b>			
<b>Key Staff Subtotal</b>			<b>\$</b>

Name and Title of Subcontractor(s)	Rate	% FTE/hours	Amount
<b>Subcontractor Subtotal</b>			<b>\$</b>

<b>Personnel (Staff &amp; Subcontractor) Subtotal</b>			<b>\$</b>
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Non-Personnel Item	Description of Expense	Amount
<b>Non-Personnel Subtotal</b>		<b>\$</b>

Indirect Costs	Amount
<b>Indirect Costs Subtotal</b>	<b>\$</b>

<b>Total Project Budget Amount Requested</b>		<b>\$</b>
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