



Issued December 13, 2024 | Deadline January 7, 2025, at 5pm AK Standard Time

About Us

Mat-Su Health Foundation (MSHF) is the official business name of Valley Hospital Association, Inc., which shares ownership in Mat-Su Regional Medical Center (MSRMC). In this capacity, the MSHF board members and representatives actively participate in the governance of Mat-Su's community hospital and protect the community's interest in this important healthcare asset through board oversight. The MSHF invests its share of Mat-Su Regional's profits into charitable works that improve the health and wellness of Alaskans living in Mat-Su.

Vision: A community where all persons have the opportunity for a healthy life

Mission: To Improve the Health and Wellness of Alaskans Living in the Mat-Su

Values: Prevention, Access, Wellness, Fairness, Equity, Collaboration, and Leadership

Commitment to Diversity, Equity, and Inclusion

At the MSHF we believe that for all Mat-Su residents to have an opportunity for a healthy life we must intentionally work to reduce health disparities. We can do this by understanding and addressing inequities and root causes. Diversity, equity, and inclusion are instrumental to increasing health equity, as they promote representation and acceptance. As an organization and community partner, we are on a journey to learn and work toward diversity, equity, and inclusion in our programs and operations.

About Mat-Su

The Matanuska-Susitna Borough (Mat-Su) is situated on the ancestral lands of the Ahtna and Dena'ina peoples in Southcentral Alaska about 40 miles northeast of Anchorage. The Mat-Su covers 25,258 square miles, about the size of West Virginia, and has a population of about 110,000 people. The borough includes three incorporated cities – Palmer, Wasilla, and Houston; 26 rural/remote unincorporated communities; and two federally recognized Alaska Native Tribes.

The Mat-Su Borough continues to be one of the fastest growing regions in Alaska and the only region with consistently positive net migration. The Mat-Su gained 22,757 residents from 2010 to 2020, becoming the second-most populous borough in Alaska. Mat-Su is also becoming more diverse. During the same period, the percentage of Mat-Su residents identifying as a race other than white increased from 15% to 22% of the total Mat-Su population. In terms of percentage change this was a 79% growth in population compared to 10% growth in the white population. Residents identifying as two or more races are the second largest group at 11.5% (114% change from 2010 to 2020) followed by American Indian and Alaska Native alone at 6.4%. Additionally, of the most populated boroughs in Alaska, Mat-Su has the fastest growing older adult population. From 2012 to 2022, the population 60 and over grew by 72.4% in Mat-Su compared to 40.7% for Alaska, 28.2% for Anchorage, and 37% for Fairbanks North Star Borough. Mat-Su is home to 16% of Alaska's veteran population, of which 26% experience disability compared to 14% of the general population.

Background

Starting in 2013, because of changes to the Patient Protection and Affordable Care Act (ACA), the IRS requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) every 3 years. This requirement is a result of increasing accountability for tax-exempt hospitals to ensure their community benefits justified the approximately \$13 billion in tax revenues forgone annually, as estimated by the Government Accountability Office.¹

The requirements for a CHNA include defining the community served, identifying and prioritizing community health needs and resources available to address those needs, adopting an implementation strategy to address identified needs (Community Health Implementation Plan or CHIP), and involving stakeholders with public health knowledge and leaders, representatives, or members of medically underserved, low-income, and minority populations in the community.²

Mat-Su Health Foundation (MSHF) and the Mat-Su Regional Medical Center (MSRMC) have completed a total of four CHIP/CHNAs since 2013. The purpose of the assessment is to identify significant community health challenges and assets experienced in the Mat-Su Borough, as well as to set goals and inform the subsequent development of an implementation strategy. In addition to informing the work of the health foundation and hospital, the CHNA is often referenced by community partners and grantees. While methods have evolved with each CHNA, each is informed by a local steering committee, and each employs the use of mixed methods and collection of primary and secondary data. The 2019 MSHF CHNA process provided a rigorous assessment that focused on "Hearing Every Voice" and incorporated the use of Photovoice. The 2022 CHNA, "Together for Health", was designed around the Well-Being Portfolio, created by the Ripple Foundation. It acknowledges the difficulties we faced as a community during, and following, the COVID-19 pandemic and incorporated the voices of over 1,000 Mat-Su residents through surveys, focus groups, and photovoice exhibits. In 2022, eight health priorities were identified. The top three were housing and emergency shelter; the behavioral health continuum of care; and that children and families are safe, healthy, and thriving.

Purpose of this Assessment

- Complete the 2025 CHNA per IRS requirements identifying significant community health challenges and assets in the Mat-Su Borough
- Identify the top health priorities for the Mat-Su Borough and set goals to inform the subsequent development of the CHIP

Scope of Work/Services

The MSHF seeks proposals from experienced evaluators to collaborate in the design and completion of the 2025 CHNA. It is expected that the 2025 CHNA is conducted with the same rigor as prior CHNAs. The CHNA should be informed by the steering committee, utilizing both primary and secondary data. The selected contractor will work closely with the Director of Evaluation and Learning and will engage MSHF and MSRMC leadership and the CHNA steering committee throughout the assessment. The contractor may need to coordinate efforts with other contractors working on specific elements of the CHNA.

¹ Rosenbaum and Margulies, "Tax-Exempt Hospitals and the Patient Protection and Affordable Care Act: Implications for Public Health Policy and Practice."

² <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Priorities for the 2025 CHNA

The following priorities have been identified for the 2025 CHNA:

- Meaningfully engage community members and partners in the assessment and identification of top health priorities
- Utilize a standard set of secondary data indicators that were consolidated following the 2022 CHNA and include trends where relevant
- Where available, disaggregate data by demographics to identify disparities
- Increase efforts to build relationships and reach underrepresented populations
- Consider pros and cons of revising protocols for the randomly selected household telephone survey and implement changes to increase response and representation
- Focus on the vital conditions and expand upon economic mobility, social connections, and civic health

Anticipated Activities & Deliverables

The anticipated deliverables for this project include but are not limited to:

- Provide project management to facilitate the completion of the 2025 CHNA. Participate in regular meetings with the MSHF team and occasional meetings with hospital leadership.
- Support and engage with the CHNA Steering Committee. Participate with the Director for Evaluation and Learning in planning and facilitating steering committee meetings. It is anticipated there will be a minimum of six steering committee meetings throughout the project.
- Conduct the assessment with similar rigor to prior CHNAs to meet IRS requirements and inform the joint implementation plan. At a minimum, the assessment will
 - Use mixed methods to identify health challenges and assets experienced in the Mat-Su Borough.
 - Use a standard set of secondary data indicators from a variety of sources, e.g. American Community Survey, Behavior Risk Factor Surveillance Survey, County Health Rankings & Road Maps. Include trends and data disaggregated by demographics where available.
 - Survey a random, representative sample of Mat-Su households and survey Connect Mat-Su participants with comparisons to prior years.
 - Include qualitative data collection and employ participatory approaches with intentional outreach to underrepresented members of the community.
 - Include data related to the social determinants of health, taking notice to expand on economic mobility, social connections, and civic engagement.
 - Include progress and outcomes of the prior CHNA implementation strategies to cover at a minimum implementation in 2023, 2024, and the first 6 months of 2025.
- Work with the MSHF team and contracted graphic designers to finalize the CHNA report and executive summary.
- Work with MSHF leadership and MSRMC leadership to inform and develop the goals and objectives of the CHIP.
- Anticipated project deliverables include:
 - Steering Committee presentations, documents, and notes
 - Data collection instruments (e.g. household survey, intercept survey, focus group/interview scripts) and data collected

- Executive summary document that is simple, easy to read and distribute
- Full CHNA report including:
 - Executive Summary
 - Progress and outcomes since 2022 CHNA
 - Background and Methods
 - Findings
 - Community assets and resources
 - Prioritization of top health needs
- CHIP addressing the top health priorities

Proposal Requirements

Proposals should include responses to the seven sections outlined below. Proposals shall not exceed 10 pages, single-spaced, excluding the budget, resume/CVs of key personnel, references, and sample work product.

1. Assessment approach

Describe in detail your approach to fulfilling the scope of services and answering the proposed questions, including:

- Processes for designing and informing the assessment
- Methodologies for data collection and analysis, including considerations for data equity
 - Methods may include ideas and innovations outside of what is required
- Approach for this assessment in advancing health equity
- Processes and systems to ensure data security

2. Qualifications and experience

Identify who will serve as project lead and the roles of any additional project team members. Describe the experiences and qualifications of the individual, team, and/or subcontractors who will engage in this work, including:

- Experience conducting community health needs assessments in collaboration with nonprofit hospitals and/or health foundations
- Experience with primary and secondary data collection and analysis
- Experience working in Alaska and/or the Mat-Su
- A resume or CV for key personnel, including any subcontractors who will make significant contributions to the work
- A sample work product or report

3. Engaging key stakeholders and priority populations

Briefly describe how you intend to engage key stakeholders (e.g., MSHF staff, MSRMC staff, Steering Committee members, and community) and a spectrum of Mat-Su residents (e.g., low-income individuals or families, older adults, veterans, young people, people with disabilities, people identifying as LGBTQ+, members of underrepresented racial/ethnic groups) in the assessment development and implementation.

4. Challenges and limitations

Briefly describe any anticipated challenges and limitations to completing the assessment and any proposed strategies to address or mitigate them.

5. Workplan

Provide a workplan that identifies key activities, dates and timelines, and deliverables. This project is anticipated to start on or before January 21, 2025. The CHNA will need to be approved by the foundation board, likely end of October, and subsequently the hospital board to be posted to the website before the end of December 2025. The CHIP will need to be completed by the end of March 2026 to then go through board approval and be posted to the website before May 15, 2025.

6. Budget

The proposed budget should not exceed \$170,000 for services conducted in 2025 and \$20,000 for services conducted in 2026. The budget should be commensurate with the scope of work. Include a detailed project budget and justification. Include all direct and indirect costs, as well as the anticipated total number of hours at various hourly rates. For contractors outside the Mat-Su Borough, travel costs specifically related to this project are allowable as direct costs. The budget need not include costs for graphic design and printing, as these are covered under a separate contract.

7. References

Include the name, organization, and contact information for a minimum of three references that can speak to the contractors' (subcontractors', if appropriate) experience.

RFP Timeline

Applications must be submitted no later than 5 p.m. Alaska Standard Time, January 7, 2025. Please submit your application in PDF form via email with the subject line "2025 Mat-Su CHNA" to evaluations@healthymatsu.org.

Applications will be reviewed, and final candidates may be invited for an interview. We anticipate selecting a contractor by January 17, 2025 with the goal of having a signed contract in place on or before January 21, 2025.

Evaluation Criteria

Proposals will be evaluated based on the following criteria:

- Evaluation approach – 40 pts
 - Evaluation design and methodology (20 pts)
 - Demonstrated commitment to health equity (10 pts)
 - Data security processes and systems (10 pts)
- Qualifications and experience - 30 pts
 - Appropriate staffing structure for proposed scope (5 pts)
 - Experience with similar assessment projects (15 pts)
 - Experience relevant to Mat-Su (10 pts)
- Meaningful engagement with stakeholders and priority populations - 10 pts
- Workplan - 10 pts
- Cost Effectiveness - 10 pts

Questions

If you have questions or would like to discuss this RFP further, please contact Danielle Reed, Director of Evaluation and Learning, dreed@healthymatsu.org.