



Request for Proposal (RFP)

Needs Assessments for the P-3 Population

RFP#2024-03

Revision #1 posted 1-7-25

(Changes are summarized on this page and highlighted within the document)

1-7-25 Significant Revisions:

- Requirement for zip code data has been removed.
- Race and ethnicity data has been clarified and streamlined.
- Clarification provided on the separate, additional quote for “enhanced” needs assessment items.
- Addition of one more participating Coalition



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I. Introduction and Purpose

The Florida Association for Healthy Start Coalitions (FAHSC) is seeking a qualified Consultant or Consultant Team to conduct a comprehensive needs assessment for **26 participating Healthy Start Coalitions listed in Attachment 1 plus a state level document for FAHSC**. The primary goal of this needs assessment is to provide data to guide Coalition development of health service priorities for their communities, focusing on maternal, infant, and paternal health, as well as other social drivers (determinants) of health. The Consultant will work closely with the FAHSC leadership to gather, analyze, and present quantitative data and qualitative survey templates for each participating Coalition and the counties they serve for use in strategic planning, program development, and resource allocation. The same template of data will be used for each county as well as a state level document.

We are asking responding Consultants to provide a “core” needs assessment quote plus a separate quote for items labelled “enhanced” needs assessment (**highlighted in green throughout the document**). Please note that prospective Consultants may decline to provide the separate quote for the “enhanced” needs assessment items if they would be unable to handle the additional workload within the timelines provided.

The project timeline milestones may be negotiable with project completion and submission **to FAHSC by July 30, 2025**.

II. About Healthy Start

The Florida Association of Healthy Start Coalitions, Inc. serves as the administrative support organization for local Healthy Start Coalitions. Statewide there are 32 local Healthy Start Coalitions who are responsible for providing Healthy Start Program services in their service areas/counties they serve, conducting needs assessments, and developing service delivery plans. The Florida Healthy Start Program provides education, support and proven interventions to expecting and new families who are at-risk of a poor birth outcome or delay in development. Prenatal and infant screening, offered by prenatal care providers and hospitals, helps to identify families that could benefit from the program. Participation in the Healthy Start Program is voluntary and available statewide to all eligible families regardless of their insurance coverage or income level. Families can participate in Healthy Start beginning in pregnancy and until their baby reaches age one. Services can be extended if needed up to age three.

III. Scope of Work

The Consultant will be responsible for compiling the quantitative data specified below and providing summary statements/bullets on any data element that is significant. The Consultant will also develop three survey templates for local Coalitions to use to collect qualitative data for 1) focus groups, 2) expert interviews, and 3) consumer surveys. The Consultant will prepare one report for each participating Coalition that includes the counties in their respective service areas (see **Attachment 1** for a listing of participating Coalitions and the counties served)

Participating Healthy Start Coalitions will be responsible for analyzing the data provided by the Consultant to summarize trends and priorities for their respective communities.

Below is an outline of the required content of the needs assessment report template with responsibilities designated for the Consultant and the Coalitions.



1. Executive Summary

Responsibility: Coalitions will be responsible for writing the Executive Summary section of the needs assessment report. The Consultant should include this item as a placeholder within the needs assessment document submitted.

- Overview of the Needs Assessment Process
- Quantitative Data Summary
- Qualitative Data Summary
- Priority Areas of Focus

2. Introduction and Overview

Responsibility: Coalitions will be responsible for writing the Introduction and Overview section of their needs assessment document. The Consultant should include this item with a placeholder within the needs assessment document submitted.

- Introduction to the Needs Assessment and the overall scope of the project

3. Methodology

Responsibility: Consultant will write the methodology for the quantitative data collection and the Coalitions will write the process used for the qualitative data collection and data analysis by their local needs assessment workgroup.

4. Quantitative Data Analysis by County

The Consultant will provide the data, graphs and summary bullets where there are significant differences between the state average and the county. The Coalition will write all other summary bullets/analyses for the data provided by the Consultant.

A. General Population

Compilation of data on demographics and social drivers/determinants of health. For each of the data points listed below, the Consultant will provide **annual** data for 5-year trends.

- Demographics:** race, ethnicity, age ranges for the population, number of households, primary languages spoken.
- Social drivers of health:** levels of education, income ranges, median household income, percentage of population living at or below the federal poverty level, and percent of female-headed households with children five and under living in poverty, employment status, health insurance coverage, median housing cost, population with severe housing problems, homeless estimate, and percentage of population with transportation issues.

- iii. Expanded needs assessment quote: include the following behavioral health measures-- rate of psychiatric hospitalizations, Age-adjusted drug poisoning deaths (rate per 100,000), age-adjusted drug poisoning deaths counts by race.

B. Maternal Health

Compilation of data including access to prenatal care, risk factors, prenatal screening rates, severe maternal morbidity, and maternal deaths.

- Access to Prenatal Care:** map of prenatal care offices, first trimester entry, second trimester entry, third trimester entry, no prenatal care, adequate prenatal care/Kottelchuck Index, The Consultant will provide **3-year rolling averages** for 5-year trends. Data to be broken out by race and ethnicity.
- i. **Prenatal Risk Factors:** Weight prior to pregnancy (healthy weight, overweight, obese), pregnancy interval 18+ months, tobacco use during pregnancy, alcohol use during pregnancy, marital status, education less than high school and 19+ years old, depression (Florida Prenatal Screen question: in the last month have you felt down depressed or hopeless), hypertension, diabetes, STIs during pregnancy (HIV positive pregnant women receiving case management, number of perinatally transmitted HIV infections, congenital syphilis), Florida Prenatal Screen rates, severe maternal morbidity, maternal deaths (number and top five causes of maternal deaths in Florida). The Consultant will provide **3-year rolling averages** for 5-year trends.

C. Infant Health:

Analysis of access to care, screening rates, birth outcomes, deaths, and various indicators of infant health.

- i. **Access to Care:** children without health insurance 0-18, infants and toddlers served by Early Steps 0-2 years, licensed pediatricians (rate and quartile per 100,000), a map of delivery hospitals and a map of pediatric offices. The Consultant will provide **annual data** for 5-year trends.
- ii. **Infant screening rates/trends** The Consultant will provide **annual data** for 5-year trends.
- iii. **Births:** preterm births, low birth weight, Medicaid emergency alien deliveries, self-pay, teen births (10-14 years, 15-17 years, 18-19 years), mothers older than 35 years, mothers older than 19 years with less than a high school education, substance-exposed newborns. The Consultant will provide **3-year rolling averages** for 5-year trends. Data to be broken out by race and ethnicity.

Expanded needs assessment quote: include c-section births to low-risk mothers with no previous births (NTSV), unwed mothers, fathers acknowledged on the birth certificate, and births to mothers born in other countries.

- iv. **Infant Deaths:** fetal mortality, infant mortality (neonatal, post neonatal, by birthweight specific mortality, cause specific mortality (e.g. prematurity, SUID, drowning), relative risk with a confidence interval. The Consultant will provide **3-year rolling averages** for 5-year trends. Data to be broken out by race and ethnicity.

- v.
- vi. **Breast Feeding:** mothers who initiate breastfeeding, mothers breastfeeding 3+months. The Consultant will provide **annual data** for 5-year trends. Data to be broken out by race and ethnicity.
- vii. **Grandparents Raising Children:** Expanded needs assessment quote—provide a snapshot (not trends) for the most recent survey year to summarize grandparents raising young children under the age of 6 by race, ethnicity, age, marital status, language spoken, poverty status, length of time of responsibility for grandchildren. (source: American Community Survey). The Consultant will provide **annual data** for 5-year trends.
- viii. **Healthy People 2030 Objectives and Leading Health Indicators:** pregnancy and childbirth (compared to Florida data and county data). Responsibility: Coalitions will be responsible for compiling this data and writing this section of their needs assessment document. The Consultant should include this item in the table of contents with a placeholder within the needs assessment document.
- ix. **DOH Block Grant MCH Goals:** compared to the county data. Responsibility: Coalitions will be responsible for compiling this data and writing this section of their needs assessment document. The Consultant should include this item in the table of contents with a placeholder within the needs assessment document.

D. Access to Home Visiting Services

Trends in enrollment and services compared to the eligible population.

- i. **Coordinated Intake and Referral:** number of referrals received, and percentage enrolled in any home visiting program. Responsibility: Coalitions will be responsible for compiling this data and writing this section of their needs assessment document. The Consultant should include this item in the table of contents with a placeholder within the needs assessment document.

5. Primary Data

The Consultant will create recommended questionnaire templates for focus groups, interviews, and surveys. The Coalition will be responsible for implementing the surveys, conducting the focus groups, analyzing and documenting the results. The Consultant is responsible to develop the complete survey tool including any recommended demographic and socioeconomic questions. The Consultant will create the survey tools on paper. FAHSC will translate them into Spanish and Creole. Coalitions will be responsible for creating Survey Monkeys or other platforms they wish to use to administer the surveys. The Consultant should include these items in the table of contents with a placeholder within the needs assessment document.

Surveys should only take 15-20 minutes to complete. Focus Group length should be 30-45 minutes.

A. Paternal Health Surveys

- i. Access to care: Do fathers have a primary care physician? Have they seen the doctor in the last 12 months? Do they have health insurance? What are the barriers to accessing care?
- ii. Unmet needs: prioritize top 3 with a space for comments/narrative.

B. Focus Groups

May include pregnant and postpartum mothers and fathers in high-risk neighborhoods, CIR and home visiting staff, and community partners.

- i. Questions to be answered: What are your top unmet needs/concerns for the family/families you serve? (SDOH, insurance, transportation, dental care, medical care, behavioral health care, etc.) What are barriers to accessing needed care? Is there anything that makes you/the families you serve feel uncomfortable or frustrates you when you seek care at the clinic or hospital? What are potential solutions? Consultant should include a couple examples of prompts or follow up questions for each question listed above.

C. Key Stakeholder Interviews

Key stakeholder interviews may include funders, community partners, health plans, prenatal care providers, behavioral health providers, and hospitals.

- i. Questions to be answered: What are the top unmet needs for families you serve? Where do you refer families with young children P-3 who need community resources? What are barriers for these families in accessing services? What are potential solutions (dream big)?

D. Consumer Surveys

Consumer surveys may be administered with prenatal patients, CIR clients, homevisiting clients (mothers and fathers), doula clients, etc.

- i. Questions to be answered: What are your top unmet needs/concerns for your family? (SDOH, insurance, transportation, dental care, medical care, behavioral health care, etc.) What are barriers to accessing needed care? Is there anything that makes you feel uncomfortable or frustrates you when you seek care at the clinic or hospital? Are you treated with respect? What are potential solutions?

6. Priority Areas of Focus

Coalitions are responsible to identify top health indicators of concern and populations of focus. This will involve analyzing data from both the quantitative and qualitative reports and providing recommendations that will drive the interventions in the Service Delivery Plan. The Consultant should include this item in the table of contents with a placeholder within the needs assessment document.

- i. Coalitions may write a summary of FIMR recommendations and Needs Assessment Workgroup recommendations that may include the top five priority health indicators and priority populations.



IV. Deliverables

Please note some deliverable timelines may be negotiable. The Consultant will be responsible for providing the following deliverables:

- **March 31, 2024**--Survey templates for focus groups, interviews, and consumer surveys specified in Section 5 above.
- **July 31, 2025**—
 - a. A separate Needs Assessment document in Word for FAHSC and each Coalition listed in Attachment 1 with data for each county in the service area that includes all of the items specified in the Scope of Service above.
 - b. Compiled quantitative data in Excel
 - c. Expanded needs assessment quote--Compiled quantitative data in Excel separated by county so it may be provided to a Coalition upon request.

V. Budget

Proposals should include a breakdown of the Consultant's fees and estimated hours, as well as any associated costs for data collection, travel (not anticipated), and additional project expenses. Include a separate budget line item for the items categorized as "Expanded" Needs Assessment in the Scope section above.

VI. Proposal Submission Requirements

Proposals must include the following:

- A cover letter summarizing the Consultant's qualifications and experience.
- CV or resume for the Consultant and team members who will perform work for the project.
- A detailed work plan that outlines the proposed approach, methodology, data sources, and timeline.
- Summary of previous needs assessments or similar projects conducted by the Consultant.
- A proposed budget with itemized costs for the Needs Assessment and a separate budget line item for the items categorized as "Expanded" Needs Assessment.
- At least two references from clients with similar projects.

VII. Selection Criteria

Proposals will be evaluated based on the following criteria:

- 30 Points--Demonstrated expertise in conducting comprehensive needs assessments, particularly in the areas of maternal and infant health.



- 20--Experience working with public health data and statistical analysis.
- 20 Points--Experience with developing qualitative data collection methods, including surveys, expert interviews, and focus groups.
- 20 Points--Work plan and timeline to complete deliverables and proven experience in meeting past project deadlines including references.
- 10 Points--Cost-effectiveness and value for services.

VIII. Submission Instructions

Submit your proposal as a pdf no later than January 24, 2025 to the following two email addresses with read receipt required. If you have any concerns, please call (850) 999-6200.

- mnewmyer@fahsc.org Monya Newmyer, Director of Contracts and Grants
- execassistant@fahsc.org Jennifer Plath, Executive Assistant

IX. Timeline

The project is expected to begin in February 2025 and be completed by July 31, 2025. If the completion date is not reasonable, the Consultant should propose a timeline in their workplan. The Consultant is expected to meet with FAHSC staff at least monthly throughout the process to ensure alignment with project goals and provide feedback on the work.

- **December 17, 2024**, RFP posted at www.HealthyStartFlorida.com
- **January 3, 2025, 12:30 pm Eastern time**, Bidders Q&A Zoom meeting—participation is not required. Contact Jennifer Plath at execassistant@fahsc.org or (850) 999-6200 to request a calendar invitation and zoom link.
- **December 18-January 20, 2025**, Submit questions by email to Jennifer Plath at execassistant@fahsc.org and responses will be discussed at the Jan. 3 bidders call and/or posted at www.HealthyStartFlorida.com.
- **January 24, 2025**, Proposals due. Submit per the requirements in Section VIII above.
- **January 30, 2025, 2:00 pm Eastern time** proposal review—participation is not required. Contact Jennifer Plath at execassistant@fahsc.org or (850) 999-6200 to request a calendar invitation and zoom link.
- **February 1, 2025**, Anticipated award announcement posted at www.HealthyStartFlorida.com

X. Conclusion

FAHSC seeks a Consultant or Consultant team who is experienced, knowledgeable, and able to work collaboratively with the FAHSC to deliver a high-quality needs assessment for each of the participating Healthy Start Coalitions that will provide the data needed to inform future health service priorities. We look forward to reviewing your proposal.



Attachment 1: List Participating Healthy Start Coalitions & Counties

Healthy Start Coalitions Participating in the Needs Assessment Project (Rev 1-6-25)

Note: final decision on participation depends on the price quoted by the Consultant so the number may change and the price re-negotiated.

# of Coalitions that plan to participate															
28															
Coalitions	Yes	Counties In Participating Coalition Service Areas													
Bay, Franklin, Gulf Healthy Start Coalition, Inc.	1	Bay	Franklin	Gulf											
Healthy Start Coalition of Brevard County, Inc.	1	Brevard													
Broward Healthy Start Coalition, Inc.	0														
Capital Area Healthy Start Coalition, Inc.	0														
Chipola Healthy Start	1	Holmes	Jackson	Washington	Calhoun	Liberty									
Charlotte County Healthy Start Coalition, Inc.	1	Charlotte													
Central Healthy Start Coalition	1	Citrus	Hernando	Sumter	Lake										
North Central Healthy Start Coalition	1	Marion	Putnam	Levy	Alachua	Gilchrist	Dixie	Lafayette	Suwannee	Hamilton	Columbia	Union	Bradford		
Healthy Start Coalition of Miami-Dade, Inc.	1	Dade													
Escambia County Healthy Start Coalition, Inc.	0														
The Healthy Start Coalition of Flagler and Volusia Counties, Inc.	1	Flagler	Volusia												
Florida Keys Healthy Start Coalition, Inc.	1	Keys													
Gadsden County Healthy Start Coalition	1	Gadsden													
Healthy Start Coalition of Hardee / Highlands / Polk Counties, Inc.	1	Hardee	Highlands	Polk											
Healthy Start Coalition of Hillsborough County, Inc.	1	Hillsborough													
Indian River County Healthy Start Coalition, Inc.	1	Indian River													
Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.	1	Jefferson	Madison	Taylor											
Healthy Start Coalition of Manatee County, Inc.	1	Manatee													
Martin County Healthy Start Coalition, Inc.	1	Martin													
Northeast Florida Healthy Start Coalition, Inc.	1	Baker	Clay	Duval	St. Johns	Nassau									
Healthy Start Community Coalition of Okaloosa and Walton Counties, Inc.	0														
Okeechobee County Family Health / Healthy Start Coalition, Inc.	1	Okeechobee													
Orange County Healthy Start Coalition, Inc.	1	Orange													
The Healthy Start Coalition of Osceola County, Inc.	1	Osceola													
Healthy Start Coalition of Palm Beach County, Inc.	1	Palm Beach													
Healthy Start Coalition of Pasco County, Inc.	0														
Healthy Start Coalition of Pinellas County, Inc.	1	Pinellas													
Healthy Start Coalition of Santa Rosa County, Inc.	1	Santa Rosa													
Healthy Start Coalition of Sarasota County, Inc.	1	Sarasota													
Seminole County Healthy Start Coalition, Inc.	1	Seminole													
Healthy Start Coalition of St. Lucie County, Inc.	1	St. Lucie													
Healthy Start Coalition of Southwest Florida, Inc.	1	Collier	Glades	Hendry	Lee										
Florida Association of Healthy Start Coalitions	1	State/Florida													

Attachment 2: Map of Participating Healthy Start Coalitions

Coalitions not included: Escambia, Okaloosa & Walton, Capital Area, Jefferson Madison & Taylor, Pasco, Broward

