

VALLEY HOSPITAL ASSOCIATION dba MAT-SU HEALTH FOUNDATION

Organizational Equity Assessment Request for Proposals

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|---------------------------------------|------------------------|
| 1. Date of Issue: | 9/11/20 |
| 2. Call or email for more information | Ongoing until deadline |
| 3. Deadline to Submit Proposals | 10/15/20 @ 5:00 p.m. |
| 4. Award to Successful Firm | 11/10/20 |

The Mat-Su Health Foundation (MSHF) is requesting proposals from qualified consultants interested in bidding on this RFP. Qualified, interested parties must submit a completed proposal, along with signed cover letter, electronically by 5:00 PM, Alaska Time, 10/15/20, to:

Mat-Su Health Foundation
777 N. Crusey Street, Suite A201
Wasilla AK 99645
Attention: Elizabeth Ripley, CEO
eripley@healthymatsu.org

I. About Mat-Su Health Foundation

The 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, Leadership, Collaboration

Definitions

- Health – Complete physical, mental and social well-being and not merely the absence of disease and infirmity
- Wellness – A healthy balance of the mind, body and spirit that results in an overall feeling of well-being
- Wellbeing – A good or satisfying condition of existence; a state characterized by health, happiness and prosperity (Quality of Life)

II. Background

The MSHF building sits on the traditional lands of the Ahtna and Dena'ina peoples. The Chickaloon and Knik Tribes continue to build on the contributions, innovations, and rich culture of their ancestors. Both tribes are represented on the MSHF Board of Directors. Twelve years ago, the board and staff of the MSHF were 100% white. Today, 25% of the board and 25% of the staff represent races and cultures outside of the western white culture in a community where 85% of the people are white.

While we have made some headway in leadership, we have struggled to advance conversations about health equity with our board and staff. The Foundation has not had an intentional sustained initiative on Health Equity, although some staff and a few board members have attended Undoing Racism by the People's Institute and Beyond and an Alaska Native Dialogue on Racial Equity by First Alaskans. These trainings were arranged by R.O.C.K. (Raising Our Children with Kindness) Mat-Su, a collective impact project that MSHF houses, staffs and supports financially. Additionally, the MSHF CEO has participated in a CEO Diversity, Equity, and Inclusion (DEI) cohort, and three MSHF Board members in a Trustee DEI cohort through Philanthropy Northwest (all ongoing).

The mission of MSHF is *To Improve the Health and Wellness of Alaskans Living in Mat-Su*. The Foundation strives to make measurable improvements in the health and wellness of Alaskans living in Mat-Su via the Foundation's philanthropic and charitable programs, community engagement, hospital ownership, public policy, and financial investments. This means all Alaskans living in Mat-Su. It is crucial to examine the work of the Foundation internally and externally and make sure we are promoting health equity for all people living in Mat-Su. The theme of the 2019 Mat-Su Community Health Needs Assessment (CHNA) was Hearing Every Voice. Rather than fully rely on traditional methodology that largely mines dominant culture feedback and data used for past CHNAs, we included a Photovoice¹ component in the assessment. Eleven groups participated in Photovoice and their pictures can be found in the online report <http://online.fliphtml5.com/cbqo/jcti/> This report also provides a good synopsis of population health in our community.

At the 2019 MSHF Board retreat, the board discussed adding a value of equity to the Strategic Plan. In June 2020, the board voted to establish a Health Equity Committee. Board members helped to draft the Health Equity Committee Charter (see Appendix A), which was adopted at the August 2020 MSHF Board meeting. Seven diverse board members have been seated on this new committee. The MSHF Health Equity Committee was established to coordinate and recommend policy to the MSHF Board of Directors that proactively promotes the elimination of health disparities and the achievement of health equity for all people in Mat-Su. Eliminating the disparities is essential in deriving this measurable improvement at the population level.

III. Scope of Work

MSHF seeks a consultant with expertise in health equity knowledge, practices, strategies, plans and policies to help propel our health equity initiative. This consultant will conduct a comprehensive organizational equity assessment of MSHF's governance and operating policies and practices as well as its grantmaking, programmatic work, communications, research and evaluation, and community engagement. This assessment will provide baseline data and information to inform the MSHF Health Equity Committee, MSHF Board of Directors, and MSHF staff for the eventual development of a Health Equity Blueprint.

This organizational equity assessment process and findings will assist the MSHF Health Equity Committee and Board in completing the following key responsibilities.

¹ Photovoice is way of capturing perspectives on a community issue. With Photovoice, people take pictures in response to a prompt, discuss them in a group, write captions for their pictures, and create a community exhibit for social change.

This is done by take pictures of one's life, environment and community by using prompt questions given to participants. After photos are taken, they will be discussed with the Group Leader to co-create captions of what the participant wanted to highlight in their pictures. Then these captions will be used to get themes. In this end, pictures with captions will be displayed in a community exhibit to support social change for the issues that arise throughout this project.

- A. *Create an accountability framework.* Assess whether the processes and systems and the work being done by the Board and staff reflects and embodies the equity principles. Present a report to the Board annually that assesses governance, operations, membership, investments, and philanthropic funding through an equity lens and makes recommendations to the committees and Board.
- B. *Create a Health Equity Blueprint that defines measures of success along with annual targets for health equity grantmaking, scholarships and other funding mechanisms.* Research barriers to health equity across finance, education, healthcare, social, justice systems and other systems within Mat-Su, along with the community assets that can be deployed to remove these barriers, to inform the Blueprint recommendations. Work with the Program Committee as appropriate.
- C. *Consider ways to assess, collaborate and ensure that Mat-Su Regional Medical Center is providing equitable care.* Work with Category A to implement as appropriate.

IV. Deliverables

1. Detailed workplan and timeline, including weekly virtual meetings with key MSHF staff
2. Identification of appropriate, tested assessment tool(s) and process(es) to audit MSHF's governance, operations, and programmatic work with an equity lens
3. Facilitated application of the selected tool(s) with MSHF board members, staff, and stakeholders
4. In-depth analysis of MSHF's grantmaking awards, processes, and strategies with an equity lens
5. In-depth analysis of MSHF's scholarship awards, processes, and strategies with an equity lens
6. In-depth analysis of MSHF's Human Resources and management processes with an equity lens
7. In-depth analysis of MSHF website, advertising, and communications with an equity lens
8. Identification of an appropriate community readiness assessment tool
9. Facilitated application of the selected community readiness tool with Mat-Su stakeholder groups and residents
10. Diverse stakeholder engagement plan to solicit input on MSHF's programmatic work and grantmaking to ground-truth assessment findings
11. Comprehensive review of existing Mat-Su data to identify health disparities within the MSHF focus areas and across the social determinants of health and the alignment of these findings with MSHF's funding priorities
12. Literature review of best practices regarding community engagement in health equity by like communities
13. Identification of appropriate performance measures for MSHF to advance this work internally and externally
14. Professional summary report sharing findings and recommendations from the above assessments

- 15. Monthly in-person or virtual updates to the MSHF Health Equity Committee
- 16. Final presentations to the MSHF Board of Directors and community stakeholders

V. Work Schedule

The contract term and work schedule set out herein represent Mat-Su Health Foundation’s best estimate of the schedule that will be followed. If a component of this schedule, such as the opening date, is delayed, the rest of the schedule will likely be shifted by the same number of days.

Deliverable	Due Date
Kick-off meeting	Mid-November
Work plan and timeline	November 30
Deliverables 2 through 15	March 31, 2021
Final presentation to the MSHF Board of Directors and stakeholders	April 19, 2021

VI. Proposal Format and Content

MSHF seeks simplified, cost-effective proposals. However, for MSHF to evaluate proposals fairly and completely, offerors must follow the format set out in this RFP and provide all information requested.

- a) **Cover Letter:** The cover letter must include the complete name and address of offeror's firm and the name, mailing address, and telephone number of the person MSHF should contact regarding the proposal. Proposals must confirm that the offeror will comply with all provisions in this RFP. Proposals must be signed by a company officer empowered to bind the company. A statement that the proposal will remain in effect for 60 days after receipt by the Mat-Su Health Foundation.
- b) **Objectives and Services:** The consultant should describe their understanding of the objectives and challenges of this particular contract and define any assumptions made in formulating the response. They should identify any distinct and substantive qualifications for undertaking the proposed contract.
- c) **Methodology:** The Consultant must provide sufficient information and specific recommendations on how they will operationalize the tasks and deliverables in the scope of work - suggesting alternatives, if appropriate. They should describe their approach and what, when, where, and how the work will be done. They should address how particular geographic familiarity, experience and capabilities of your team might specifically contribute to the proposed methods. They should include a project schedule that meets or exceeds the project completion date.
- d) **Management and Project Staff:** The proposal must include a narrative description of the organization/business and a description of your proposed management structure and lines of authority. It should describe the work to be performed by the individuals, their name and their specific qualification and the substantive experience directly related to the proposed contract. For each person named, their employer, professional discipline and state residency should be identified, and three references listed.
- e) **Relevant Project Experience:** The response must describe experience with organizational equity assessments, grantmaking and scholarship process and outcome assessments, health disparity data analysis, ground-truthing through stakeholder engagement, and institutional transformation work

in multiple settings, sectors, and communities around equity. Provide a brief narrative of experiences and successes you have had with this type of work as well as references, with contact name and phone number. Indicate which of the proposed staff/firms were involved in the work.

- f) **Resumes:** Resumes should be limited to one page per person and describe each key personnel's experience with similar projects.
- g) **Cost Proposal:** The budget for this project in 2020 is \$20,000. However, this work will roll into our 2021 calendar year budget. Please submit an itemized budget for 2020 and 2021 to accompany the workplan and timeline. The proposals will be evaluated with the budget information, and a contract will be negotiated once the vendor is selected.

VII. EVALUATION CRITERIA

Proposals will be reviewed by a committee and will not be based on discrimination due to the race, religion, color, national origin, gender, age, marital status, pregnancy, parenthood, disability, or political affiliation of the offeror. The following criteria will be weighed in evaluating the proposals for each response:

- a. **Objectives and Services** - Does the proposal demonstrate a clear understanding of the project, the concept of social determinants of health, and health equity within a local context?
- b. **Methodology** - Does the proposal demonstrate an excellent technical understanding of how to approach and accomplish the proposed organizational equity assessment?
- c. **Management and Project Staff** - Who are the key staff dedicated to the project and what are their qualifications? What are the qualifications of the project manager? Does the consultant team have the expertise to carry out the tasks? Is there enough staff available to get the work finished in four months? Has the team worked together successfully on past projects?
- d. **Relevant Project Experience** - Does the firm have experience with successfully completed similar projects? Are the consultant's previous clients satisfied with the quality of the work product on similar projects?
- e. **Quality of Proposal** .

VIII. Additional Instructions

Location of Work

The work is to be performed, completed and managed at the contractor's site and at locations where the stakeholders convene. MSHF will not provide workspace for the contractor. The contractor must provide its own workspace. The contractor should include in its price proposal: transportation and per diem costs sufficient to pay for staff to make necessary trips to the Mat-Su-based meetings.

Right of Rejection

Offerors must comply with all of the terms of the RFP, and all applicable local, state, and federal laws, codes, and regulations. MSHF may reject any proposal that does not comply with all the material and substantial terms, conditions, and performance requirements of the RFP.

Offerors may not qualify the proposal nor restrict the rights of MSHF. If an offeror does, MSHF may find the proposal to be a non-responsive counteroffer and reject the proposal. Minor informalities that do not affect responsiveness and/or change the meaning/scope of the RFP may be waived by MSHF.

MSHF reserves the right to refrain from making an award if it determines that to be in its best interest.

MSHF Not Responsible for Preparation Costs

MSHF will not pay any cost associated with preparation, submittal, or presentation of any proposal.

Disclosure of Proposal Contents

All proposals and other material submitted become the property of MSHF and may be returned only at MSHF's option. All proposal information will be held in confidence during the evaluation process and prior to the time a Notice of Intent to Award is issued. Trade secrets and other proprietary data contained in proposals may be held confidential if the offeror requests, in writing and that MSHF agrees, in writing, to do so. Material considered confidential by the offeror must be clearly identified, and the offeror must include a brief statement that sets out the reasons for confidentiality.

Offeror's Certification

By signature on the proposal, offerors certify that they comply with:

- (a) the laws of the State of Alaska;
- (b) the applicable portion of the Federal Civil Rights Act of 1964;
- (c) the Equal Opportunity Act and the regulations issued thereunder by the federal government;
- (d) the Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government;
- (e) all terms and conditions set out in this RFP and;
- (f) a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury: and
- (g) that the offers will remain open and valid for at least 60 days.

By signature on the proposal, offerors also certify that programs, services, and activities provided to the general public under the resulting contract conform to the Americans with Disabilities Act of 1990, and the regulations issued thereunder by the federal government.

If any offeror fails to comply with (a) through (g) of this paragraph, MSHF reserves the right to disregard the proposal, terminate the contract, or consider the contractor in default.

Conflict of Interest

Each proposal shall include a statement indicating whether the firm or any individuals working on the contract has a possible conflict of interest and, if so, the nature of that conflict. MSHF reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program to be developed by the offeror. MSHF's determination regarding any questions of conflict of interest shall be final.

Discussions with Offerors

MSHF will answer questions pertaining to this RFP via email. The answers to these questions will be made available to all applicants if they communicate that they are interested in submitting a proposal. Additionally, the MSHF may conduct discussions with offerors to determine if a proposal is reasonably

susceptible for award. Such discussions between the offeror and MSHF staff are permitted to clarify uncertainties or eliminate confusion concerning the contents of a proposal and which do not result in a material or substantive change to the proposal.

MSHF may also conduct discussions with offerors for the purpose of ensuring full understanding of the requirements of the RFP and proposal. Discussions will be limited to specific sections of the RFP or proposal identified by MSHF. Discussions will only be held with offerors who have submitted a proposal deemed reasonably susceptible for award by MSHF. If modifications are made because of these discussions, they will be put in writing. Following discussions, MSHF may set a time for best and final proposal submissions from those offerors with whom discussions were held. Proposals may be reevaluated after receipt of best and final proposal submissions.

If an offeror does not submit a best and final proposal or a notice of withdrawal, the offeror's immediate previous proposal is considered the offeror's best and final proposal.

Offerors with a disability needing accommodation should contact MSHF prior to the date set for discussions so that reasonable accommodation can be made. Any oral modification of a proposal should be reduced to writing by the offeror.

Alaska Business License and Other Required Licenses

Before an offeror is formally issued a Notice of Intent to Award, evidence of a valid Alaska business license and any necessary applicable professional licenses required by Alaska Statute must be provided. An offeror's failure to submit this evidence in a timely manner will cause the proposal to be determined non-responsive.

Proposed Payment Procedures

MSHF will make payments based on a negotiated payment schedule. Each billing may not exceed 40% of the contract amount and must consist of an invoice and progress report. No payment will be made until the progress report and invoice have been approved by the Executive Director. MSHF will retain 20% of the contract amount until the contract is successfully completed.

Appendix A

VALLEY HOSPITAL ASSOCIATION, INC. D.B.A. MAT-SU HEALTH FOUNDATION	
Title: Health Equity Committee Charter	Issue Date: 8.17.20
Number: BOD110	Revision Date:
Page 8 of 3	Reviewed:

I. POLICY STATEMENT

The VHA dba MSHF (the Foundation) vision is that “All Mat-Su residents have an opportunity for a healthy life.” This will be achieved when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among communities or identities, or other socially determined circumstances. Health Equity is when every person has the opportunity to attain his or her full human potential (physically, intellectually, socially and spiritually) and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances or systemic and institutional barriers. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, death, severity of disease, and access to treatment and healthy foods. Achieving health equity for Mat-Su residents, including a healthcare workforce and foundation workforce that reflects the demographics of the communities it serves, is a priority for the Mat-Su Health Foundation Board of Directors.

II. OBJECTIVE

The Health Equity Committee is established to coordinate and recommend policy to the MSHF Board of Directors that proactively promotes the elimination of health disparities and the achievement of health equity for all people in Mat-Su. The Foundation strives to make measurable improvements in the health and wellness of Alaskans living in Mat-Su via the Foundation’s philanthropic and charitable programs, community engagement, hospital ownership, public policy, and financial investments. Eliminating the disparities is essential in deriving this measurable improvement at the population level.

III. HEALTH EQUITY COMMITTEE STRUCTURE AND MEMBERSHIP

A Health Equity Committee will be established consisting of fewer members than a quorum of the Board of Directors. A quorum of the committee will require the majority of those members in attendance.

Committee terms are for one year with the Board members indicating committee interest and the Chair of the Board appointing the committee and Chair of the committee based upon interest and experience.

The Foundation may establish advisory sub-committees of the Health Equity Committee as needed to inform the work of the Committee.

Non-Directors may be appointed to the Health Equity Committee as non-voting community members with one-year terms. Non-Directors may not count towards quorum.

The Chair of the Foundation Board may prioritize MSHF board member representation from the other Foundation standing committees on the Health Equity Committee.

IV. KEY RESPONSIBILITIES

To fulfill its purposes, the Foundation, through a Health Equity Committee appointed by the Board of Directors and working in partnership with staff shall:

A. *Determine Key Definitions and Terms.* Ensure board members and staff are working off a shared definition of equity and other related terms to guide the journey and ensure productive dialogue and decision-making.

B. *Develop guiding values and principles to undergird the work of the Committee, other Foundation committees, and the Board.* Attend to the processes of the committee work by trying to mirror equity and identify ways that the dominant culture and privilege may be influencing the Committee's goals, strategies, and definitions of success.

C. *Develop and support leadership competencies that integrate equity.* Identify and build practices (such as understanding racism and privilege, framing and messaging, and how to align personal values and behaviors that lead to action) that help individual board members, committees and the Board build confidence and capacity to address the core competencies of leadership for equity.

D. *Chart a Board education plan to understand the community's history and culture, and the areas where community change can be leveraged.* Ensure this education plan is informed by the diverse peoples of Mat-Su, represented in special advisors, consultants, informal and formal communities, and community forums.

E. *Create an accountability framework.* Assess whether the processes and systems and the work being done by the Board and staff reflects and embodies the equity principles. Present a report to the Board annually that assesses governance, operations, membership, investments and philanthropic funding through an equity lens and makes recommendations to the committees and Board.

F. *Create a Health Equity Blueprint that defines measures of success along with annual targets for health equity grantmaking, scholarships and other funding mechanisms.* Research barriers to health equity across finance, education, healthcare, social, justice systems and other systems within Mat-Su, along with the community assets that can be deployed to remove these barriers, to inform the Blueprint recommendations. Work with the Program Committee as appropriate.

G. *Consider ways to assess, collaborate and ensure that Mat-Su Regional Medical Center is providing equitable care.* Work with Category A to implement as appropriate.