

Request for Proposals:

Central Valley Healthcare Landscape Analysis



About the Central Valley Community Foundation

Founded in 1966, the Central Valley Community Foundation (CVCF) has been a trusted partner in philanthropy with a mission to cultivate, lead, and invest in solutions that build stronger communities. As the only fully accredited community foundation serving two million people in the six-county central San Joaquin Valley, CVCF attracts investment and deploys resources to solve persistent economic, environmental, and social challenges throughout the region. We manage assets in 250 different funds and provide our donors with a variety of investment vehicles – including but not limited to pools managed by our Outsourced Chief Investment Officer. CVCF is also a key source of support for hundreds of area nonprofits that rely on the work of CVCF and its donors in grantmaking, scholarships, and strategic community leadership.

Our mission is to “Connect capital and communities for a just and thriving Central Valley.

CVCF is governed by a 24-member Board of Directors, comprised of local community leaders, and has 29 staff members. An investment committee sets the investment policy and recommends to the board the selection of the OCIO. This committee meets quarterly on the second Wednesday in February, May, August, and November to review performance, consider type and asset classes for investments.

Purpose of Consultation

The Central Valley Community Foundation (Foundation) seeks a consultant to complete a landscape analysis of the following: (1) Current state of the healthcare system in a six-county region of Central California, (2) The impacts of the system on the health of local citizens; and (3) Recommendations for addressing identified needs. The selected counties for the study align with the Foundation’s footprint and include **Fresno, Kings, Madera, Mariposa, Merced,** and **Tulare.**

Timeline for Consultation

November 1, 2024 – May 2025 (final deadline shall be determined by the Foundation and Consultant).

Background

In 2005, the Congressional Research Service prepared a report analyzing California’s Central Valley’s healthcare, economy, infrastructure, and overall quality of life. That report concluded that by numerous measures, the Central Valley had fallen far behind almost all other regions of California, and many regions across the country¹. That report culminated in *The Economist* declaring the region the “Appalachia of the West.”² In the 20 years since that report was published, some measures of health have improved (e.g. the number of individuals insured), but gaps still exist:

- The region was hit harder by Covid than other areas of California;
- The ratios of providers and specialists per capita lag behind other regions and professional society recommendations;
- The number of hospital beds lag behind other regions; and
- The overall disease burden and health outcomes are worse here than other areas of the state and country.

More recently in 2023, a study by the California Health Care Foundation, echoed these results³:

- A statistically significant number of Central Valley residents reported having difficulty accessing healthcare, especially mental health services;
- Among the Central Valley residents who tried making an appointment for physical healthcare, 50% reported that they had to wait unreasonably long periods of time.
- More than half of Central Valley residents believe that their community does not have enough providers to meet their needs.

Scope of Work and Deliverables

The purpose of this engagement is to analyze the current healthcare landscape of the Central Valley and benchmark the results against other counties/regions in California and across the United States.

¹ Congressional Research Services. (December 12, 2015). California’s San Joaquin Valley: A Region in Transition. (CRS Report No. RL33184).

² “The Appalachia of the West,” *The Economist*, January 10, 2010, online.

³ California Foundation. (2024). The 2024 Central Valley CHCF California Health Policy Survey.

The Consultant will analyze available private and public data sets to create a robust picture of the current state of the healthcare system and the health of the region’s residents. The Consultant will help to design the scope and reach of the study to ensure that the end product aligns with the Foundation’s and region’s needs. This analysis is not a health needs assessment. The region already engages in health needs assessments (that data will be made available to the Consultant). It is anticipated that the study will be comprised of approximately 75% secondary data analysis and 25% primary data, which will be collected by the Consultant.

Throughout the engagement, the Consultant will hold regular meetings (may be virtual) with the Foundation lead and a representative of the California Hospital Council— Northern & Central California Association (Hospital Council). The Consultant will be responsible for leading and assisting the Foundation and the Hospital Council through the process of designing a robust study. Deliverables will include both the data analysis and recommendations. Recommendations may be arrived at in consultation with Foundation and the Hospital Council. The deliverables will include:

- White paper outlining the study, methodology, findings, and recommendations
- Executive summary and slide decks that distill findings and recommendations into easily understandable and actionable presentations for a wide audience.

It is envisioned that this research and its resulting reports will be utilized in a variety of ways to attempt to improve the healthcare system and health of the residents of the Central Valley.

Phase 1 — DATA COLLECTION		
Consultant Responsibility/Task	Deliverable(s)	Preliminary Deliverable due date
Work with the Foundation lead and Hospital Council to fully scope and finalize project.	Work plan	December 15, 2024
Identify, collect, and analyze demographic, socioeconomic, secondary health indicator (demographics, socioeconomic, and health indicators) and health trend data	For review and approval by participants: <ul style="list-style-type: none"> • List of secondary data indicators and sources. 	List and plan due January 15, 2025

<p>(chronic disease, mental health, injury, mortality) for selected counties at the most granular level possible (county, ZIP code, or census tract, including by demographics: age, race/ethnicity and gender wherever stratification is possible and statistical values are stable).</p> <p>Identify, collect, and analyze secondary data necessary to capture the breadth of the local healthcare delivery system and results (provider numbers, specialists, hospitals beds, etc., health outcomes, avoidable hospital days, etc.)</p> <p>In addition to local secondary data, and state HCAI data, national data resources (e.g. HRSA) will be collected and analyzed for targeted counties, including regional snapshot and compared to the region over time. Consultant will help to inform Foundation of best data sources for analysis.</p>	<ul style="list-style-type: none"> • Excel documents or tables with data values (including stratified data) for each county 	
<p>Develop a primary data collection strategy, including identifying primary data that is needed to complete analysis and methodology for collection.</p> <p>If residents will be interviewed, strategy must achieve community engagement for vulnerable communities in virtual and/or in-person environments. Strategy must ensure language equitable access in English, Spanish, Hmong, and Punjabi.</p>	<p>For review and approval by Foundation:</p> <ul style="list-style-type: none"> • Primary data collection plan and protocol. <p>Plan must include:</p> <ul style="list-style-type: none"> • Description of methods to be used • Language access capabilities • Strategies for reaching vulnerable populations • Considerations for 	<p>January 30, 2025</p>

	<p>representative sampling (particularly among geographical areas, race/ethnicity at a minimum)</p> <ul style="list-style-type: none"> • Recommendation for sample size 	
Develop primary data collection instruments for primary data collection.	Primary data collection instrument	February 14, 2025
Conduct primary data collection.		February – March 2025
Conduct quantitative and qualitative analysis of data, benchmark those findings against other counties/regions and professional society recommendations, and develop findings and recommendations for the region.	Completed white paper analysis and executive summary and slide decks.	May 16, 2025

Submission Requirements

The Consultant’s proposal is due to the Foundation by 5 p.m. on Friday, September 13, 2024.

Proposal must include the following elements:

- 1) Plan for meeting the Consultant’s responsibilities and deliverables as outlined in this RFP. Specifically, the Foundation lead, Hospital Council representative, and the Advisory Committee will review the Consultant’s suggestions and ideas for the depth and breadth of this type of analysis.

- 2) Cost estimate for meeting the Consultant’s responsibilities and deliverables as outlined above.
- 3) Describe the individuals who will be assigned to the project and their qualifications and experience working with similar landscape analyses.
- 4) Provide references and contact information for three similar projects you have completed.

Selection Process

The Foundation will convene its Advisory Committee to review proposals after September-13, 2024. If needed, interviews will be scheduled beginning the week of September 23, 2024, to gather additional information about the Consultant’s proposal and proposed activities.

The Foundation plans for the Consultant to begin work by November 1, 2024.

Please email all responses to:

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