RFP #2024-03 FAHSC Needs Assessments for the P-3 Population

Questions & Answers (Q&A)

1-17-25 Q&A Posting:

1. What races/ethnicities do you require for the maternal and infant data (e.g., All Races, White, Black, Other Races, Hispanic, Non-Hispanic)?
   - **Answer**: Race: White, Black, Asian, Native American, Pacifica Islander, other. Ethnicity: Hispanic, non-Hispanic, Haitian

2. Since 2023 population data is now available on FLHealthCHARTS, are the five years of one-year data points 2019, 2020, 2021, 2022, 2023?
   - **Answer**: Since the 2023 data was released earlier than anticipated, please use 2019-2023 as you stated because we want to use the most recent five years.

3. For birth-related and infant death-related and all other mortality (Section B. Maternal Health) you require three-year rolling rates with five data points. Are those five groups 2017-2019, 2018-2020, 2019-2021, 2020-2022, and 2021-2023?
   - **Answer**: Since the 2023 data was released earlier than anticipated, the rolling averages you specified are correct.

4. Expanded needs assessment on c-section births, unwed mothers, fathers acknowledged on the birth certificate and mothers born in other countries – what timeframe are you requesting? Do you want one-year data? Three-year data? Do you want trends?
   - **Answer**: Please use one-year data and five-year trends.

5. Expanded needs assessment on grandparents – please clarify if trends are requested. Is one year of data or five years requested? The consultant is instructed to use ACS data; however, 13 Florida counties are not included in one-year ACS data (Calhoun, Dixie, Franklin, Gilchrist, Glades, Gulf, Hamilton, Holmes, Jefferson, Lafayette, Liberty, Madison, and Union), affecting five coalitions. There will not be data for those counties. How are you requesting this be handled and noted?
   - **Answer**: Please use one-year data and five-year trends if available. Please provide a note for the counties where there is missing data.

6. For the three maps (delivery hospitals, pediatric offices, and prenatal care offices), please confirm that you are requesting one map per coalition (27 coalitions) and one state map per indicator (i.e., 84 maps (3 maps x 28).
   - **Answer:** The list you specified is correct.

7. Is FAHSC requesting that the contractor use FLHealthCHARTS for population data rather than U.S. Census data (ACS)? At last check the latest U.S. Census one-year population data on FLHealthCHARTS is for 2022.
   - **Answer**: Yes, use FLCharts for population data except where ACS data has been specifically noted. Always include the most recent data available.

8. From Q&A p. 4 (1/11/25) – Does FAHSC want the contractor to use one-year data for 5 years to produce trends? Using FLHealthCHARTS data the 5 years would be 2022, 2021, 2020, 2019, and 2018, correct?
   - **Answer**: Since the 2023 data was released earlier than anticipated, please use 2019-2023 as stated in question #2 above because we want to use the most recent five years. Please note that some indicators specify one-year data and others specify 3-year rolling averages.

1-11-25 Q&A Posting:

1. On page 8, under IV. Deliverables, it mentions: "March 31, 2024—Survey templates for focus groups, interviews, and consumer surveys specified in Section 5 above." Was this completed in the prior year, or is it due in 2025?

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- **Answer**: This is a typo and should reach March 31, 2025.

2. Are the deliverables for FAHSC a compilation of everything found within the other needs assessments, or are they intended to be something different?

- **Answer**: The FAHSC state level Needs Assessment document will have data trends for Florida. It will <u>not</u> be a compilation of all the other needs assessments.

3. For coalitions covering multiple counties, will separate Excel and Word documents be required for each county?

- **Answer**: There will be one Word document for each Participating Coalition with subheadings with the data for each county within the service area. Vendor will provide <u>one</u> Excel workbook with separate tabs/worksheets for each county in Participating Coalition service areas. FAHSC will be responsible to separate the Excel workbook to distribute to the Coalitions.

4. How much time will be set for collaboration/meetings with the FAHSC staff, and will opportunities be given to meet with Coalition members?

- **Answer**: The FAHSC staff and/or workgroup members will be available for a weekly touchpoint. If the vendor would prefer fewer meetings, we could accommodate. We intend to be available to assist the vendor as needed.

5. Have the 24 coalitions listed in Attachment 1 committed to moving forward. If not, when will the final count be known?

- **Answer**: Participating Coalitions will finalize their commitment within a couple weeks after the proposals and budgets are submitted. The selected vendor will have an opportunity to adjust the budget if needed based on the final number of Participating Coalitions.

6. Will consultants have access to data related to locations of prenatal care offices by county, prenatal screening rates, and risk factors? Data is available for high-risk pregnancies in the Query system, will this suffice?

- **Answer**: With help from the Participating Coalitions, FAHSC will be able to provide a list of prenatal care offices and delivery hospitals. The vendor will need to research pediatric office locations.

   Screening reports are available here https://www.flpublichealth.com/HS/rdPage.aspx

   Screening report queries are available here https://www.flpublichealth.com/hsScreen_new/

7. Can you define "transportation issues"?

- **Answer**: Families who are unable to get to their appointments because of transportation barriers (ie, no car, distance to care, bus is too long, Medicaid transportation will not allow the siblings, etc.)

8. Can you define "Medicaid emergency alien deliveries"? For example, in 2023, there were 7,797 deliveries paid for by Medicaid in Broward County. The emergency Medicaid deliveries are available for 2022 through Indicator

Data (not by race/ethnicity). It is unclear if the emergency Medicaid deliveries are subsumed under the overall Medicaid numbers. This is more a question for Florida Charts, however there is no category for "alien deliveries".

- **Answer**: The updated name of this report is **Births Covered By Emergency Medicaid** and is located here: https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0593

9. While NTSV is an enhanced datapoint, it is an important datapoint to collect and it is an indicator for HP2030. There is currently a challenge with Florida Charts that I have been trying to clarify with them, however I have not received a response related to this question. I can be more specific if you would like additional information.

- **Answer**: We recognize this would require an IRB and data use agreement with DOH to obtain the file. Vendors will not be required to provide data if it is not available in a timely fashion. Vendor will need to let FAHSC know if they can provide this data. No points will be deducted for not being able to provide this data.

10. Are you only looking for infant mortality data and not fetal mortality as well?

- **Answer**: Yes, we need fetal mortality data.

11. For point of clarification, are the only three datapoints the RFP is asking for regarding zip code data: infant mortality, preterm births, and third/no access to prenatal care?

- **Answer**: We no longer require zip code data. The RFP has been revised and reposted.

12. The following is for your information. This is related to the complexities and challenges for data collection and analysis, with examples, of considerations for the project as identified in the RFP.
    - General Considerations for Data Collection and Analysis
        i. Overview of Data Sources for Maternal and Child Health Analysis in Florida
        ii. Florida CHARTS provides multiple data sources relevant to the quantitative analysis required in this RFP. Key sources include:
        iii. Indicators Data
        iv. Availability: Most recent single-year data (2023) and rolling-rate data (2021–2023).
        v. Limitations: Not available by ZIP code or census tract; analysis limited to broad race categories (Black/White/Other) and ethnicity (Hispanic/non-Hispanic).

    - **Answer**: Florida Charts has a Query Data section on birth counts and race, infant death counts and rates, fetal death counts and rates. You can use this data to produce race by ethnicity counts. See Query Data below.

    - Query Data
        i. Availability: Most recent single-year data (2023); rolling rates not available.
        ii. Strength: Provides the most granular analysis, including race, ethnicity, and age, and is available by ZIP code and census tract.

    - **Answer**: To use the Query Data, you will need to calculate the 3-year rolling averages.

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- Community Dashboard Data
    i. Availability: Five-year rolling-rate data (most recent: 2018–2022), available by ZIP code and census tract.
    ii. Limitations: Does not allow analysis by race, ethnicity, or maternal age.

- **Answer**: We understand this dashboard may not be usable for this project when you want race, ethnicity, or maternal age.

- PRAMS Data
    i. Availability: Sample data from ~2,200 mothers with live births; most recent data is from 2020.
    ii. Strength: Includes race/ethnicity categories such as White non-Hispanic, Black non-Hispanic, and Hispanic.
    iii. Limitations: available only at the state level, limited questions.

- **Answer**: We understand this data is not available at the county level.

- Birth Dashboard
    i. Availability: Most recent single-year data (2023); rolling-rate data not available.
    ii. Strength: Compiles relevant data but lacks the option to download into Excel for detailed analysis.
- Key Considerations:
    i. Race/Ethnicity Analysis
    ii. Query data offers the most detailed demographic breakdowns, including subcategories for race (e.g., Chinese, American Indian) and ethnicity (e.g., Haitian, Cuban, Mexican, Puerto Rican). This is essential for identifying priority populations.
    iii. Geographic Units
    iv. While census tracts are more precise than ZIP codes, the scope of this project suggests ZIP code analysis is more practical.
    v. Statistical Significance
    vi. Limited to specific datasets, primarily Indicators Data, which does not include detailed race/ethnicity categories.
- The following is an illustration of the above data related to Infant Mortality rates in Broward County:
    i. Indicator Data (2023):
    ii. Overall Rate:
    iii. Broward County: 5.0 (statistically significantly lower than the state rate of 6.0).
    iv. 3-Year Rolling Average (2021–2023): 5.2 (statistically significantly lower than the state rolling average of 6.0).
    v. Race/Ethnicity:
    vi. White (may include Hispanic/non-Hispanic/Haitian): Single-year rate (2023) was 3.0, statistically significantly lower than the state rate of 4.5.
    vii. Black (may include Hispanic/non-Hispanic/Haitian): Single-year rate (2023) was 8.5, statistically significantly lower than the state rate of 10.5.

viii. Note: Indicator data also includes breakdowns for White/Other and Hispanic/non-Hispanic, but cross-tabulation between race and ethnicity is unavailable. Data is not provided at the ZIP code level.

- Query Data (2023):
  i. White non-Hispanic: Infant mortality rate was 1.3 (compared to 3.0 in the Indicator Data).
  ii. Black non-Hispanic: Infant mortality rate was 7.7 (compared to 8.5 in the Indicator Data).
  iii. Hispanic: Infant mortality rate was 4.4 (same as in the Indicator Data).
  iv. Non-Hispanic: Infant mortality rate was 4.4 (compared to 6.2 in the Indicator Data).

- Community Dashboard (2018–2022):
  i. Overall 5-year rolling average for Broward County: 5.38.
  ii. Note: This data is available by census tract and ZIP code but does not provide breakdowns by race, ethnicity, or other demographic characteristics.

- This brief analysis illustrates the complexity of data available in Florida CHARTS.
- For this project:
  i. Recommended Data Source: Query data provides the most detailed demographic and geographic insights (e.g., race, ethnicity, ZIP code). While this data source is recommended for informing purposes, it is also the most time-intensive.
     1. Limitations of Query Data: Does not include 3-year rolling averages. However, a 5-year trend analysis using single-year data is feasible.
  ii. PRAMS Data: Some of the data required (diabetes, hypertension, STIs, breastfeeding for 3 months) is only available through PRAMS data for the state only. Note that alcohol use is only available through PRAMS and is available for the 3 months prior to pregnancy, not during pregnancy. Again, only available at the state level for the year 2020.
  iii. Overview of Data Sources for Demographics and Social Drivers of Health
     1. The American Community Survey provides much of the data required in the RFP. It is also available in some instances, by census tract and zip code. The most recent data available for most of this data is 2022.
     2. Data for "severe housing problems" is available in Florida Charts, however the most recent data available is for single year 2021. It is not available by zip code, nor is it available by race/ethnicity/etc.
     3. Homeless estimates are available in Florida Charts. The most recent data available is for single year 2024. It is not available by zip code, nor is it available by race/ethnicity/gender/age, etc.

- **Answer**: Thank you for taking time to document the complexities. Our workgroup is well aware of the complexity of the data to be compiled and we understand the budget will reflect the workload. Coalitions have been doing these needs assessments since the program began in 1991. The heavy workload conducting a Needs Assessment every five years is exactly why we are looking for support and expertise from a vendor/Consultant(s).

1-7-25 Q&A Posting:

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Please note that the RFP is being revised and streamlined to remove zip code data, reduce the number of data points that require race and ethnicity data, and provide other needed clarifications. Please check the website for the posting of the revised RFP.

1. Does the "state level" document include data on all 67 Florida counties or just the 57 counties in the participating 26 HS Coalitions?

    ▪ **Answer**: Please provide Florida totals, not 67 individual counties.

2. The RFP refers to "research" – however, without a hypothesis and null hypothesis, this is not "research" but assessment. If the intent is for the project to be a research project, what are the assumptions? Assessments do not use terms such as "statistically significant" and "research questions" (used on p. 3, 4, p. 7). Can these terms be replaced (e.g., notable differences, questions)?

    ▪ **Answer**: We agree this is not a research project. Yes, these terms will be redefined in the revised RFP.

3. As stated, the consumer survey will collect only qualitative data. Is this the intention (i.e., all questions will be open text, no numerical data generated)?

    ▪ **Answer**: We are relying on the expertise of the vendor to develop a tool that answers the questions listed in the RFP and to recommend additional demographics and other data that is normally included in the tools/surveys being developed. We need the vendor's expertise to build a tool for Coalitions to not only compile, but also analyze the responses. For example, a question may ask about barriers to accessing care and the tool may need a subsection to tease out the responses.

4. Quantitative data analysis (p. 4) – are the indicators listed the exact and only indicators required?

    ▪ **Answer**: Yes. This is meant to be a minimum data set provided for participating Coalitions. They may gather additional data at the local level if they wish.

5. Quantitative Data Analysis by County:

    ▪ Do you want age-adjusted rates for the Coalitions as well as the county rates in the individual reports?

        ▪ **Answer**: We are <u>NOT</u> requesting age-adjusted rates. Please note this is contrary to what was stated on the bidder's Zoom meeting.

    ▪ Are these the correct years for the 3-year rolling average for the 5-year period?

        ▪ 2017 – 2019
        ▪ 2018 – 2020
        ▪ 2019 – 2021
        ▪ 2020 – 2022
        ▪ 2021 – 2023

        ▪ **Answer**: These are the correct dates.

    • Please note: The Census Bureau strongly recommends against comparing estimates in overlapping rolling averages since much of the data in each estimate is the same. Do you need trend data for the general

population? Given that the Census recommends against comparing rolling averages, using the 5 year ACS data would be more appropriate (if you need trend data for the general population).

- **Answer**: We understand the concern raised about the Census recommendation; however, we want the 3-year rolling averages for some of the data specified in the RFP because many of the counties are smaller and it is difficult to see the trends with the wider variances when single year data points are used.

  The primary data source will be Florida Vital Statistics data available on the Florida CHARTS website. ACS data may be used if the data is not available on Florida CHARTS (i.e., data on Grandparents as caregivers).

6. 4.B. Maternal Health: Do you want zip code maps for the Coalitions and the state? Please keep in mind, 931 zip codes will be difficult to view. Statewide maps using county-level data will be easier to view and interpret.

   - **Answer**: Zip code maps and data have been deleted from the RFP and are no longer being requested so the workload for the vendor is more manageable.

7. 4.C. Infant Health iv. (p. 5):

   - Higher rates of premature births by zip codes compared to what? (e.g., state, participating FAHSC counties, nation, peer counties)?

     - **Answer**: The zip code map has been deleted from the RFP.

   - Premature Births Zip Code Map – there are 931 regular zip codes in Florida. It will be very difficult to show all 931 on statewide map.

     - **Answer**: The zip code map has been deleted from the RFP..

8. 4.C. Infant Health vi (p. 6) -higher rates of infant mortality by zip codes compared to what? (same as above)

   - **Answer**: The zip code map has been deleted from the RFP..

9. 4.C. Infant Health vi and vii (p. 6) are these meant to be separate?

   - **Answer**: No, these are meant to be combined. There was a typo that has been fixed in the revised RFP.

10. 4.C. Infant Health ix. (p. 6) – can you define "snapshot"? Is this a narrative? Data tables/graphs? Both?

    - **Answer**: Snapshot means to use the data from the most recent ACS survey year available. No rolling averages or trends are required.

11. Some data, such as the top five causes of maternal death, are not publicly accessible. Does FAHSC have access to those data and how will the selected Consultant be granted access to data? (This includes data from the Florida Prenatal Screening, Medicaid emergency alien deliveries, Healthy Start screening forms).

    - **Answer**: Below are the sources of data. They are all available to the public. The vendor is not required to compile any data from the Well Family Data System.

- Florida CHARTS.gov—Florida Vital Statistics data, Emergency Medicaid Deliveries, and maternal deaths.

- www.flpublichealth.com/HS --Select "Screening Reports"

- For RFP Section B.ii. maternal deaths (number and top five causes of maternal deaths in Florida), data sources are:

  - FloridaCHARTS.gov—maternal mortality

  - https://www.floridahealth.gov/statistics-and-data/PAMR/FLMMRC-2020-update.pdf--top five causes of maternal deaths in Florida

12. Item 5. Primary Data:

- A. Paternal Health Surveys: are those the only questions of interest of the survey? What is the purpose of the survey? How many questions should be included? Will the questions be the same for all coalitions? Should demographic and socioeconomic questions be included?

  - **Answer**: All participating Coalitions will use the same survey tools/instruments. We are relying on the expertise of the vendor to develop a tool that answers the questions listed in the RFP and recommend additional demographics and other data that is normally included in the tools/surveys being developed. We need your expertise to build a tool for Coalitions that will allow them to summarize the responses for ease of analysis. Surveys should only take 10-15 minutes to complete. FAHSC will translate the tools/surveys to Spanish and Creole.

- B. Focus Groups: What is the intended time length of focus groups? Will pregnant and postpartum mothers and fathers be in the same or different focus groups? Collecting demographic survey at focus groups? Who is responsible for writing consent forms?

  - **Answer**: Focus group length should be 30-45 minutes. Mothers and fathers will be in different focus groups. Standard demographics should be collected. FAHSC will prepare the opening script and consent forms.

- C. Key Stakeholder Interviews: Collecting demographic survey for interviews? If needed, who is responsible for drafting demographic surveys?

  - **Answer**: Vendor is responsible to develop the complete interview tool including demographics.

- D. Consumer Surveys: How will surveys be collected? (paper, online-only, what platform will be used?) Should demographic and socioeconomic questions be included?

  - **Answer**: Vendor is responsible to develop the complete survey tool in English including any recommended demographic and socioeconomic questions. Vendor will create the tool on paper. FAHSC/Coalitions will be responsible for creating Survey Monkeys or other platforms they wish to use to administer the surveys. FAHSC will translate them into Spanish and Creole.

- A. and D.: Are the paternal and consumer surveys to be created only in English? Or both English and Spanish? Is there a need for a Creole language version?

> - **Answer**: Vendor is responsible to create the tools/surveys in English. FAHSC will translate them into Spanish and Creole.

> - For all primary data tools – what will be the review and approval process?

> - **Answer**: Vendor will draft the questionnaires/tools and the FAHSC Needs Assessment Workgroup will provide feedback.

13. Is there a specific template or colors that should be utilized in the development of the Needs Assessment document for the state and for each coalition?

> - **Answer**: No specific colors are required.

14. V. Budget: Estimated hours for the needs assessment are dependent on the number of coalitions, counties, and zip codes included in the assessment. While the time dedicated to the development of primary data tools is not impacted by county size or zip codes, secondary data analysis and mapping is highly impacted by the volume of zip codes. How should this be addressed in the budget?

> - Question: list budget for each Coalition? FAHSC will allocate based on zip codes or counties or other criteria will be decided and implemented by the workgroup.

> - **Answer**: Please provide your estimate based on the current number of Coalitions provided in the RFP. The final number will be confirmed after proposals and cost estimates are received. The final contract amount will be renegotiated with the selected vendor based on the final number of participating Coalitions/Counties.

15. IX. Timeline: 3rd bullet – Are questions about the RFP being accepted from December 18-January 20, 2025, as stated?

> - **Answer**: Yes.

16. Primary data tools, what is the intended process for finalizing the survey tools. Will the workgroup approve?

> - **Answer**: Vendor will draft the tools and the FAHSC Needs Assessment Workgroup will provide feedback.

17. What is the timeline for Coalition analysis?

> - **Answer**: Please see the RFP deliverable timeline. These dates will allow the Coalitions to submit their individual Needs Assessments to DOH before December 31.

18. Will access to the vital statistics data sets be provided to the vendor?

> - **Answer**: No. All data sources the Consultant will be responsible for are accessible by the public.

19. Will an IRB be needed.

> - **Answer**: No.

20. How should the vendor handle small number suppression in FL Charts?

- **Answer**: If this is an issue, please place a note below the chart created; however, it may not be a significant issue. For example, maternal mortality on Florida Charts reports zeroes in small counties so this may not be a significant issue.