ONEIDA COUNTY
HEALTH DEPARTMENT

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RMS *Healthcare*
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Prepared for:
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Healthcare Research Proposal

Community Health Assessment (CHA),
Community Health Improvement Plan (CHIP)
Community Service Plan (CSP) Consulting

November 19, 2024
Revised: December 15, 2024
Revised: December 20, 2024

Prepared by:
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Snapshot
Details: Various research components
associated with developing
community health assessment;
community health improvement plan;
community service plan, and final
report preparation
Timeframe: up to 36 weeks

Objective: <u>Oneida County Department of Health (Oneida County) would like to partner with Research & Marketing Strategies, Inc. (RMS Healthcare) to assist in conducting community-wide research that will result in development of its NYS required Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) as well as a Community Service Plan (CSP)</u>. RMS Healthcare also understands that this work represents a long-standing collaborative approach engaging both Rome Health and Mohawk Valley Health System (MVHS) in the development of this six-year community health plan. This work will drive overall healthcare strategic planning to identify and address local health priorities which align with the 2025-2030 NYS Prevention Agenda. RMS understands that the mission and vision of the NYS Department of Health is to *protect and promote health and well-being for all, building on a foundation of health equity, with a vision to be a healthy community of thriving individuals and families.* RMS will look to benchmark and update prior health needs information where possible, recognizing that the CHA evaluation will now follow a six-year documentation cycle with annual updates. RMS will follow guidance as outlined in the *The 2025-2030 Prevention Agenda: Community Health Improvement Planning Guidance for Local Health Departments and Hospitals in New York State.*

Profile: RMS has a dedicated healthcare team that works with hospitals, physicians, ancillary providers, healthcare delivery systems, county health departments, accountable care organizations and clinically integrated networks to provide consulting on healthcare delivery. Established in 2002, RMS has a reputation for partnering with its clients and delivering customized, critical market research information for effective decision-making and planning. The RMS Healthcare team offers unique and effective techniques to engage community stakeholders. RMS is a CNY locally based healthcare consulting firm working with its multiple healthcare organization clients to identify healthcare needs and conduct strategic planning.

Approach: At Oneida County's request, this proposal is being prepared as a comprehensive approach resulting in the creation of the required Community Health Assessment (CHA), Community Service Plan (CSP), and Community Health Improvement Plan (CHIP). It is understood that the County and its partners have established a steering/project committee to oversee this work. The RMS team will conduct all the required community assessment activities, including writing the improvement plan in accordance with *The 2025-2030 Prevention Agenda: Community Health Improvement Planning Guidance for Local Health Departments and Hospitals in New York State.*

For the community health assessment to be completed, cross-sectional stakeholder and community engagement is critical. Upon selection, the RMS team would want to meet with the Oneida County steering/project committee and fully understand the overall timeline and workplan of activities. Based upon the proposal work components selected, the RMS team would create a detailed project work plan that describes the activities, timeline, and responsible individuals, as well as a mutually agreed upon schedule for planning meetings to ensure all project deliverable timelines are adhered to. The work plan will serve as the primary communication tool that will be used to document all work progress. Additionally, the project will be assigned an RMS staff member who will function as the project manager. There will be regular interaction between RMS staff and Oneida County steering/project committee.

The RMS team typically looks at the overall scope of work within various components, with strategic work options falling within each component. Because the majority of RMS community health assessment work involves both the CHA and CHIP work, these components follow the more rigorous requirements to ensure all NYS requirements are strictly adhered to.

An overview of the five community assessment components follows and then described in detail within a later section of the proposal. Under each component, RMS will detail the work options it can provide Oneida County and its steering/project committee. The RMS team also recognizes that each community is unique and will work collaboratively with the Oneida County project team to implement research and forum activities that will yield the best result for the work, obtaining input from key stakeholder groups, while facilitating a cross-sector partnership and alignment on measurable goals.

Overall Community Health Assessment Proposed Project Components - Scope of Work

COMPONENT 1: Health Population Data and Resource Assessment – Secondary Data

Component 1 Snapshot: RMS will use available secondary research (local, statewide, and national data) regarding health status statistics/trends as they apply to the populations residing within the defined Primary Market Area (PMA). Demographic changes and trends will be identified and profiled. Additionally, RMS will inventory healthcare resources available for residents within the area.

COMPONENT 2: Gap Analysis/Needs Prioritization

Component 2 Snapshot: RMS will assess identified healthcare needs and identify gaps in healthcare services, assisting the project team with understanding these needs identified through the research. RMS will use available secondary research regarding vital healthcare statistics along with available information by the project team to identify any gaps in service. In particular, the RMS team will review past priority areas and implementation plan strategies to assess longitudinal changes.

COMPONENT 3: Community Health Needs Identification Assessment – Primary Data

Component 3 Snapshot: RMS will conduct primary data research with the community stakeholders to validate the secondary research healthcare needs gaps and identify any other healthcare needs. The research will include a Community Key Stakeholder Conference which will aim to gain insights on key community gaps and needs and will also consider 2025-2030 Community Health Improvement Planning guidance. RMS will also work with the Oneida County team to identify strategies to engage community members in the Stakeholder Conference. An online community survey will also be developed and launched in collaboration with the Oneida County Steering/Project committee. The results of this work will identify, quantify, and verify, through primary research, the stakeholders' perceived healthcare needs.

COMPONENT 4: Summary Community Health Assessment Report

Component 4 Snapshot: RMS will summarize all the primary and secondary research data and *needs* findings into a comprehensive report, using Microsoft® Word. The report will graphically display the data results and highlight any benchmarking trends. The RMS team will organize the findings into broad-based need themes. These need themes will serve as the basis for the CHA, CHIP and the CSP incorporating priorities, while considering the NYSDOH's Prevention Agenda priorities for 2025-2030.

COMPONENT 5: Complete the CHA Implementation Plan(s), Community Health Improvement Plan, and the Community Service Plan

Component 5 Snapshot: Working with the Oneida County project team, RMS will create a comprehensive implementation plan, incorporating interventions, strategies and activities that will align and increase its investments in evidence-based interventions related to the 2025-2030 Prevention Agenda. This plan will incorporate process measures used to track progress longitudinally. The results from this work can be stratified and shared with the participating hospital Boards and Oneida County representatives.

Oneida County will engage in two primary research options that will be executed to best meet its needs. Those items that will be conducted by RMS will be identified at the time of the engagement when the proposal is signed. Additionally, the Oneida County steering/project team can elect to have RMS assist with oversight and review of the complete CHA, CHIP, and CSP documents and process, based on a per hour basis. With this work, RMS will review activities and work completed by the steering/project committee and provide feedback. RMS will charge a flat per hour rate and provide an estimate of hours based upon work scope. Oneida County will pre-approve hours in advance of the actual work being conducted.

Timeframe:

The timetable is expected to take approximately 8 to 9 months (upwards of 36 weeks) from the time of project kickoff to completion of a working draft by mid-September 2025. The final document will be completed by October 2025. *Projected completion dates are based upon the NYS DOH timetable for Prevention Agenda State and Local Planning Cycles,* as well as to align with each hospital's board meeting timelines for reporting. There will be regular scheduled interaction with the Oneida County steering/project team throughout the engagement. The project timetable is somewhat dependent on the willingness of the community stakeholders and residents to participate in the primary research (e.g., IDIs, focus groups, and on-line survey, etc.) as well as receiving timely feedback from the project team. RMS understands the importance of maintaining adherence to a timeline with key milestone deliverables.

Weeks 1-2	Weeks 2-8	Weeks 9-18	Weeks 19-25	Weeks 26 - 36
Kickoff Meeting (virtual) Planning meeting frequency to be confirmed and scheduled.	Secondary Research, IDI & Focus Group Screening and Script Development. GAP Analysis conducted from prior CHA/CHIP.	Online Survey, Community Stakeholder Conference & Fieldwork.	Complete analysis of findings (draft) – engage with key process stakeholders in prioritizing needs and developing strategies to be incorporated into the draft community health assessment report.	Prepare draft report with implementation goals for need areas by September 2025. Final report planned for completion by October 2025.

- Regular participation and engagement with Project Team via "Teams" or "Zoom"

Cost: The table that follows represents the RMS costs based upon the components and work option selected. *Refer to pages 8-11 of this document for a descriptions for all components listed below.*

Component/Work Options	RMS Cost
Account Set-up; Virtual Project Kick-off Meeting; Creation of Work Plan; develop reporting template; compile comprehensive Report & Deliverables (REQUIRED)	$5,500
Component 1: Profile stats; inventory of healthcare resources; health statistical data	
Component 1: Work Scope : Complete PMA research county statistical update based upon US Census tables, NYSDOH Prevention Agenda and other data sources.	$4,000
Component 2 : Gap Analysis; needs prioritization	
Component 2: Work Scope: Review of prior CHA work; complete thorough GAP analysis based upon primary and secondary research and develop healthcare need themes, assist with Steering/Project Committee needs prioritization exercise and determining key priorities for CHA.	$6,500
Component 3: Primary Market Research	
Component 3A: Work Scope A: <u>Online Community Survey</u> - Program, test, host online survey; create collateral material; field and analyze results; client to promote survey link. RMS will create a printable paper version template and provide the necessary data link; The client Is responsible for data entry of completed paper surveys.	$5,250
Component 3B: Work Scope B: <u>Key Community Stakeholder Conference</u> – In collaboration with the Oneida County project planning committee, RMS will plan and co-moderate a Key Community Stakeholder Conference. This session will be designed to gather valuable stakeholder input through various interactive activities. Such activities will aim to identify gaps (from the last CHA), existing threats and opportunities, general insights and to gain consensus on priorities to improve the health of the community, with specific attention to inclusion, equity and to ensure anti-racism in healthcare delivery. RMS will prepare the meeting agenda, develop key activities and program participant materials to facilitate a meaningful session.	$13,500
Component 4: CHA & CSP Report Preparation	
Component 4: Work Scope: Prepare the CHA/CSP/CHIP reports.	$4,150
Component 5: Preparation of CHIPS – Prevention Agenda Goals & Strategies and/or Implementation Plan	
Component 5: Work Scope: Assist with identification of initiatives from the 2025-2030 NYS Prevention Agenda and Chronic Disease focused items with goal and strategy development.	$3,250
OPTIONAL	
Hourly Consulting and Review [OPTIONAL]: Work with Vice President and/or President RMS staff level to review prepared work and/or consult on Steering/Project Committee activities and initiatives.	$125 per hour
Mileage expenses	
Mileage for key Community Stakeholder Conference: Anticipated mileage expenses for RMS staff to attend conference – traveling separately (mileage estimated based upon travel to Mohawk Valley Community College – Mileage – 134 round trip – at federally allowable rate at ($.70 per mile – reflective increase for 2025.) (source: https://www.axios.com/2024/12/20/irs-mileage-rate-2025-increase-tax-deduction)	**$285.00** estimated (*can change if location changes)

Any independent expense costs will be billed separately with appropriate documentation as incurred.

<u>Examples and estimates of independent business expenses include</u>:

Social media recruiting and online survey boost costs- $150-$250

Travel mileage (if in-person is requested) – focus groups, meetings, report presentation – estimated $115 (approx. 50 miles round trip, billed at the federal rate per mile)

Postage, printing/copying costs (specific to the Community Stakeholder Conference) - $300

Any additional RMS work activities requested outside the scope of this proposal can be negotiated and completed under a time and staff resource arrangement. The Oneida County team would pre-approve any additional RMS work activities in advance.

I have read through and accept the terms of proposal #3211 dated November 19, 2024, revised December 20th, 2024 for Oneida County and its community health assessment steering/project committee to partner with Research & Marketing Strategies, Inc. (RMS) to assist with a community health assessment to the terms indicated. The total cost of this healthcare research project is **$42,150** in addition to any independent business expenses, estimated at $285.00 that will be billed independent of this proposal amount.

For Oneida County – Designated Individual	
Signature:	
Print name:	
Date:	

The executed proposal should be submitted to: Research & Marketing Strategies, Inc.
15 East Genesee Street, Suite 210
Baldwinsville, NY 13027
Phone: 1-866-567-5422
Fax: (315) 720-1159
Email: SusanM@RMSresults.com

Following the receipt of the signed agreement, RMS will schedule a kickoff meeting and begin the engagement. The Oneida County team will be electronically invoiced 50% of the project fees at the start of the engagement, 25% after 15 weeks, and the 25% balance upon delivery of the report. Any independent business expenses will be invoiced as incurred with appropriate documentation. RMS expects payment at the time of invoicing. Payments not received within 30 days of the date of the invoice will incur a 2.5% late fee.

Please indicate below where our billing department can send invoices to:

For Oneida County	
AP Contact Name:	
Address:	
City, State, ZIP Code:	
Phone Number (with area code):	
Billing Email Address:	

RMS is a corporation. EIN 04-3664724

Detailed Overview – Research Component One - Five

This section of the RMS Proposal details the specific activities that the RMS team can offer to conduct a thorough community health assessment. The narrative follows the proposed five community assessment components detailing the work tasks and analysis the RMS staff will complete.

<u>KICK-OFF SESSION</u> (1-hour Initial Meeting)
The RMS team will begin the engagement by holding a kick-off meeting with the Oneida County steering/project team. The purpose of this session will be to set the foundational structure for conducting the assessment and developing the plan. It will also serve as a launch to begin the work. The RMS team will introduce itself and share a detailed project workplan for those work options it will be conducting mapped out over the timeline of the project. Additionally, the RMS team will highlight its information sources and preliminary approach of the work with the entire team, obtaining feedback and "best practice" suggestions from the group. Working with the project team, RMS will seek to learn the need priority areas presently identified and the success of strategies currently being implemented as stated in the CSP. RMS will also validate current data sources used and obtain updated dashboards or outcome reports. The goal of this session will be to layout a comprehensive, interactive approach to the project ahead and get to know the project team participants. There will be ample time for the Oneida County team and RMS team to address questions. Most importantly, the two parties will agree on the best approach to maintain ongoing communications throughout the project.

Thereafter, the RMS team will begin the assessment work based upon the components and the work scope elements Oneida County has selected to scope of work which RMS will be engaged.

Component One: Health Population Data and Resource Assessment - Secondary Research

Market Definition and Analysis/Defining the PMA:

RMS staff will work with the Oneida County team to verify and profile the primary market areas for the work, demographically qualifying the population demographics. It is presumed that the primary market area will include 57 ZIP Codes within Oneida County. It is also important to note if the PMA for the partnering hospital systems extend beyond these ZIP Codes. System PMA for the CHA PMAs may need to be extended. Additionally, RMS will highlight recent changes and key socio-economic indicators among the population. The RMS team also will map the area and use the latest demographic US Census (Experian™) data to profile the overall population and three-year trends. The demographic data will include population age, income, educational attainment, discretionary income, housing, etc. RMS will also identify other economic/educational characteristics of the PMA as they apply to defining the market. RMS will look at national, state and county data on topics such as health insurance coverage, transportation, healthy lifestyle (eBRFSS), etc. to provide insight on the PMA's current population. Pertinent prior research findings will be incorporated as appropriate into the analysis.

Health Status Profile:

RMS will use demographic US CENSUS (Experian™ Alteryx) data to profile demographic statistics of racial, ethnic, and underserved populations. RMS will also look at the most recent data maintained by the New York Department of Health regarding minority population health status, including identification of at least one health disparity in the community-based data. This state and county data will identify

Health Status Profile (cont'd):

the current health status of the residents within the PMA's. This profile will include residents and population percentages related to numerous chronic disease conditions, falls, drug use, mental health status, etc. The RMS team will also look to incorporate health utilization status data available through the website: DartmouthAtlas.org (Robert Wood Johnson Foundation) to understand how the population is using available resources. RMS will look at the most recent data maintained by the New York Department of Health regarding aggregate and minority population health status, including identification of at least one health disparity in the community-based data. RMS will also seek to compare data by race/ethnicity, age, gender and other demographic factors which will be aimed to identify and address disparities in the community.

Inventory of Healthcare Resources Within the PMA:

The RMS team will identify essential community assets and resources, with specific attention to population findings from secondary data analysis conducted, as well as findings and gaps identified during the Community Stakeholder Conference. This inventory will include identification of various social services, long term care, cultural resource services, etc. Additionally, RMS will identify other indirect resource providers that support health and wellness initiatives (e.g., school and social club services). Analysis will also include comparisons of community level data and targets through *Healthy People 2030, as well as the NYS Prevention Agenda 2025-2030 data sources.*

Component Two: Gap Analysis/Needs Prioritization

Upon completion of the secondary research, RMS will conduct an analysis of services within the PMA compared to the perceived gaps in services identified from the stakeholders during the stakeholder conference. Data analysis will detail population characteristics including socioeconomic, educational, and environmental factors that affect health such as race/ethnicity; age; gender ratio; sexual orientation; languages spoken within the jurisdiction; income; disabilities; mobility; educational attainment; housing stability and affordability; home ownership; employment status; health insurance status; access to regular care; and immigrant/migrant status. Gaps or insufficient resource allocation will be identified. Areas where the community has lower population health data values versus national averages for health category(ies) will be identified as gaps and opportunities. The analysis will also look at coordination and integration opportunities. The RMS team will map and identify any gap regions based upon the demographic overview and projected population utilization. This analysis will highlight opportunities for improving health and healthcare delivery within the community and will align with the New York State Community Health Improvement Planning Guidance for Local Health Departments and Hospitals which was published in August 2024. The findings from this work will also be validated and combined with any primary research uncovered in Component 3 – the primary research. RMS can consult with the project team, develop recommendations, and action items from the research results and include these in the final assessment report as well as in the implementation plan (Component 5). RMS will also consult with identified staff that assesses population health data to assist with providing health data needs. RMS will identify prevention priorities as well as health disparity items found in the community-based data. This analysis will also include contributing causes of health challenges in the community, including behavioral risk factors, environmental factors (including the built environment), socio economic factors, policies (e.g., smoke-free parks, menu labeling, zoning for walkable communities, taxation, education, transportation, insurance status), injury, maternal and child health issues, infectious and chronic disease, and unique state characteristics impacting health status. The report will also identify issues related to health disparity, including high-risk populations, and high-need neighborhoods within the service areas will also be considered in the analysis.

Component Three: Community Health Needs Identification Assessment

The RMS team will conduct primary research among the community-at-large using several proven and accepted research modalities. For this work, the RMS team will conduct two primary research activities to gain input from the PMA residents and key stakeholder groups.

(1) Community–wide Online Survey:

Based on the information desired by Oneida County and the prior studies conducted, the RMS Analytics team will develop an online survey script. The content of this online survey will cover many topical areas, including those from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) survey as well as Oneida County community assessment questions allowing for data trending. The online survey is expected to take approximately 10 minutes to complete. The Oneida County project team will review and approve this script prior to fieldwork implementation, providing any feedback or changes to finalize the instrument. The survey will be tested prior to full scale implementation. Once this activity is complete, the full data collection period will begin. The survey will be programmed, and the link will be promoted through various media and public relations outlets throughout the Oneida Co and partnering hospital system primary market areas. A paper version of the survey can also be implemented if desired.

RMS Healthcare Analytics staff will work with the Oneida County Project Planning Committee to promote the survey link, increasing the probability of significant online responses. RMS will utilize its research panel, RMS ViewPoint, as well as social media and community organization connections to help promote this health survey to encourage participation. The survey fieldwork will run approximately 4-6 weeks. The RMS team will review and monitor the survey responses on an ongoing basis for quality control. The Oneida County team will be updated once a week as the survey fieldwork progresses. RMS recommends using a sweepstakes of three $100 Amazon gift cards to encourage participation.

(2) Key Community Stakeholder Conference:

In collaboration with the Oneida County Project Planning Committee, RMS will plan and co-moderate a Key Community Stakeholder Conference. This half-day session will be designed to gather valuable stakeholder input through various interactive activities. Such activities will aim to identify gaps (from the last CHA), existing threats and opportunities, general insights and to gain consensus on priorities to improve the health of the community, with specific attention to inclusion, equity and to ensure anti-racism in healthcare delivery. RMS will prepare the meeting agenda, develop key activities and program participant materials to facilitate a meaningful session, and will design and execute any/all polling activities, as developed to gather input from key community stakeholders. RMS will take the New York State Prevention Agenda Community Health Improvement and Planning Guidance for Health Departments and Hospital guidance document into account in preparing the meeting goals, agenda and planning activities into account. RMS will work with the Oneida County Project planning Committee in preparing all written materials and planning activities. RMS will also work with the Planning Meeting to provide all final materials to be printed for the meeting. If RMS is asked to print program materials, the Planning Committee members will assume all additional costs for printing which would be considered independent expenses, as described on page 6 of this proposal. Lastly, costs associated with food service during the event will be considered additional expenses are outlined on page 6, and will be assumed by Oneida County, Rome Health and MVHS. The Oneida County Project Planning Committee will assume responsibility to schedule the event at designated location(Mohawk Valley Community College/and cover all associated costs for the event). Other locations may be considered.

Component Four: Summary Community Health Assessment Report

Following the health assessment and analysis, the RMS team will prepare a comprehensive report summarizing the findings from secondary and primary research. This report will incorporate both graphical and textual data summaries. The report will be prepared in Microsoft PowerPoint so that the report can be incorporated into The Oneida County CHA-CHIP-CSP steering/project committee planning sessions. The RMS team will highlight general healthcare need and opportunity areas to monitor. The RMS team will also highlight strategies and approaches that other counties and health care systems have considered and employed to address the needs. The work will result in the identification of key healthcare need theme areas.

Component Five: Implementation Plan Development

The RMS team recognizes that at the conclusion of the community health assessment, the Oneida County team will need to develop a set of interventions and Prevention Agenda items, strategies, and activities to address the gaps and improve community healthcare status. The RMS team will write this improvement plan with the collaboration of the project team. This plan will describe the evidence-based interventions being implemented and the process measures that are being used to track progress toward the identified priorities. This work involves identifying areas where the greatest population can be helped. Where possible, the community initiatives need to be examined and collaborated with. The RMS team has experience coaching and consulting with its clients on these activities. Under this component, the RMS team will work with the Oneida County project team to develop SMARTIE goals and reasonable strategies that can advance the community's health status and provide for ongoing dashboard measurement. The objectives identified will also include a specific metric or measure to quantify outcomes of the identified objective. RMS will also ensure that the socioeconomic, education, and environmental factors that affect health status are considered in the development and planning for evidence-based interventions, understanding that achieving measurable improvements requires a multi-sector, community-engaged approach focused on priority populations, setting universal targets, selecting effective strategies, and ensuring proper implementation. *(Source: The 2025-2030 Prevention Agenda: Community Health Improvement Planning Guidance for Local Health Departments and Hospitals in New York State)*

Additionally, the RMS analytics team can work with each respective hospital system and help their administrative teams develop an implementation plan that can be submitted as part of their required Community Health Needs Assessment (CHNA) documentation. This work would be done individually with each hospital's identified staff and is not a required activity from the Oneida County CHA-CHIP-CSP steering/project committee.

Ultimately, the output of this planning work is drafted into a community improvement and or implementation plan that is reviewed and approved by the respective Hospital Board and the Oneida County representative team. Upon final approval, these documents will be published for the community to review.