



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 24, 2012

HSS 12 008

HEALTH AMBASSADORS

FOR

DIVISION OF PUBLIC HEALTH

Date Due: March 19, 2012
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED BID.

Responses to questions addressed at the pre-bid meeting on February
24, 2012 are attached.

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RFP HSS 12008 HEALTH AMBASSADORS

Pre-bid Meeting Questions

February 24, 2012

1. Is there a maximum funding amount?

Answer: It is the expectation that the vendor submits a cost effective proposal, further defining the scope of services, a work plan and a schedule that estimates proposed labor hours, personnel, and a budget (i.e. hourly rate).

2. What items are excluded, not allowed, in the budget?

Answer: After a vendor is selected, and DPH enters into contract negotiations with that vendor, we will communicate directly if there are expenses identified that are cost prohibitive or restricted. There is a restriction that indirect costs can not be more than 12% of the contract. It is recommended that the bidder follow the budget template included in the RFP as a guide.

3. Will there be standard reporting requirements, data collection across the zones? Or, should our proposal include the data we plan to collect.

Answer: Yes. DPH has submitted a formal Technical Assistance request to the federal government to develop an Evaluation and Data Collection plan to measure outcomes on the Community Health Worker (i.e. Health Ambassador) model.

4. Will DPH or another entity provide training for the health ambassadors? If so, will it be skill based (communication, tracking) or program based (Help Me Grow, Home Visiting Programs).

Answer: Selected through a RFP process, another DPH contracted vendor will develop and deliver training to home visitors, health ambassadors and Help Me Grow stakeholders. We do however, expect and encourage the selected Health Ambassador vendor to assist with identifying core competencies to ensure that training topics meet the ongoing professional development needs of Health Ambassadors.

5. To clarify – we need to submit a 3 year strategy plan, 3 year work plan and a 3 year budget. However, awards will be for 2 years with the possibility for an additional two years. Correct?

Answer: Prospective Bidders must submit a 3-year timeline, work plan and budget for the Health Ambassador RFP. Yes, the contract term is two years, with the option to renew annually up to three additional years.

6. Can we get a copy of the maps of the Zones sent by e-mail? We are having trouble getting the same map from Google maps.

Answer: Please see Updated DE-MIECHV State Plan for all maps of the Zones, which is on the DPH website - <http://dhss.delaware.gov/dhss/dph/chca/dphmchhome.html>)

7. How much emphasis does DPH want on the teen population beyond connection to health care (school based wellness centers) and reproductive life plans?

Answer: The specific target groups and messages will be determined based on input from the high-risk community in question.

8. Why was the greater Dover community not included as a target zone?

Answer: The six high risk areas were identified based on Child maltreatment, crime, domestic violence, high school completion, infant mortality, low birth weight infants, poverty, premature birth, substance abuse and unemployment. The six areas identified ranked highest on these measures. For more information on the methodology please see the home visiting state plan:

<http://dhss.delaware.gov/dhss/dph/chca/dphmchhome.html>

9. Must you submit a letter of “no bid” if you choose not to bid but attended the meeting?

Answer: No

10. Please elaborate on resources for home visiting and explain role of Health Ambassador further.

Answer: A Community Health Worker (CHW), Health Ambassador, Lay Health Advisor (LHA), or Promotora¹ is defined as an individual who is indigenous to his or her community and consents to be a link between community members and the service delivery system.^{i,ii} Many health programs have turned to Health Ambassadors for their capacity to strengthen already existing community network tiesⁱⁱⁱ as well as their unique ability as connectors because many live in the communities in which they work, communicate in the language of the people in these communities, understand what is important to those communities, and recognize and integrate cultural buffers – such as cultural identify and traditional health practices – to help community members cope with stress and promote health outcomes.^{iv,v,vi} In addition, Health Ambassadors are able to build partnerships with formal health care delivery systems to connect individuals with the services they need and to stimulate social action that influences community participation in the health system.^{vii} Health Ambassadors also educate providers about the community’s health needs and the cultural relevancy of interventions by helping

¹ For ease, this paper will use the term “Health Ambassador” interchangeably to represent Community Health Workers (CHW), Lay Health Advisor (LHA), or Promotoras [de Salud].

providers and health care systems build their cultural competency.^{viii} Using their unique position, skills, and expanded knowledge base, Health Ambassadors can also feasibly help reduce health care and personal costs as they help improve outcomes for community members. The National Community Health Advisor Study, conducted by the University of Arizona and the Annie E. Casey Foundation, reached almost 500 Health Ambassadors across the country to help identify the core skills, competencies, and core services of Health Ambassadors.^{iv,ix} The following seven core services were identified:

1. Bridging cultural mediation between communities and the health care system;
2. Providing culturally appropriate and accessible health education and information, often by using popular education methods;
3. Assuring that people get the services they need;
4. Providing informal counseling and social support;
5. Advocating for individuals and communities within the health and social service systems;
6. Providing direct services (such as basic first aid) and administering health screening tests; and
7. Building individual and community capacity.

11. Will this be a single or multi vendor contract?

Answer: More than one contract may be issued. Bidders are encouraged to submit proposals for the zones where they have existing established relationships and networks.

12. Once submitted, can the budget be modified later to reflect changing needs?

Answer: If this question is in reference to a proposal budget during this phase of the RFP process, the answer would be no, it can not be modified after the bid due date.

If this question is related to the selected vendor, after a contract and budget is officially executed, where the vendor requests to modify their contract budget during the term of the contract, then the answer would be yes, through a contract amendment.

13. Can sub-contractors be agencies or individuals?

Answer: Sub-contractors are allowed in this proposal.

14. Can you tell us more about home visiting resources?

Answer: For more information about the home visiting program please see the state plan. <http://dhss.delaware.gov/dhss/dph/chca/dphmchhome.html>

The health ambassadors are a distinct program from home visiting. The direct services do not overlap, but are complementary.

15. How much has to be linked to Maternal Child Health services? e.g. can you do job finding to assist families?

Answer: The role of the health ambassadors is to improve the wellbeing of families, in the context of the community they live in. Clearly, families have different needs and priorities. There is flexibility on the specific topics discussed, but the health promotion focus will be on maternal and child health.

16. I am a full-time education professional with experience in public policy and developmental disabilities advocacy. I see that several of the RFP's request contractor availability for nights and weekends. If I am looking to continue working my full-time day job, which of the 4 RFP's would be most appropriate to pursue if I was looking to work nights and weekends?

It is the expectation that there is one lead organization that is responsible for managing the contract, recruiting and retaining staff (full-time or part-time), providing supervision, and carrying out the requirements of the scope of services.

ⁱ Service, C. and Salber, E (eds.). *Community Health Education: The Lay Health Advisor Approach*. Durham, NC, Duke University Health Care System, 1979.

ⁱⁱ Eng, E. and Young, R. (1992). Lay health advisors as community change agents. *J Fam Community Health*, 15(1):4-40.

ⁱⁱⁱ Institute of Medicine (2002). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: Institute of Medicine.

^{iv} Centers for Disease Control and Prevention. (2011). CDC's Division of Diabetes Translation. Community Health Workers/Promotores de Salud: Critical connections in Communities. Retrieved from: <http://www.cdc.gov/diabetes/projects/comm.htm>.

^v Walters, K. and Simoni, J. (2002). Reconceptualizing native women's health: an "indigenous" stress-coping model. *Am J Public Health*, 92, 520-524.

^{vi} Wilson, K., Bronstein, J., Blanton, C. (1998). Community Health Advisor Use: Insights from a National Survey. In: US Department of Human Services, Centers for Disease Control: *Community Health Advisors/Community Health Workers: Selected Annotations and Programs in the United States*, Volume III.

^{vii} DiClemente, R., Crosby, R., Kegler, M. (2002). *Emerging Theories in Health Promotion Practice and Research*. San Francisco, CA: Jossey-Bass.

^{viii} Witmer, A. (1995). Community health workers: integral members of the health care work force. *Am J Public Health*, 85, 1055-1058.

^{ix} University of Arizona & Annie E. Casey Foundation. (1998). *The National Community Health Advisory Study: Weaving the Future*. Tuscon, Arizona: University of Arizona Press.