

AN ORDINANCE **2010-04-15-0331**

**AUTHORIZING A MEMORANDUM OF AGREEMENT WITH THE BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE TO FORMALIZE ROLES IN RELATION TO THE 2010 BEXAR COUNTY COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN FOR THE TERM OF APRIL 15, 2010 THROUGH DECEMBER 31, 2010 WITH THE OPTION FOR FOUR ADDITIONAL ONE-YEAR RENEWAL TERMS.**

\* \* \* \* \*

**WHEREAS**, the Bexar County Community Health Collaborative (the Health Collaborative) was established in 1998 to improve the health status of the community through collaborative means; and

**WHEREAS**, a critical function of the Health Collaborative is to produce and disseminate a comprehensive community health assessment to serve the needs of its member organizations, partners and Bexar County residents; and

**WHEREAS**, the San Antonio Metropolitan Health District (Metro Health) is the primary public health entity serving the City of San Antonio and Bexar County and charged with responsibility for health assessment, assurance and policy development; and

**WHEREAS**, Metro Health not only participates as a member of the Health Collaborative, but also serves as a key resource and stakeholder in guiding the development of health assessment products; and

**WHEREAS**, the purpose of this Agreement is to formalize the roles of each party with regard to the production of the 2010 Bexar County Health Assessment and Community Health Improvement Plan with the option to renew the Agreement for four additional one-year terms through preparation of the 2014 Community Health Assessment and Improvement Plan: **NOW THEREFORE:**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:**

**SECTION 1.** The City Manager, or her designee, or the Director of the San Antonio Metropolitan Health District, or his designee, is authorized to execute a Memorandum of Agreement with the Bexar County Community Health Collaborative to formalize roles in relation to the 2010 Bexar County Community Health Assessment and Community Health Improvement Plan for the term of April 15, 2010 through December 31, 2010 with the option to renew the Agreement for four additional one-year terms. A copy of the agreement is attached hereto in substantially final form and incorporated herein for all purposes as **Attachment I**.

EG/efg  
Item # 21  
04/15/10

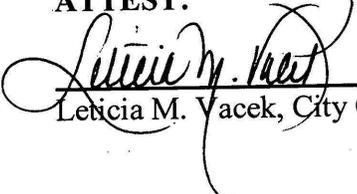
**SECTION 2.** The financial fiscal allocations in this Ordinance are subject to approval by the Chief Financial Officer, City of San Antonio. The Chief Financial Officer, may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

**SECTION 3.** This ordinance shall become effective immediately upon passage by eight (8) or more affirmative votes of the entire City Council; otherwise, said effective date shall be ten (10) days from the date of passage hereof.

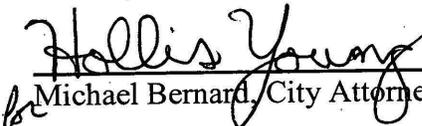
PASSED AND APPROVED this 15<sup>th</sup> day of April, 2010.

  
M A Y O R  
Julián Castro

**ATTEST:**

  
\_\_\_\_\_  
Leticia M. Vacek, City Clerk

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
for Michael Bernard, City Attorney



### Agenda Voting Results - 21

<b>Name:</b>	5, 6A, 6B, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19A, 19B, 19C, 21, 22, 23, 24, 25						
<b>Date:</b>	04/15/2010						
<b>Time:</b>	09:50:23 AM						
<b>Vote Type:</b>	Motion to Approve						
<b>Description:</b>	An Ordinance authorizing a Memorandum of Agreement between the San Antonio Metropolitan Health District and the Bexar County Community Health Collaborative to formalize roles in relation to the 2010 Bexar County Community Health Assessment and Community Health Improvement Plan. [Sharon De La Garza, Assistant City Manager; Dr. Fernando A. Guerra, Director, Health]						
<b>Result:</b>	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Julián Castro	Mayor		x				
Mary Alice P. Cisneros	District 1		x				
Ivy R. Taylor	District 2		x				
Jennifer V. Ramos	District 3		x			x	
Leticia Cantu	District 4		x				
David Medina Jr.	District 5		x				x
Ray Lopez	District 6		x				
Justin Rodriguez	District 7		x				
W. Reed Williams	District 8		x				
Elisa Chan	District 9		x				
John G. Clamp	District 10		x				

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (the "Agreement") is entered into by and between the **City of San Antonio** (hereinafter referred to as "CITY"), a Texas Municipal Corporation acting by and through the Director of the San Antonio Metropolitan Health District (hereinafter referred to as "Metro Health") pursuant to Ordinance No. 2010-04-\_\_-\_\_ passed and approved on April \_\_, 2010, and the **Bexar County Community Health Collaborative** (hereinafter referred to as "the Health Collaborative"), collectively the "Parties".

WITNESSETH

WHEREAS, the Bexar County Community Health Collaborative was established in 1998 to improve the health status of the community through collaborative means; and

WHEREAS, a critical function of the Health Collaborative is to produce and disseminate a comprehensive community health assessment to serve the needs of its member organizations, partners and Bexar County residents; and

WHEREAS, Metro Health is the primary public health entity serving the City of San Antonio and Bexar County and charged with responsibility for health assessment, assurance and policy development; and

WHEREAS, Metro Health not only participates as a member of the Health Collaborative, but also serves as a key resource and stakeholder in guiding the development of health assessment products; and

NOW THEREFORE, the parties agree as follows:

**1. Purpose and Term**

1.1 The Parties agree that they should collaborate to produce a Health Assessment for Bexar County and a Community Health Improvement Plan (hereinafter referred to as "the PROJECT") for release by December 31, 2010.

1.2 This Agreement shall have a term beginning immediately upon execution by the Parties and shall end on December 31, 2010.

1.3 The Parties shall have the option to renew this agreement for continued collaboration through the development and completion of the 2014 Bexar County Health Assessment and Community Health Improvement Plan.

1.4 The PARTIES agree that notwithstanding any other language to the contrary in this Agreement, either party may terminate this agreement with or without cause, upon thirty (30) days written notice to the other party.

## **2. Joint Acknowledgements**

2.1 The 2010 PROJECT will be conducted during calendar year 2010 with a projected completion date of December 31, 2010.

2.2 Health Resources in Action ("HriA") has been contracted by the Health Collaborative to collect and analyze primary and secondary health assessment data as set out within its contract and revised proposal (attached hereto as Attachments I and II).

2.3 The Parties agree and acknowledge that the major phases of the PROJECT will include:

- a) Gathering and review of available secondary health data;
- b) Formulation of a set of health indicators with corresponding data sources, and methods of analysis to frame the quantitative portion of the health assessment;
- c) Quantitative data analysis;
- d) Qualitative data collection and analysis;
- e) Development of a health assessment findings report;
- f) Development of a community health improvement plan;
- g) Publication and presentation of Health Assessment and the Community Health Improvement Plan to stakeholders, public officials and Bexar County residents;

2.4 The 2010 PROJECT will be cited as a product of the Bexar County Community Health Collaborative, with acknowledgement of the San Antonio Metropolitan Health District as a lead partner on all publications disseminated to elected officials, funders, partners and the general public.

2.5 The Director of the Metropolitan Health District, or his designee, shall serve as the spokesperson in any presentation of the 2010 PROJECT findings and Community Health Improvement Plan to the San Antonio City Council, City of San Antonio Mayor, Bexar County Commissioner's Court and/or Bexar County Judge on behalf of both the Health Collaborative and Metro Health.

2.6 The Health Collaborative and its members may present the 2010 PROJECT findings and Community Health Improvement Plan to groups other than those listed above in section 2.5 in accordance with the rest of this agreement.

2.7 The Health Collaborative, including its individual members, and Metro Health, shall provide advance notice of any scheduled presentations that they may have to local, state or national organizations as a courtesy to all members.

2.8 In addition to Metro Health's representative to the Health Collaborative Board, the Health Collaborative will add two (2) additional representatives from Metro Health to its Health Assessment Steering Committee within sixty (60) days of the execution of this agreement.

## **3. Obligations of the Health Collaborative**

3.1 The Health Collaborative will provide primary oversight to assure the objectives, timeline and budget set out in its contract with HRiA are adhered to throughout the course of the PROJECT.

3.2 The Health Collaborative will encourage all member organizations to provide health data or access to stakeholders for the collection of qualitative data to improve the quality of the PROJECT.

3.3 The Health Collaborative will assure that a draft of each phase of the PROJECT produced is shared with Metro Health as they are drafted or completed.

3.4 The Health Collaborative will assure that the final draft of the PROJECT produced is provided to Metro Health for review by the department and the City Manager's Office prior to any public dissemination or presentation to elected public officials.

3.5 The Health Collaborative will assure that the final draft of the PROJECT produced is approved by the Health Collaborative board prior to any public dissemination or presentation to any community groups, associations or organizations.

#### **4. Obligations of Metro Health**

4.1 Metro Health will identify two (2) individuals to serve as representatives on the Health Collaborative's Health Assessment Steering Committee within thirty (30) days of the execution of this Agreement.

4.2 Metro Health will provide or coordinate access to datasets as allowed by law for all years requested by HRiA for the purposes of data analysis, geographic information system mapping and formative evaluation as set out below:

- a) Provide aggregate level data on all Metro Health programs and surveillance datasets;
- b) Facilitate contact and/or request permission from the Texas Department of State Health Services to release deidentified state datasets to include birth, death and hospitalization records;
- c) Assist HRiA in obtaining health and/or social indicator data collected and maintained by local partner organizations.

4.3 Metro Health will, at the request of HRiA, assist in the identification and recruitment of individuals, including those in targeted vulnerable populations, to participate in key informant interviews and focus groups during the qualitative data collection phase of the project.

#### **5. Joint Obligations**

5.1 The Health Collaborative's Health Assessment Steering Committee, to include Metro Health representatives, will meet to provide guidance and information to HRiA in the development of Health Assessment plans and deliverables on a periodic basis throughout the project.

5.2 The Health Collaborative and Metro Health through the Health Assessment Steering Committee will each review and approve the following HRiA products:

- a) Secondary data analysis plan to include health indicators, data sources, level of geographic analysis, and general data analysis methodology
- b) Instruments to be used for primary data collection including key informant interview and focus group interview guides and related instruments.
- c) Key informant interview and focus group recruitment plans.

- d) Phase 1, 2 and 3 draft reports and associated deliverables as outlined in Attachments I and II, as well as the preliminary "Community Report" and "Members Only Report"

5.3 The Health Collaborative and Metro Health, with the support of HRiA as a facilitator, will engage community partners and stakeholders to develop recommendations based on health assessment findings and produce a Community Health Improvement Plan.

5.4 The Health Collaborative and Metro Health leadership will coordinate a plan for clearance, release, dissemination and promotion of the 2010 PROJECT to include outreach to partners, media and elected public officials.

## **6. Public Information and Intellectual Property**

6.1 The Public Information Act, Government Code Section 552.021, requires the City to make public information available to the public. Under Government Code Section 552.002(a), public information means information that is collected, assembled or maintained under a law or ordinance or in connection with the transaction of official business: 1) by a governmental body; or 2) for a governmental body and the governmental body owns the information or has a right of access to it. Therefore, if the Health Collaborative receives inquiries regarding documents within its possession pursuant to this Agreement, the Health Collaborative shall within twenty-four (24) hours of receiving the requests forward such requests to City for disposition. If the requested information is confidential pursuant to state or federal law, the Health Collaborative shall submit to City the list of specific statutory authority mandating confidentiality no later than three (3) business days of the the Health Collaborative's receipt of such request. For the purposes of communicating and coordinating with regard to public information requests, all communications shall be made to the designated public information liaison for each Party. Each Party shall designate in writing to the other Party the public information liaison for its organization and notice of a change in the designated liaison shall be made promptly to the other Party.

6.2 In accordance with Texas law, the Health Collaborative acknowledges and agrees that all local government records as defined in Chapter 201, Section 201.003 (8) of the Texas Local Government Code created or received in the transaction of official business or the creation or maintenance of which were paid for with public funds are declared to be public property and subject to the provisions of Chapter 201 of the Texas Local Government Code and Subchapter J, Chapter 441 of the Texas Government Code. Thus, the Health Collaborative agrees that no such local government records produced by or on the behalf of the Health Collaborative pursuant to this Agreement shall be the subject of any copyright or proprietary claim by the Health Collaborative.

The Health Collaborative acknowledges and agrees that all local government records, as described herein, produced in the course of the work required by this Agreement, shall belong to and be the property of City and shall be made available to the City at any time. The Health Collaborative further agrees to turn over to City all such records upon termination of this Agreement. The Health Collaborative agrees that it shall not, under any circumstances, release any records created during the course of performance of the Agreement to any entity without the written permission of the Director of the Metropolitan Health District, unless required to do so by a court of competent jurisdiction. Metro Health shall be notified of such request as set forth in Article VII of this Agreement.

The Parties agree and understand that nothing in this provision is meant to alter the ownership of intellectual property and the Project as set out below in Section 6.3, or to preclude the presentation of the Project or its material to any organization or group by Metro Health or the Health Collaborative, or its members, consistent with this Agreement.

6.3 Ownership of Intellectual Property. The Health Collaborative and Metro Health, agree that the Project shall be and remain the sole and exclusive proprietary property of the Health Collaborative. All intellectual property rights including, without limitation, patent, copyright, trade secret, trademark brand names, color schemes, designs, screens, displays, user interfaces, data structures, organization, sequences of operation, trade dress, and other proprietary rights (the "Intellectual Property Rights") in the Project shall be solely vested in the Health Collaborative. Subject to confidential treatment by Metro Health of Health Collaborative confidential information that may be disclosed thereunder, the Health Collaborative grants Metro Health a permanent and perpetual, fully paid-up, non-exclusive license under the Health Collaborative's copyrights to reproduce, publish, use, and to make derivative works, from any written report prepared and delivered to Metro Health in accordance with this Agreement.

## **7. Notices and Addresses**

7.1 Any notice permitted or required under this Agreement shall be mailed or delivered to the addresses below:

The Health Collaborative:     The Health Collaborative  
816 Camaron Street, Suite 2.09  
San Antonio, Texas 78212

To the CITY:                     Jennifer Herriott  
San Antonio Metropolitan Health District  
332 W. Commerce  
San Antonio, Texas 78205

With copy to:                   Fernando A. Guerra, MD, MPH  
Director of Health  
San Antonio Metropolitan Health District  
332 W. Commerce  
San Antonio, Texas 78205

## **8. General Provisions**

8.1 Assignments. This Agreement is not assignable by either party without the prior written consent of the other. Any assignment without such written consent shall be void and have no effect.

8.2 Captions. The captions contained in this Agreement are for convenience of reference only, and in no way limit or enlarge the terms and/or conditions of this Agreement.

8.3 Texas Law to Apply/Venue. This Agreement shall be construed under and in accordance with the laws of the United States and the State of Texas, and all obligations of the PARTIES are performable and venue shall lie in Bexar County, Texas.

8.4 Legal Construction. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

8.5 Confidentiality.

- (a) The PARTIES acknowledge that in connection with the services to be performed under this Agreement, the PARTIES, its subcontractors and/or employees, may acquire and make use of certain confidential information of the other party which includes, but is not limited to, management reports, financial statements, internal memoranda, reports, patient lists, and other materials or records of a proprietary nature ("Confidential Information"). Therefore, in order to protect the Confidential Information, the PARTIES, its subcontractors and/or employees shall not use the Confidential Information except in connection with the performance of services pursuant to this Agreement, or divulge the Confidential Information to any third party, unless the other party consents in writing to such use or divulgence or disclosure is required by law. In the event that one party receives a request or demand for the disclosure of Confidential Information, that party shall immediately provide written notice to the other party of such request or demand, including a copy of any written element of such request or demand.
- (b) The PARTIES agree to adequately instruct their employees, physicians and all personnel that may provide services pursuant to this Agreement regarding the confidentiality and privacy of patient and patients' medical records. All such instructions shall be in accordance with the formal policies and rules of the other party and with all federal and state laws and regulations regarding patient and medical record confidentiality.

8.6 HIPAA. This Agreement shall not be construed to establish a "business associates" relationship as that term is defined in and for purposes of the Health Insurance Portability and Accountability Act, Texas Health and Safety Code Chapter 181, and implementing regulations issued pursuant thereto (collectively "HIPAA" herein). This Agreement does not contemplate or permit disclosure of "protected health information" except for treatment purposes as that term is defined under and for purposes of HIPAA. Any and all exchange and/or disclosure of "protected health information" between the PARTIES shall be in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and all applicable state and federal statutes and

regulations. PARTIES shall comply and shall cause its employees and/or subcontractors performing services hereunder to comply with applicable provisions of HIPAA to the extent such law and regulations apply regarding patient and medical record confidentiality. Each PARTY assumes full responsibility for any breach of confidence by its employees or its personnel with regard to the provision of services under this Agreement.

8.7 Amendment. No amendment, modification, or alteration of the terms hereof shall be binding unless the same be in writing, be dated subsequent to the date hereof and duly executed by the PARTIES thereto. The PARTIES acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The PARTIES specifically agree to take such action as is necessary to implement the standards and requirement of HIPAA (the Health Insurance Portability and Accountability Act, Texas Health and Safety Code Chapter 181, and implementing regulations issued pursuant thereto – collectively “HIPAA” herein) and other applicable laws relating to the security or confidentiality of Protected Health Information. Upon either party’s request, the PARTIES agree to promptly enter into negotiations with each other concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA or other applicable laws. Failure to enter into negotiations may be considered a material breach of this Agreement, invoking the right to terminate this Agreement for default.

8.8 Gender. Words of gender used in this Agreement shall be held and construed to include the other gender, and words in the singular number shall be held to include the plural, unless the context otherwise requires.

8.9 No Third Party Beneficiaries. Nothing in this Agreement, express or implied, is intended or shall be construed to confer upon any person, firm or corporation other than the PARTIES hereto and their respective successors or assigns, any remedy or claim under or by reason of this contract or any term, covenant or condition hereof, as third party beneficiaries or otherwise, and all of the terms, covenants and conditions hereof shall be for the sole and exclusive benefit of the PARTIES hereto and their successors and assigns.

8.10 Entire Agreement. This Agreement constitutes the final and entire agreement between the PARTIES hereto and contains all terms and conditions agreed upon. No other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind the PARTIES hereto unless same is in writing dated subsequent to the date hereof and duly executed by the PARTIES.

**EXECUTED IN DUPLICATE ORIGINALS ON THE DATE WRITTEN ABOVE.**

**Bexar County  
Community Health Collaborative**

**City of San Antonio:**

**BY:** \_\_\_\_\_

**BY:** \_\_\_\_\_

President/Chief Executive Officer

APPROVED AS TO FORM:

APPROVED AS TO FORM:

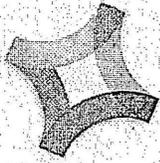
**BY:** \_\_\_\_\_

**BY:** \_\_\_\_\_

Staff Attorney

**MICHAEL D. BERNARD**  
City Attorney

Attachments: Attachment I – Health Collaborative contract with HRiA  
Attachment II – Appendix B - HRiA Revised Proposal for Health Assessment and Progress Report



**Health Resources in Action**  
*Advancing Public Health and Medical Research*

95 Berkeley Street, Suite 208  
Boston, MA 02116  
617.451.0049 | Fax: 617.451.0062  
TTY: 617.451.0007 | www.hria.org

**INDEPENDENT CONTRACTOR AGREEMENT**

THIS INDEPENDENT CONTRACTOR AGREEMENT (the "Agreement") is entered into as of the **18 day of December, 2009** by Health Resources in Action, Inc., a Massachusetts charitable corporation with its principal place of business at 95 Berkeley Street, Boston, Massachusetts 02116 ("HRiA"), and **The Bexar County Community Health Collaborative**, a Texas 501c3 corporation having a principal place of business at **816 Camaron Street, Suite 2.09, San Antonio, TX 78212** (the "Company").

In consideration of covenants set forth herein, HRiA and **The Bexar County Community Health Collaborative** agree as follows:

1. **Engagement.** The Company hereby engages HRiA to perform, and HRiA agrees to perform, the services (the "Services") specified in the specifications sheet (the "Specifications Sheet") attached hereto as Exhibit A.
2. **Schedule for Services.** HRiA shall provide the Services on the schedule specified in the Specifications Sheet.
3. **Compensation.** The Company shall compensate HRiA as follows:
  - (a) The Company shall compensate HRiA according to the rates or other terms specified in the Specifications Sheet. Expenses of HRiA shall be subject to reimbursement by the Company to the extent provided in the Specifications Sheet. In the event of early termination of this Agreement, HRiA's compensation shall be pro-rated or otherwise equitably adjusted in light of Services performed, to the date of termination.
  - (b) HRiA shall submit invoices promptly as detailed in the Specifications Sheet. Each invoice shall provide detail reasonably acceptable to the Company. Payment of each properly completed invoice shall be made promptly upon receipt by the Company.
4. **Independent Contractor Status.** The relationship of HRiA to the Company is that of independent contractor only. Nothing contained in this Agreement shall be deemed to create any partnership, joint venture or other relationship between the Company and HRiA, nor shall any of the respective employees of either party be deemed to be agents, employees or representatives of the other. HRiA shall supply all facilities, equipment and

materials necessary for performance of the Services, except as expressly specified in the Specifications Sheet.

5. Intellectual Property. All copyright, patent rights and proprietary rights in and to any and all reports, studies, analyses, computer software or other works of authorship or invention that are created or prepared by HRiA under this Agreement ("Works") are the sole property of the Company and can only be used by HRIA upon gaining prior agreement with the Company. All Works must be identified as the property of the Company, even when presented by HRIA. Works as are delivered to the Company in accordance with the Specifications Sheet.

6. Special Conditions. This Agreement shall be subject to such special conditions, if any, as may be set forth in the Specifications Sheet.

7. Miscellaneous. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter of this Agreement. It may be amended only by a written instrument signed by both HRiA and the Company. It shall be construed and enforced in accordance with the laws of the State of Texas, without regard to conflicts-of-laws provisions. HRiA and the Company agree that any litigation arising out of, related to, or regarding the validity of, this agreement shall be brought in Bexar County in the State of Texas, and the parties expressly agree to the exclusive jurisdiction of courts in said County. This Agreement shall be binding upon and inure to the benefit of both parties and their respective executors, successors and permitted assigns, but it may not be assigned by either party without the consent of the other. All notices or consents required or permitted under this Agreement shall be in writing and shall be deemed effective upon personal delivery, upon delivery by express courier service or upon deposit in the United States Post Office, registered or certified mail, postage prepaid, addressed to the other party at the address shown above, or at such other address as either party may designate to the other in accordance with this Section 7. In the event that any provision of this Agreement shall be determined invalid, illegal, or otherwise unenforceable, it shall be enforced to the extent deemed reasonable by the court, and the validity, legality and enforceability of the remaining provisions shall in no way be affected or impaired.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year set forth above.

Health Resources in Action, Inc.

The Bexar County Community Health Collaborative

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Raymond Considine

Name: \_\_\_\_\_

Title: President

Title: \_\_\_\_\_

**INDEPENDENT CONTRACTOR AGREEMENT**  
**between**  
**HEALTH RESOURCES IN ACTION, INC.**  
**and**  
**BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE**

**EXHIBIT A**

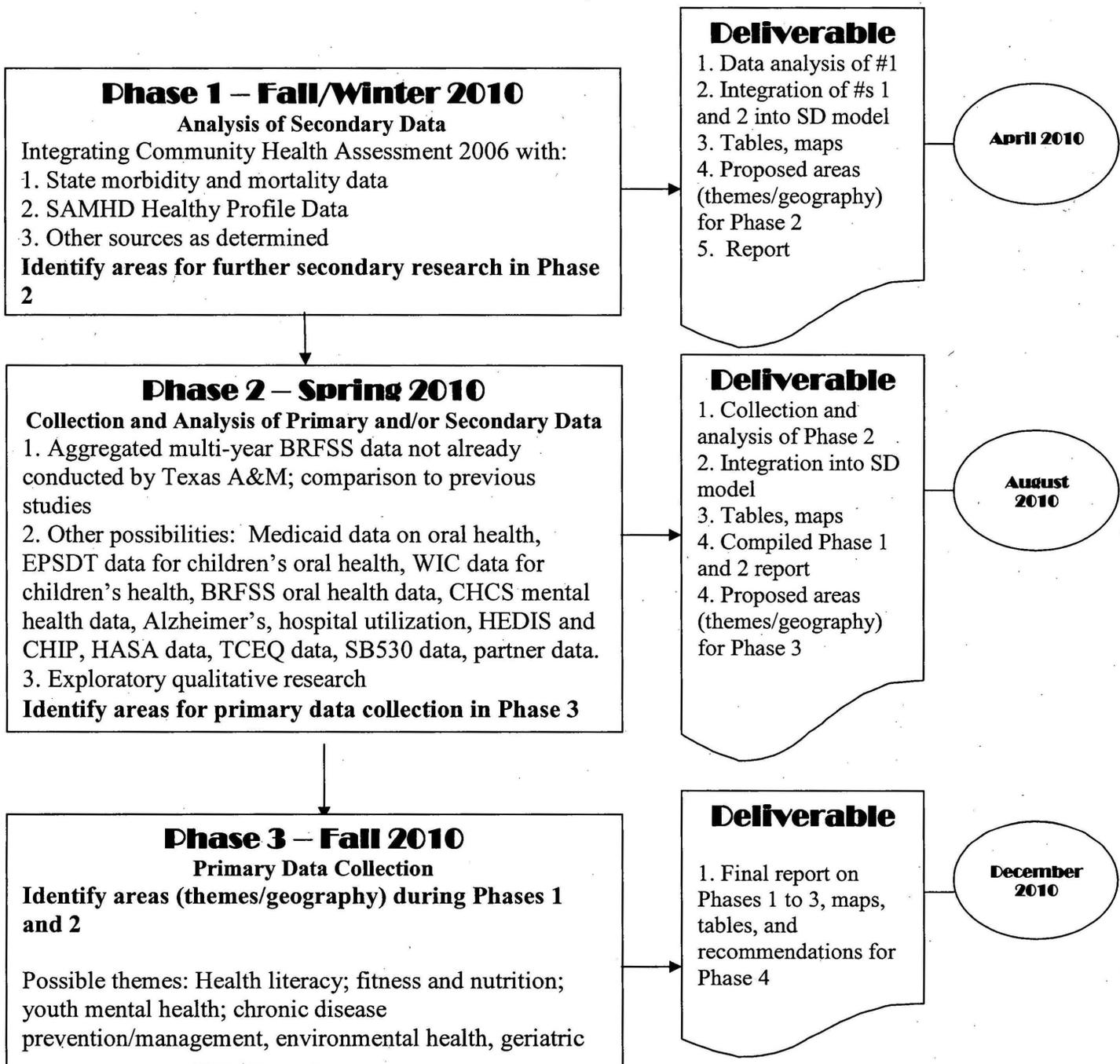
**Specifications Sheet**

1. **The Services: Services to be rendered include:**
  - **The completion of Phase I of the community health assessment as described in the proposal for work submitted by HRIA, (Appendix B) including, but not limited to the development of relevant community partnerships and securing access to secondary data sources to best complete the Phase I assessment.**
  - **The completion of Phase II of the community health assessment as described in the proposal for work submitted by HRIA, (Appendix B) including, but not limited to the development of relevant community partnerships, securing access to secondary data sources, the utilization of the previously collected 2008 BRFSS data, and primary data collection to best complete the Phase II assessment.**
  - **The completion of Phase III of the community health assessment as described in the proposal for work submitted by HRIA, (Appendix B) including, but not limited to the development of relevant community partnerships and primary data collection to best complete the Phase III assessment.**

All Works completed must meet the satisfaction of the Company. A report must be produced by HRIA upon completion of each Phase and submitted to the Company.

2. **Schedule: The schedule of project deliverables described below:**

**2010 Bexar County Community Health Assessment  
Phased Approach  
Based on Social Determinants Model (social contextual and  
environmental influences on health behaviors and experience)**



2. Compensation: Compensation for the Bexar County Community Health Assessment will be paid upon the successful completion and reporting of each phase described in the budget included in Appendix B submitted by HRiA.

Compensation for each Phase is as follows:

Phase I: \$33,875

Phase II: \$33,580

Phase III: \$71,070

Evaluation and Health Response Plan: \$17,350

Total Compensation for Bexar County Community Health Assessment: \$155,875

The invoicing schedule for payment is as follows:

Phase I: Invoice due to the Company by April 30, 2010

Phase II: Invoice due to the Company by August 31, 2010

Phase III: Invoice due to the Company by December 31, 2010

All invoices submitted by HRiA to the Company will be paid within 30 days of receipt pending the satisfactory completion of the phase being invoiced.

3. Special Conditions:

Health Resources in Action, Inc.

The Bexar County Community Health Collaborative

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Raymond Considine

Name: \_\_\_\_\_

Title: President

Title: \_\_\_\_\_

## **APPENDIX B**

### ***Revised Full Proposal for the Bexar County Community Health Assessment and Progress Report***

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**Submitted by:  
Health Resources in Action**

**Presented to:  
Bexar County Community Health Collaborative  
San Antonio, TX**

**December 21, 2009**

**HRiA HEALTH RESOURCES IN ACTION**

**Contact:**  
Lisa Wolff, ScD  
Director, Research and Evaluation  
Health Resources in Action  
95 Berkeley Street  
Boston, Massachusetts 02116  
(617) 279-2240 x 201  
LWolff@HRiA.org

Health Resources in Action (HRiA) is pleased to submit this proposal to conduct a community assessment to the Bexar County Community Health Collaborative (THC). This process will engage stakeholders, build local research capacity, and provide a comprehensive portrait of the area's health by determining priority health issues, understanding their contextual origins, identifying community assets and needs, and recommending future preventive efforts.

### **HRiA ORGANIZATIONAL BACKGROUND AND EXPERIENCE**

Health Resources in Action (HRiA) is a non-profit organization, located in Boston, MA, serving health-oriented non-profit and governmental organizations across the country. Founded in 1957 and originally entitled The Medical Foundation, HRiA works to help people live healthier lives and create healthy communities through prevention, health promotion, policy development, and research. This broad mission statement has remained consistent throughout HRiA's years of service and is reflective of the varied work performed by the numerous programs under its umbrella. HRiA's programs and services include: assessment, research, and evaluation; training and capacity building; health communications; advocacy and policy development; program planning; environmental health; and information and referral services. With a commitment to underserved and high-risk populations and support of important research on critical health issues, HRiA has earned a national reputation as a leader in the public health field.

HRiA's perspective is that research can help guide each step of the program development and implementation process by assessing community strengths and needs, determining potential key partners, understanding issues salient to target audiences, identifying challenges, informing local and state policies, and evaluating progress and impact. With its extensive programmatic experience and staff with sophisticated research skills, HRiA provides the expertise to achieve these goals through data gathering and analysis, survey development, focus group and interview moderation, report writing, and translation of research findings into actionable program planning steps. HRiA ensures that diverse perspectives are involved in the development, implementation, and evaluation of its programs and studies.

HRiA has a long history of utilizing a participatory approach to conduct assessments, research, and evaluations while collaborating with coalitions, non-profits, foundations, schools, and government agencies in communities across the United States. HRiA respectfully recognizes

the importance of community ownership throughout the data collection process and the utility of this approach in informing program development, setting funding priorities, and helping to achieve the most effective programming to address community needs. HRiA has broad experience serving as an objective entity in new communities, embarking on each process without pre-conceived notions or politically charged relationships. HRiA's objective researchers are uniquely suited to solicit community voices and facilitate a process that enables even the least represented sectors to speak for themselves.

HRiA's core organizational strengths provide the necessary expertise to conduct the Bexar County assessment, including: 1) experience in designing and conducting assessments using rigorous research methods, including assessments to meet state mandates; 2) strong use of a community participatory approach while acting as a neutral convener; 3) expertise in a wide range of community health issues; and 4) skills to develop culturally competent instruments and materials. Highlights of HRiA's experience in these areas include:

**1. Experience in Community Assessments.** HRiA has extensive experience conducting community assessments to identify the needs and strengths of a particular community to improve its health status, inform funding decisions, and help prioritize program development and implementation. Guided by an assets-based participatory approach, HRiA's assessment process includes conducting quantitative and qualitative data collection, data analysis, data presentation and review, and reporting of findings and recommendations to community members. HRiA has conducted a number of successful community-based assessments throughout the United States, including: a) studies undertaken to enable large health care entities to meet state community benefits requirements; b) comprehensive county-wide studies to inform regional priorities in health and social service needs and program development; and c) targeted assessments to guide grant-making and focused program development. HRiA's assessment studies over the past decade are listed below in chart form. Specific examples are highlighted and expanded upon beneath the chart.

### HRiA: Community Assessment Experience

<b>Location</b>	<b>Organizational Client</b>	<b>Date Completed</b>
Boston, MA	Children's Hospital Boston	<i>Completion anticipated Fall, 2009</i>
Boston, MA	Dana Farber Cancer Institute	<i>Completion anticipated Winter, 2009</i>
Boston, MA	Roxbury Tenants of Harvard	Fall, 2007
Windham County, VT	Windham Regional Healthy Aging Steering Committee	Fall, 2007
Worcester County, MA	Community Health Network of Southern Worcester County	Summer, 2007
Cass County, IL	Community Collaborative	Summer, 2006
Augusta, GA	Ray and Joan Kroc Corps Community Center, Salvation Army	Summer, 2006
Quincy/Adams County, IL	Adams County Health Department	Fall, 2005
Quincy/Adams County, IL	Ray and Joan Kroc Corps Community Center, Salvation Army	Summer, 2005
Brown County, IL	Tracy Family Foundation	Summer, 2005
Boston, MA	Massachusetts General Hospital Community Benefits	Spring, 2004
Quincy, IL	Bank of America/Marion Gardner Jackson Charitable Trust	Summer, 2003
Brattleboro, VT	United Way of Windham County	Summer, 2001
Framingham, MA	MetroWest Community Health Care Foundation	Fall, 2000
Boston, MA/Grafton, VT	Bank of America/Fanny Holt Ames and Edna Louise Holt Fund	Summer, 2000

#### a) State Mandated Community Assessments

HRiA recognizes the importance of conducting community assessments not only for strategic planning purposes but also to fulfill state mandated requirements. Several of HRiA's recent assessments for several well-known hospitals have addressed this goal. Below is a brief description of some of these projects.

- HRiA has been engaged with *Children's Hospital Boston (CHB)* to design and conduct a comprehensive community health and wellness assessment for CHB's Community Benefits Program. Launched in April, 2009 and expected to be completed in November, 2009, this assessment utilizes a mix of methods including analyzing epidemiological data, conducting 30 in-depth interviews with stakeholders, conducting 10 focus groups in English and Spanish with parents and youth, completing an environmental scan of existing programs and services, and reviewing the published literature on key health issues to identify best practices for

community-based programs. The assessment aims to achieve several goals, including fulfilling the state mandated assessment requirement, identifying community health needs, identifying gaps in area services and openings for future CHB programming, engaging the broader community in the assessment process, and identifying community partnership opportunities for CHB to engage in future program development.

- HRiA has recently initiated Phase 1 of a state mandated community health assessment for Boston's *Dana Farber Cancer Institute (DFCI)*. Using a phased approach similar to the model outlined by THC of Bexar County, HRiA will analyze secondary epidemiological data to create a Phase 1 Assessment Report for DFCI. The report will serve as a starting point for discussion among DFCI staff and community advisory board members to identify gaps in knowledge and where further primary research and community engagement efforts need to be undertaken. HRiA will lead a half-day planning session with DFCI staff to discuss findings from the preliminary report, solicit feedback, build support among DFCI staff for the assessment process, and jointly identify the assessment's next steps.
- HRiA completed a study for *Massachusetts General Hospital (MGH)*'s Community Benefits Program. The goals of this 2004 effort were to evaluate the impact of MGH's community initiatives, provide opportunities for residents to share their perspectives, and determine priority health issues for future programming. In the eight-month process, HRiA engaged numerous audiences, including parents, youth, health care providers, community leaders, organizational staff, and social service providers. In addition to fulfilling the state mandate, the assessment guided MGH's Community Benefits office in focusing programming priorities and allocating its \$2.2 million budget.

#### **b) Large County-Wide Studies to Inform Regional Priorities**

Several of HRiA's previous assessments have helped organizations set regional priorities for funding decisions and program development.

- HRiA conducted assessment studies for the *Salvation Army* in both *Quincy, IL* (2005) and *Augusta, GA* (2006) as part of the application process for a new community center. The studies aimed to identify the needs, assets, and resources in these communities for youth and families related to health and wellness, child care, recreational opportunities, and the performing arts. As part of this process, HRiA gathered data from health and human service

providers, recreation facilitators, youth agencies, performing arts organizations, faith communities, parents, youth, and elders across these cities. Community advisory committee members were highly engaged throughout this entire process, from research planning to data analysis. The assessment reports that HRiA developed provided recommendations for strategies, activities, and services that could be provided through regional multi-service centers in each area. HRiA's research helped the Salvation Army to secure \$35 million in funds to build a Ray and Joan Kroc Corps Community Center in Augusta, GA and \$40 million for a Ray and Joan Kroc Corps Community Center in Quincy, IL.

- HRiA developed and conducted a study of *Cass County, IL*, where racial and ethnic shifts in the population had dramatically increased the needs for social service programs and culturally competent strategies within those programs. This 2005 study examined a broad range of demographic, economic, education, health and social factors that impact the lives of individuals, families, and institutions across Cass County, IL. Results were used to inform future planning initiatives that took into consideration the changing nature and needs of the region's population.
- HRiA conducted a community study for the *Windham County Long Term Care Network* in Brattleboro, VT to focus on the area's elderly. The assessment was guided by an advisory group of funders, providers of elder services, elders, and other community residents and led to the development of an action plan to improve elder services and resources.

### **c) Targeted Assessments to Inform Program Development and/or Grant-making**

Several non-profit organizations and philanthropic foundations have engaged HRiA to conduct assessments to inform their strategic planning work.

- Funded by a Network Planning Grant, through *the Adams County Health Department* in Illinois, HRiA completed an assessment in Fall, 2005. This assessment identified the barriers and facilitators to accessing health care in Adams County. The results were used by a collaborative to develop and implement a plan to improve access to health care by low and moderate income individuals and families.
- In collaboration with the University of Illinois Extension, Adams/Brown Unit in 2006, HRiA conducted an assessment in *Brown County, IL*, for the *Tracy Family Foundation*. Data was collected from a wide variety of stakeholders including youth, adults, elders, schools, faith

communities, non-profits, and business owners. As a result, HRiA worked with TFF board members to identify priority program areas for the region. TFF revised their guidelines and established new funding initiatives to better meet the needs of the communities in its catchment area. Results of the assessment have been utilized by individual organizations for program planning purposes.

- In 2003, HRiA completed an assessment Quincy, IL to identify the impact of *Marion Gardner Jackson Charitable Trust* grants and make recommendations to the Trustees on future priorities and grant-making processes.
- In 2000, HRiA conducted a needs assessment to define the health and medical needs in the Grafton, VT area to identify areas in which grant-making could have the greatest impact for the newly created *Fanny Holt Ames and Edna Louise Holt Fund*. Results of the assessment were used to develop application guidelines and priority areas of funding for the Holt Fund. Additionally, results have been utilized by individual organizations for program planning purposes.

## **2. Strong Use of a Community Participatory Approach, while Acting as a Neutral**

**Convener.** HRiA uses a participatory approach in its research and programmatic work, engaging community members not just as participants but as research partners. This process goes beyond compiling existing data and involves community members in the study design, data collection, and discussion of research findings. HRiA collaborates with community-based programs and a cross section of community leaders and residents to build local capacity, provide guidance in program planning, and facilitate coalition development to improve health outcomes. As an independent entity in the Bexar County assessment process, HRiA will act as a neutral party to bring a wide range of key community members and stakeholders together to review and prioritize the assessment's areas of focus. Some examples of similar work include:

- An assessment for the *Roxbury Tenants of Harvard (RTH)* to identify needs and assets among adult and youth residents in this Boston public housing community. The six-month process involved RTH resident leaders receiving training and subsequently partnering in the design and administration of the study's survey and the analysis of results. These findings served to guide the Residential Social Services office in successfully engaging newcomer residents in this housing community.

- *The Boston Collaborative for Food and Fitness (BCFF)*, for which HRiA has served as the convener, is comprised of over 50 organizations representing a diverse cross-section of Boston communities. Now in the second year of a two-year planning phase, the goal of BCFF is to engage residents and stakeholders in a process to identify policy and system changes necessary to create community environments that incorporate access to local, healthy, and affordable food and safe places for physical activity and play.
- When working with organizations in *Adams County, IL*, HRiA served as a neutral convener, facilitating discussions to build consensus, encouraging collaboration, and identifying community and programmatic outcomes and related measures. In this process, several organizations led by the University of Illinois Cooperative Extension, the United Way and the Adams County Health Department joined together to form the Alliance for Building Community. Collaborative members identified key shared outcomes and priorities for community investments of local and regional funders.
- In several previous *community assessments*, such as the study for the *Salvation Army in Augusta, GA* and *MetroWest Community Health Care Foundation*, HRiA has engaged with a Community Advisory Board throughout the assessment process, not only keeping members informed of study findings but also partnering with them to be involved in the research process. In these instances, HRiA has trained community members to co-lead focus groups and has worked in partnership to analyze study results together. This collaborative process has helped to engage the community, empower individuals, and build buy-in early on of the assessment process.

**3. Expertise in a Wide Range of Community Health Issues.** HRiA has experience in conducting research and developing programs on a number of health topics, including childhood obesity, substance use, asthma, environmental health, youth development, and many others. For example:

- *Obesity/Nutrition:* HRiA is currently involved in developing and evaluating several programs aimed at combating *childhood obesity*. In Williamsburg, VA, HRiA is the independent evaluation team responsible for measuring the impact of the comprehensive School Health Initiative Program (SHIP)—a three-year school-based physical activity and nutrition intervention—on health behaviors and attitudes. In addition to qualitative research with

teachers and administrators, HRiA has conducted several surveys with over 5,000 students and 2,000 parents to measure changes in their attitudes and behaviors related to obesity prevention. Additionally, HRiA was recently hired by the Paso del Norte Health Foundation in El Paso, TX to conduct an evaluation study of a local health and physical activity program. Baseline data collection has recently launched, with surveys fielded to approximately 5,000 students and 1,000 faculty and staff. Other obesity-related programs includes HRiA's management of the Mass in Motion program for the MA Department of Public Health, where HRiA spearheaded the public-private partnership between government and foundations (now jointly funding communities to develop comprehensive obesity prevention campaigns), and the development of an obesity prevention media campaign for Children's Hospital Boston targeting inner city minority youth.

- *Chronic disease prevention:* HRiA runs three *asthma*-related coalitions: the Asthma Regional Council of New England (ARC), a group of state health and education leaders from six New England states; the Massachusetts Asthma Advocacy Partnership (MAAP), a statewide collaborative of 80 member organizations focused on controlling environmental risks and mobilizing communities around asthma; and the Boston Urban Asthma Coalition (BUAC), a 200-member coalition which advocates for citywide environmental and health improvements.
- *Environmental Health:* HRiA leads the awareness and community engagement component of the state's Smoke-Free Families Initiative on *healthy housing*. HRiA works with housing and community groups to engage tenants with children and promote smoke-free housing in Boston. HRiA also houses Boston's Lead Action Collaborative, an organization with over 70 cross-sector members and a recognized leader in reducing and preventing childhood lead poisoning. HRiA recently launched the Healthy Homes Promotion Project, a New England-wide effort to increase collaboration among groups that target home-based environmental health hazards.

Additionally, HRiA has experience developing and disseminating educational materials and programs focused on a wide variety of public health issues, including youth mental health and access to care. HRiA provided trainings and materials (e.g., tip sheets) on *youth mental health issues* to youth workers for the Boston Public Health Commission. HRiA has also developed numerous *health communication* campaigns, including the statewide URhealthstyle.com campaign to inform young people about *sexually transmitted diseases* and a

media campaign on *osteoporosis prevention* targeting young women. For each of these programs, HRiA conducted extensive formative research (e.g., focus groups, interviews, surveys) to understand the perceptions, attitudes, knowledge, and perceived barriers of the target audiences, so that program activities and messages would be salient to their needs.

**4. Developing Culturally Competent Research Instruments and Materials.** HRiA has a long history of developing research instruments, health materials, and programs tailored to population groups of different backgrounds, ethnicities, cultures, languages, and socioeconomic levels to ensure that they are culturally competent. To achieve this goal, HRiA conducts extensive formative research, including community gatekeeper interviews, reviews by key experts, and focus groups with intended audience members. For example, the surveys in Williamsburg, VA and El Paso, TX are administered in English and Spanish; however, the instruments were pilot-tested with audiences from the area and a local consultant was engaged in the translation and adaptation process since HRiA recognizes that the Spanish-speaking population in different regions in the U.S. is culturally and linguistically diverse.

HRiA also currently manages the Massachusetts Health Promotion Clearinghouse for the state Department of Public Health. Since its inception over 10 years ago, the organization has developed and distributed over 600 different titles which are available in over 13 languages, with specific emphasis on Spanish and Portuguese. Through the Clearinghouse, HRiA distributes over two million pieces of public health literature a year to over 20,000 providers, including community health centers, nurses, social workers, and doctors. Examples of HRiA's health promotional materials that have been adapted for diverse audiences include: "Healthy Aging" (English, Spanish, Portuguese, and Chinese); "Talking to Your Pre-Teen about Alcohol, Tobacco, and other Drugs" (English, Spanish and Portuguese); "Choosing a Birth Control Method" (English, Spanish and Portuguese); and "Diabetes: Easy Eating for Busy People" (English, Spanish and Portuguese).

#### **BEXAR COUNTY COMMUNITY HEALTH ASSESSMENT PROJECT GOALS**

HRiA recognizes that the Bexar County Assessment serves multiple purposes for a variety of audiences. Health care agencies will apply this information to fulfill the state mandated requirement, and THC members and community organizations will use the assessment

to set priorities, engage the larger community in strategic planning, and develop health programming. While this assessment study serves numerous purposes, it is important to identify which goals are considered top priority to ensure that the study's research questions are focused.

HRiA views the *priority* goals of the assessment as the following:

1. To examine the current health status across Bexar County's communities and compare these to state, county, and sector rates as well as to national goals
2. To explore the current health priorities—as well as new and emerging health concerns—among Bexar County residents within the social context of their communities
3. To understand the shifting patterns of these health issues over time in Bexar County, with particular focus on vulnerable populations and geographic variations
4. To identify community strengths and resources as well as gaps in services in order to help THC and its partners set funding and programming priorities
5. To fulfill the community health assessment requirements for hospitals mandated by Texas State Department of Health Services
6. To enable THC to use the quantitative and qualitative data gathered to engage the community in an action planning process

### **BEXAR COUNTY COMMUNITY HEALTH ASSESSMENT WORK PLAN**

**The HRiA Approach.** Two main perspectives guide HRiA's assessment and evaluation work. The first is that employing a participatory approach helps build support among a variety of stakeholders, allows the research to capture a range of often unheard voices of the community, and yields a more accurate portrait of the community's needs. The second perspective that HRiA emphasizes is that health is not a uni-dimensional construct, and it is critical to look beyond proximal, individual-level factors in accounting for a community's health problems. Upstream factors such as housing, employment status, racial/ethnic discrimination, the built environment, and neighborhood-level resources critically impact population health. Understanding the health status of Bexar County within this social determinants of health framework will provide a more in-depth discussion of how a range of proximal and distal factors affect the community's health.

HRiA's process for conducting the Bexar County assessment will include five elements:  
1) Development of a Collaborative Relationship with The Health Collaborative and Study Advisory Board; 2) Secondary Data Collection; 3) Primary/Qualitative Data Collection; 4) Data

Analysis, Report Development, and Presentation of Findings; and 5) Development of Outcome Recommendations for a Community Health Assessment Response Plan. These tasks will be accomplished through a three-phased design, as outlined in the Request for Proposal.

### **PHASE 1: Building Relationships and Identifying Trends in Selected Health Issues**

Building Relationships. In Phase 1, HRiA will begin by *forging the relationships and partnerships* essential to enable effective completion of a participatory assessment process. HRiA recognizes the importance of collaborative partnerships and has a successful history of building alliances with a wide range of organizations across the country. The HRiA team will work closely with THC to identify key community partners. At the beginning of the project, HRiA researchers will travel to San Antonio for an intensive weeklong site visit (scheduling to be mutually agreed upon) to meet with THC's Assessment Committee, review the assessment protocol, participate in planning meetings, and initiate a collaborative process. Prior to the visit, HRiA will collaborate with THC leaders to schedule face-to-face meeting times during the trip with organizational staff, San Antonio Metropolitan Health District (Metro Health), and key community partners to begin building relationships, learning about existing programs and resources, and identifying available data sources. HRiA will work closely with THC to establish a Memorandum of Understanding (MOU) with Metro Health. HRiA's team will meet with Dr. Guerra and/or other appropriate Metro Health officials to present the assessment plan, provide an opportunity for input and dialogue, develop a venue for collaboration, and create a mutually acceptable MOU. It will be critical to establish this relationship and open dialogue with Metro Health staff, and HRiA will continue to inform them of the assessment process and how these datasets will be used.

To ensure an effective process and delivery of the highest quality products, HRiA staff will be in regular communication with THC and the Assessment Committee. HRiA's experience has been that strong involvement of an advisory board leads to a smoother assessment process with greater support at the community level. If appropriate, HRiA will collaborate with Assessment Committee members to finalize areas of study, provide input into the methodology, assist in data collection where appropriate, and review and provide input on draft documents. HRiA will also support public forums to engage the larger community in this process and foster

discussion. To maintain and continue these budding partnerships, HRiA will follow up with phone calls, emails, and additional site visits throughout the assessment period.

Identifying Trends in Selected Health Issues. In addition to relationship building, the primary task for Phase 1 will be to *broadly review Bexar County health issues*, analyzing current health status indicators alongside the 2007 Health Profiles, the 2006 Bexar County Community Health Assessment findings, and other previous assessment reports, where possible. This preliminary review will provide a historical health perspective of the Bexar County area. To track changes and progress, analyses will look closely at the topics explored in Bexar County's 2006 and earlier reports (The Social Environment, Healthy Lifestyles, Infant and Child Health, Safety and Injury, Mental Health, Oral Health, Heart Health, Diabetes Health, Cancer Health) across the six geographic sectors.

*Key Research Questions for Phase 1:*

- What are the areas of greatest variance in health indicators between Bexar County's 2006 report, the 2007 Health Profiles, other previous assessments, and more recent data?
- What emerging health and social issues need to be explored?
- What are the gaps in knowledge and in which areas do further primary research and community engagement efforts need to be undertaken?
- Which research areas, data sources, and health issues should be explored in further depth during Phase 2?

*Phase 1 Methods:*

HRiA will conduct initial data analysis to provide a preliminary overview of the health status of key population groups in multiple domains within Bexar County to assess progress and help identify where there are current gaps in the knowledge base that need to be filled in Phase 2. HRiA will gather preliminary data from a range of secondary sources used in Bexar County's previous assessments and will identify new potential data sources. The research team will also explore newly emerging health issues and those of increasing concern (e.g. H1N1, obesity) and will evaluate the impact of current social and economic trends (e.g. mortgage crisis, economic downturn, immigration issues).

This first round of investigation will also enable HRiA to identify new areas for investigation and to begin the process of updating Bexar County's health profile using a *social determinants of health* framework, laying the groundwork for subsequent assessment phases. It is

important to explore how larger macro social factors impact a community's health problems and to recognize the interaction between the physical and social environment and health outcomes. This opening study will examine a wide range of demographic, economic, educational, psychological and social factors that impact the lives of individuals, families, and institutions within Bexar County. To this end, HRiA will investigate the key economic and social indicators (e.g., housing, employment status, education, disparities, and neighborhood-level resources etc.) that significantly impact population health at a county-wide level as well as for Bexar County's priority high-risk neighborhoods. These contextual factors will be integrated throughout the review process and, where possible, critical economic and social factors will be discussed in relation to prevention, screening, treatment, morbidity, and mortality for relevant health issues.

Phase 1 Deliverables. At the conclusion of Phase 1, HRiA will discuss the findings with THC to ensure agreement on the identification of research themes, geographic areas, health issues, and data sources to be explored in further depth during Phase 2. HRiA will then submit a draft Phase 1 Report to THC to ensure that the end product is aligned with THC's goals and Bexar County's needs. HRiA will discuss findings from the preliminary report with THC and key community partners and solicit feedback on the draft to gain additional insight on the next steps for the assessment. The main deliverable for Phase 1 will be a final written Phase 1 Report, written at an eighth grade reading level, that will summarize the findings and outline the research plan for Phase 2. An accompanying Executive Summary will also be provided. Additionally, HRiA will create a Phase 1 PowerPoint presentation that THC can utilize to elicit feedback and engage the larger community.

## **PHASE 2: Conducting In-Depth Data Analysis and Exploring Preliminary Health Perceptions**

Building on the findings from Phase 1, Phase 2 aims to synthesize information from multiple secondary sources and examine the epidemiological data of Bexar County more in-depth. While analyzing surveillance data is important, it may also not provide an entire portrait of the region. Understanding which health issues different population groups *perceive* as most critical as well as their barriers to accessing resources for prevention and disease management is essential to provide a comprehensive picture of Bexar County.

*Key Research Questions for Phase 2:*

- What does the detailed secondary data analysis tell us about the health status of Bexar County and how does this profile compare to local, state and national standards?
- Which subpopulations and geographic sectors are disproportionately affected by existing and emerging health concerns and social issues?
- What areas should be explored further during the qualitative research phase and who are the key stakeholders and community groups that should be included in the qualitative research phase?
- Preliminarily, what are the subjective health priorities and concerns expressed by stakeholders and residents?

*Phase 2 Methods:*

Conducting In-Depth Data Analysis. The focus of Phase 2 will be on *mining secondary data sources in greater depth and breadth* to explore the existing, emergent, and priority community health issues identified in Phase 1 and augment analyses of interest from this previous phase. HRiA will collect and review the most current quantitative data available drawn from national, state, and local sources as well as build off the BRFSS analyses already conducted by Texas A&M. Secondary sources include, but are not limited to, data from the U.S. Census, Centers for Disease Control and Prevention, Texas Department of State Health Services including Texas Education Agency, San Antonio Metropolitan Health District, hospital utilization sources, and Bexar County Economic Development Department, among other sources. Building on THC's and HRiA's growing relationships with community partners, the research team will collaborate with local agencies and organizations to access existing sub-county level data sources, that are not necessarily publicly accessible, to drill even deeper.

HRiA's efforts will ensure that the six large geographic sectors radiating from the center of Bexar County (North: Northwest, North Central, Northeast; South: West, South, and East sectors) are each scrutinized. HRiA offers a unique skill to identify high risk geographic pockets for particular health threats. Where appropriate, HRiA will use Geographic Information System (GIS) mapping technology and overlay existing data to isolate "hot spots" for health variables of interest. For example, HRiA has successfully used this GIS mapping approach previously to pinpoint the target populations most likely to benefit from childhood lead poisoning interventions within high risk regions in Boston. For the Bexar County study, HRiA will use GIS

mapping to reveal the most vulnerable areas within Bexar County for specific health issues and those most likely to benefit from preventive efforts. This will provide even stronger evidence to activate communities around particular health topics.

Once gathered, the quantitative data will be analyzed using an epidemiologic approach to classify the greatest health threats for Bexar County residents, identify high risk sub-populations and neighborhoods, and track changes over time. Health status indicators for Bexar County will be compared to Healthy People 2010 goals, statewide data for Texas, neighboring Harris County (as in previous assessments), and other appropriate benchmarks. Again, consideration of the social/environmental context (e.g., income distribution, unemployment, racial/ethnic characteristics, etc.) will be woven into the analytical process. The HRiA team will begin to develop a comprehensive community health profile of Bexar County, which will be expanded upon during Phase 3. This community profile will discuss the health, social, and economic characteristics at the sub-county level, when available.

More sophisticated analytic methods will be used in this phase, and findings will be presented in the Phase 2 report as well as the detailed Members-Only Final Assessment Report submitted at the end of the project. These analyses might include formal statistical tests for trends over time, disaggregated results reported for different racial/ethnic groups, age groups, and education levels and testing for statistical significance by these sub-groups, standardizing incidence and prevalence rates by age and racial/ethnic categories, years of potential life lost (YPLL) from specific preventable conditions, quality-adjusted life years (QALYs), disability-adjusted life years (DALYs), and linear and logistic regression modeling, depending on the key indicators available and relationships of interest. Additionally, all data from Phase 1 and Phase 2 will be in a format that can be imported into the Alamo Area Community Information System SQL server.

Exploring Preliminary Health Perceptions. Also in Phase 2, HRiA will begin conducting *exploratory qualitative research* to provide an initial understanding of community health perceptions and to lay the foundation for Phase 3. HRiA recommends conducting 10-15 key informant interviews (in person and by phone) and 1-2 focus groups with community residents during this phase. Additional information on interview and focus group methodology is detailed in the Phase 3 section. However, the purpose of this initial qualitative research is to capture residents' initial perceptions of the important health issues and priorities for the region that affect

different population groups. These findings will provide a preliminary understanding of people's beliefs and behaviors and help guide the selection of which audience segments will be critical to include in Phase 3 research.

To complete the work for Phase 2, the HRiA team will travel to San Antonio for a second site visit. The agenda for this site visit will encompass meetings, discussion of data, ongoing relationship building with local organizations, and primary data collection via initial key informant interviews and focus groups. The Phase 2 findings, along with feedback from THC and community stakeholders, will be used to identify research themes for the qualitative data collection in Phase 3.

Phase 2 Deliverables. HRiA will submit a draft of the Phase 2 Report that builds upon the findings presented in the Phase 1 Report and focuses on the more in-depth secondary data analysis and exploratory research conducted during this phase. THC and key partners will be invited to provide feedback on the draft report. Upon completing revisions, HRiA will then submit a final written report for Phase 2 (to include an Executive Summary) that will summarize the quantitative analyses, highlight the GIS mapping results, present the preliminary qualitative findings, and outline the research plan for Phase 3. HRiA will also create a PowerPoint presentation that THC can share through the community health improvement process and use as a tool to expand community participation in Phase 3.

### **PHASE 3: Examining Community Health Perceptions In-Depth**

For Phase 3, HRiA will collect primary qualitative data to identify people's perceptions of the needs, assets, and resources in their communities around the specific health topic areas identified during Phases 1 and 2.

#### *Key Research Questions for Phase 3:*

- What are the subjective health priorities and concerns expressed by specific sub-groups and sectors?
- To what extent are there areas of consensus around community health priorities?
- What types of resources are needed for preventive programming and to whom should they be targeted?
- Which community partners are willing to help facilitate a community health improvement process?

### *Phase 3 Methods:*

Phase 3 will encompass an extensive process of individual stakeholder interviews and focus groups. The purpose of the qualitative data collection is to add a richer social context to the quantitative data by inclusion of the voice of community leaders, residents, and underserved subpopulations regarding perceived priorities. This subjective, community voice will enable HRiA's researchers to understand community perceptions on what issues are considered important and will give community leaders and residents the opportunity to identify and mobilize around concerns, gaps, and barriers with respect to the specific health topics selected in Phases 1 and 2. While the qualitative research provides an opportunity for community members and leaders to discuss, unprompted, what they believe are significant health concerns and solutions in the region, it is expected that probes on specific issues—such as obesity, mental health, health care access, and chronic disease, for example—will also allow for more focused discussion.

A wide cross-section of key informants and focus group participants will be involved in this research process. While the specific distribution of these will be determined by the results of the Phase 2 analysis, it will be a priority to invite participants for the focus groups from traditionally under-served populations and vulnerable groups in order to capture often unheard voices. HRiA's previous assessments have included representation from the following sectors: local non-profit community based organizations, the faith community, parents, youth, elders, formal and informal community leaders, neighborhood program planners, health center staff, the Hispanic community, schools, businesses, elected officials and other community leaders. To encourage a participatory approach, HRiA recommends that Assessment Committee members or engaged community leaders consider being involved in this qualitative research process, if appropriate, as co-leaders. To build local research capacity, HRiA can conduct trainings for interested individuals to ensure consistency of the data collection. Community member involvement in focus group leadership enhances recruitment efforts and increases community investment and trust in the assessment study and its results.

For this qualitative research component, HRiA will conduct a total of 35-40 *key informant interviews* (10-15 interviews in Phase 2; 25-30 interviews in Phase 3) of which 10 will be face-to-face interviews and 30 will be conducted by telephone. Interviews will last 30-60 minutes and will be conducted by HRiA staff using a semi-structured interview guide that THC has reviewed prior to data collection. HRiA will complete a total of 8-10 *focus groups* (1-2

focus groups in Phase 2; 7-9 focus groups in Phase 3) and will be distributed across the various sectors of Bexar County. It is also assumed that 2-3 of these focus groups will be conducted in Spanish. To ensure that discussions across groups cover consistent topics and address the assessment goals but still allow for flowing conversation, HRiA will develop and use a semi-structured focus group moderator's guide that THC has reviewed prior to data collection. (It should be noted that HRiA's interview and focus group guides will be products that can be adapted by THC for future assessments, as appropriate.)

On average, each focus group will include 6-8 participants and last approximately 90 minutes. Focus group participants will be provided a small stipend (e.g., \$30) for their time. Each focus group and interview will be moderated by a trained HRiA researcher, who will utilize the prepared guides. Fluent Spanish-speaking HRiA team members will facilitate the Spanish language focus groups and translate related materials. For all qualitative research conducted (focus groups and interviews), participants will be explained the purpose of the research, complete a consent form, and be assured that their responses will remain confidential. No notes or transcriptions will directly connect responses to a specific individual.

To conduct this research, HRiA will work collaboratively with community-based organizations to identify and engage the key stakeholders and population groups with whom to conduct interviews and focus groups. Forging these relationships in Phase 1 will therefore be critical. Local community health and social service organizations will be key partners in recruitment efforts and will be compensated for their work. HRiA's third site visit will include nearly all staff members from the HRiA research team in order to complete this intensive data collection process of focus groups and face-to-face interviews.

The qualitative information gathered during this phase will be analyzed thematically, as HRiA team members examine and code notes and transcripts for similarities and differences across responses. Extracted themes will be summarized, highlighting community and sub-group priority concerns.

Phase 3 Deliverables. A draft of the Phase 3 Report will be submitted to THC for discussion and feedback prior to the completion of the final report. The final Phase 3 Report will focus on presenting the qualitative research findings, whose data collection was guided by findings from the previous phases of the assessment. If requested by THC, HRiA will also create a PowerPoint presentation specific to the findings in Phase 3.

Final Deliverables: Community Report and Members-Only Report. Technically, two Final Comprehensive Community Assessment Reports will be prepared for this study. One will serve as a Community Report whose audience will be the general public. The Community Report will be a synthesis of information from all three phases of research and provide a general overview of Bexar County's health status, segmented by the four main geographic sectors (North, South, East, and West). The report will be written at an eighth grade reading level and also include an Executive Summary.

The Members-Only Cumulative Assessment Report, whose readers will be The Health Collaborative members, will serve as a much more in-depth examination of the data compared to the Community Report. This final report will combine the detailed results from all three phases of the assessment study and will include an Executive Summary, benchmarking, and a plan for monitoring needed changes and measuring success (for example, identifying key data indicators consistently collected by local and state surveillance sources). Detailed statistical tables for each health indicator examined (such as those analyses discussed in the Phase 2 section of this proposal) will be included in the appendices. Pivot tables will be used when possible for data tables, and the raw data can be provided to THC in an Excel format if requested. Additionally, a separate appendix will be prepared for the Members-Only Report that specifically fulfills the Texas State Department of Health Services community health assessment requirements for hospitals. Readers will be able to pull out this appendix and have it serve as a stand-alone report.

### **EVALUATION AND HEALTH ASSESSMENT RESPONSE PLAN**

Evaluation and Deliverables. HRiA's evaluation steps for this community assessment process will parallel the data collection phases. Quantitative data will provide the objective foundation for this county-wide health profile snapshot, while the qualitative information gathered will provide context from a wide range of subjective perspectives. Social determinants will be explored simultaneously to create a more complete understanding of the complex factors influencing health choices, behaviors, and outcomes. Primary and secondary data will be analyzed during each phase of the assessment process to track progress since 2006 and earlier and to identify the health status, needs, assets, and opportunities across Bexar County on an ongoing, cumulative basis as the updated community health profile is constructed.

Health indicators for Bexar County will be compared to the Healthy People 2010 national standards as well as to Texas-wide and Harris County benchmarks. Findings for each health

indicator will be examined for geographic variations, using GIS mapping technology, and correlated with relevant physical and social environmental elements of each high risk area identified. While sub-county differences will be noted where appropriate, analyses will also emphasize findings common across geographic areas. Results of these analyses will be reported and put into context within each corresponding phase report. Analytic methods will range from providing frequencies and age-adjusted incidence rates for the Community Report to more sophisticated methods such as formal tests for trends or linear or logistic regression modeling, where appropriate, for the Members-Only Assessment Report.

For each phase, preliminary reports will be provided to The Health Collaborative and the Assessment Committee for review. This step will provide an opportunity to provide additional input and ensure that each report is a useful product for THC. Based on this feedback, HRiA will finalize each report. Along with the narrative, data will be presented visually to enhance comprehension and statistical tables will be included as appendices. Cumulative final reports—for the community and for THC members—will summarize and interpret the entirety of the assessment findings. While the final reports aim to be comprehensive, they should also be reader-friendly for a variety of audiences. HRiA will present these cumulative findings in multiple forms to ensure accessibility to lay and professional audiences alike, in print and electronically.

Final Evaluation and Health Assessment Response Plan. HRiA will review the study findings with THC and community leaders and will facilitate a collaborative process to develop specific recommendations for a response and recommendations plan based on the study outcomes. HRiA understands that THC will facilitate an ongoing community health improvement process throughout the assessment protocol to publicly disseminate the research findings and invite community feedback. HRiA will incorporate this community input into the cumulative evaluation which will inform the development of the *Evaluation and Health Assessment Response Plan*. This response plan will distill the research conducted by HRiA and THC and will discuss: 1) the major public health issues in the area; 2) the priorities identified; and 3) recommendations for next steps for The Health Collaborative. This streamlined document will pay special attention not only to identifying the significant health concerns in the area, but also recognizing the community's assets and gaps in resources, services, and programming in addressing these concerns. In the *Evaluation and Health Assessment Response Plan*, HRiA will

use this information to make recommendations for setting health priorities and identifying areas for needed programming and recognizing openings for future partnerships or current program expansion.

The Evaluation and Health Assessment Response Plan will be distributed to key stakeholders and partners such as those on the city council, area health organizations, and community residents. HRiA anticipates that the recommendations outlined in this plan will be used by THC as a guide for a community action planning phase and as a framework to promote local health improvement activities.

Evaluation and Health Assessment Response Plan Deliverables: HRiA will produce a PowerPoint presentation of the Final Community Assessment Report. HRiA researchers will partner with THC to present this PowerPoint at a community breakfast attended by key stakeholders, city council members, and residents. As a culmination of the collaborative participatory assessment process, HRiA will create a written Evaluation and Health Assessment Response Plan for THC members to identify health and programming priorities and recommend specific action steps to improve the health of Bexar County residents.

## **BUDGET AND BUDGET JUSTIFICATION**

The following budget was developed using HRiA's flat hourly of \$125/hour, which includes payroll taxes, fringe benefits, standard operating expenses (e.g., rent, telephone) and a standard indirect rate. Below is the breakdown of the budget by phase.

<b>Phase 1. Building Relationships and Identifying Trends in Selected Health Issues</b>	<b><u>\$33,875</u></b>
Staff time	\$24,625
Biostatistics consultant	\$5,250
Travel costs (assumes 5 day trip, 2 staff members)	\$4,000
<b>Phase 2. Conducting In-Depth Data Analysis and Exploring Preliminary Health Perceptions</b>	<b><u>\$33,580</u></b>
Staff time	\$22,500
Biostatistics consultant	\$5,750
Travel costs (assumes 5 day trip, 2 staff members)	\$4,000
Focus group costs (Assumes 2 focus groups in Phase 2; \$30/person stipend; \$300/group per organization for recruiting; snacks and materials for focus groups)	\$1,330
<b>Phase 3. Examining Community Health Perceptions In-Depth and Final Reports</b>	<b><u>\$71,070</u></b>
Staff time	\$56,250
Biostatistics consultant	\$1,500
Travel costs (assumes 5 day trip, 4 staff members)	\$8,000
Focus group costs (Assumes 8 focus groups in Phase 3; \$30/person stipend; \$300/group per organization for recruiting; snacks and materials for focus groups)	\$5,320
<b>Evaluation and Health Assessment Response Plan and Final Trip for Presentation</b>	<b><u>\$17,350</u></b>
Staff time	\$13,750
Travel costs (assumes 3 day trip, 2 staff members)	\$3,600
<b>TOTAL BUDGET:</b>	<b><u>\$155,875</u></b>

## ***JOB DESCRIPTIONS***

### **Principal Investigators**

Dr. Lisa Wolff and Dr. Steve Ridini will serve as Co-Principal Investigators, leading the HRiA team. Both Dr. Wolff and Dr. Ridini will be involved in every step of the project, including assessment planning, communicating with THC, supervising the HRiA team, developing interview and focus group guides, conducting quantitative and qualitative data analysis, working in collaboration with Dr. Hedt (biostatistics consultant) to identify which analytic methods will be most useful for the various indicators, and report writing. The co-PIs will ensure that the project remains consistent within the timeline and budget and that data collection and analysis efforts address THC's larger goals.

### **Biostatistics Consultant, Data Analyst**

Dr. Bethany Hedt will be involved in the assessment as a biostatistics consultant. Her services will be allocated for all phases, but most of her time will be dedicated to the data analysis that will occur in Phase 2. In this phase, Dr. Hedt will be conducting the more sophisticated analytic techniques that build on the initial work completed in Phase 1 and explore in-depth the changes in health outcomes over time and sub-group differences among the key health indicators. Her analyses will be included in the Phase 1 and Phase 2 reports and in the appendices of the Members-Only Final Assessment Report.

### **Assistant Project Director**

Ms. Abby Atkins will serve as Assistant Project Director for the Bexar County assessment and provide assistance and support in all aspects of the study. Along with Drs. Wolff and Ridini, Ms. Atkins will be involved in most of the communication with THC. She will also work closely with Dr. Hedt in helping to compile and analyze the secondary data for Phases 1 and 2. With her extensive experience in conducting community assessments across the country, Ms. Atkins will facilitate many of the focus groups and interviews and serve as the main contact for the community organizations that will be organizing and recruiting for the qualitative research. Ms. Atkins will be participating in three of the four site visits to Bexar County. She will also be deeply involved in working with Drs. Wolff and Ridini in the writing of each phase's assessment report and the final reports.

### **Core Research Staff**

Mr. Moacir Barbosa, Ms. Daisy Ortega, and Ms. Debra Noll will serve as core research staff and will work directly with Drs. Wolff and Ridini on the qualitative research in Phases 2 and 3 of the assessment. While they will provide some assistance in the data analysis, much of their time will be spent conducting key informant interviews in person or by phone and facilitating the focus groups in Bexar County in English and Spanish. Mr. Barbosa, Ms. Ortega, and Ms. Noll will also help in analyzing the qualitative data and identifying key themes that emerged from the focus groups and interviews in Phase 3.

### TIMELINE AND DELIVERABLES

Below is a timeline that chronologically details the tasks outlined in the evaluation plan and the submission dates of key deliverables. This timeline assumes that the contract will be signed by December 28, 2009.

Task	Timeframe	Deliverables
<b>PHASE 1</b> <ul style="list-style-type: none"> <li>Conduct <u>site visit</u> to meet with THC and other partners to present assessment plan and build relationships</li> <li>Review 2007 Health Profiles, 2006 Bexar County Community Health Assessment, and previous assessment reports and conduct data analysis</li> <li>Identify health concerns and areas to explore in further depth</li> </ul>	December 28, 2009-April 16, 2010	<ul style="list-style-type: none"> <li>Draft Phase 1 Assessment Report</li> </ul>
<ul style="list-style-type: none"> <li>Revise and finalize Phase 1 Report</li> </ul>	April 19, 2010-April 30, 2010	<ul style="list-style-type: none"> <li>Final Phase 1 Report</li> <li>PowerPoint presentation</li> </ul>
<b>PHASE 2</b> <ul style="list-style-type: none"> <li>Conduct <u>site visit</u> to complete preliminary stakeholder interviews and focus groups and build on relationships with community organizations</li> <li>Gather/analyze secondary data from local, state, and national sources</li> <li>Apply GIS mapping technology to identify high risk areas</li> <li>Compare data to previous findings and identify trends over time</li> </ul>	May 3-August 6, 2010	<ul style="list-style-type: none"> <li>Draft Phase 2 Assessment Report</li> </ul>
<ul style="list-style-type: none"> <li>Revise and finalize Phase 2 Report</li> <li>Schedule remaining interviews and focus groups</li> </ul>	August 9-August 20, 2010	<ul style="list-style-type: none"> <li>Final Phase 2 Assessment Report</li> <li>PowerPoint presentation</li> </ul>
<b>PHASE 3</b> <ul style="list-style-type: none"> <li>Create interview and focus group guides</li> <li>Conduct <u>site visit</u> for qualitative data gathering</li> <li>Analyze qualitative findings for common themes, identify community priorities</li> <li>Develop recommendations for Health Response Plan</li> </ul>	August 23-December 3, 2010	<ul style="list-style-type: none"> <li>Interview and Focus Group Guides</li> <li>Draft Phase 3 Preliminary Assessment Report</li> </ul>
<ul style="list-style-type: none"> <li>Revise and finalize Phase 3 Report</li> <li>Produce cumulative documents (Final Community and Members-Only Reports)</li> </ul>	December 6 – December 31, 2010	<ul style="list-style-type: none"> <li>Final Phase 3 Assessment Report</li> <li>Final Cumulative Community Report</li> <li>Final Members-Only Report</li> </ul>
<b>Evaluation and Health Assessment Response Plan</b> <ul style="list-style-type: none"> <li>Develop Evaluation and Health Assessment Response Plan</li> </ul>	December 6 – December 31, 2010	<ul style="list-style-type: none"> <li>Final Evaluation and Health Assessment Response Plan</li> <li>Final PowerPoint presentation</li> </ul>
<b>Final site visit</b> to present Final Reports to community leaders	January – February 2011	<ul style="list-style-type: none"> <li>Presentation to community leaders</li> </ul>

## APPENDIX: STAFF BIOS

**Dr. Lisa Wolff**, HRiA's Director of Research and Evaluation, works with a variety of clients to provide research services, including strategic research planning, community needs assessments, development of survey instruments, focus group moderation, statistical data analysis, and translation of research findings for actionable program planning. For example, Dr. Wolff co-leads a three-year evaluation study of the SHIP program in Williamsburg, VA, where her team recently surveyed approximately 5,000 students, 2,000 parents, and 1,000 staff members on their health-related attitudes and behaviors. She is also the Principal Investigator for an evaluation study of a new physical activity program in El Paso, TX. Prior to coming to HRiA, Dr. Wolff conducted research for national social marketing campaigns and health programs in Washington DC as a Research Supervisor at Porter Novelli, Inc. and a Program Officer at the Academy for Educational Development. In addition, Dr. Wolff has served as the managing editor of the *Journal of Health Communication* and has co-authored several articles for peer-reviewed publications such as *Preventing Chronic Disease*, *Journal of Physical Activity and Health*, and the *Encyclopedia of Epidemiology*. Dr. Wolff holds a doctoral degree from Harvard University, School of Public Health in social epidemiology, a master's degree from Stanford University, and a bachelor's degree magna cum laude, Phi Beta Kappa from Washington University in St. Louis.

**Dr. Steve Ridini**, Vice President of Programs, oversees HRiA's Community Health Division, is an expert on community engagement and advisor to several hospitals' community benefit programs and non-profit organizations. At HRiA, Dr. Ridini has led a number of community assessments in Georgia and Illinois and currently co-directs the evaluation of the SHIP program in Williamsburg, VA. Dr. Ridini has over 20 years of experience in working on domestic and international education/public health projects and in providing technical assistance and evaluation expertise to foundations. Clients have included the United Way, Bank of America, and a number of local community foundations. Before joining HRiA, Dr. Ridini worked with USAID in Belize to develop a comprehensive alcohol and drug education curriculum for secondary school students and was the former director of the Massachusetts Regional Prevention Center in Framingham. He is the author of two books: *Health and Sexuality Education In Schools: The Process of Community Change* (1996) and *Grassroots Social Action: Lessons In*

*People Power Movements* (2008). Dr. Ridini received his doctoral and master's degrees from Harvard University and his bachelor's degree from Boston College.

**Dr. Bethany Hedt** serves as a consulting biostatistician with D-Tree International and as a postdoctoral fellow in the Biostatistics Department at Harvard University, School of Public Health. Dr. Hedt's theoretical work develops new and more efficient statistical methods for program monitoring and evaluation. These less intensive and less expensive methodologies including extensions to Lot Quality Assurance Sampling for evaluation, Matrix Pooling for disease testing, and Hybrid Prevalence Estimators to support health indicator reporting support data-driven program management. Additionally, Dr. Hedt has broad experience in conducting program monitoring and evaluation. In 2004-2006, she consulted with the World Bank to analyze the impact of the Multicountry AIDS Program in Eritrea. Her involvement included design of the sampling methodology, data analysis and reporting. In 2006-2007, Dr. Hedt received a fellowship with the U.S. Centers for Disease Control and Prevention (CDC) to provide technical assistance to the Ministry of Health in Malawi on surveillance and monitoring systems to support HIV programs. Domestically, Dr. Hedt has worked with the Friday Night Supper Program, a soup kitchen providing meals to those in need in Boston, to profile and assess the needs of their constituents. Dr. Hedt holds a doctoral degree from the Biostatistics Program at Harvard University, School of Public Health and a bachelor's degree in mathematical sciences from University of North Carolina, Chapel Hill.

**Abby Atkins**, HRiA's Assistant Director of Research and Evaluation, has worked on numerous community assessments across the country and also conducts secondary data and literature reviews for several current studies. Ms. Atkins will serve as a member of the core research staff for the Bexar County Community Assessment, helping to develop research instruments, moderating focus groups, and analyzing data. Ms. Atkins has extensive experience in conducting community-based research on nutrition, physical activity, and health care access. In 2005, she completed a county-wide study to assess the organization, impact, and challenges of the health care delivery system in Adams County, Illinois, and in 2006, she conducted a county-wide project to identify and analyze current community needs, trends, and assets in Cass County, Illinois. Recently, Ms. Atkins analyzed community needs in the Central Savannah (GA) River Area and identified strategies, activities, and services that could be provided through a regional

multi-service center. Ms. Atkins holds a master's degree in social work (focus in community organization, social policy and planning) from Boston College and a bachelor's degree from Connecticut College.

**Moacir Barbosa** is a long time facilitator of community processes and has worked with gangs, parents, youth, political organizations, tenant councils, and community resident groups. Mr. Barbosa is involved in conducting trainings with youth workers, moderating focus groups with an array of audiences, providing technical assistance to organizations for strategic planning, participating in field building initiatives (locally, statewide, and nationally), and promoting the profession and professionalization of the field through his work on legislation, youth worker networks, partnerships with higher education, and youth conferences. He is also a staff consultant with Creating Meaningful Change, a consulting group that focuses on diversity, leadership and organizational development. Prior to joining HRiA, he was Program Coordinator for the Fellowship Center in St. Louis, MO; Director of the Area 4 Youth Center in Cambridge, MA and Supervisor for the Moore Youth Center in Cambridge. As an Adjunct Instructor at the College of Public and Community Service of the University of Massachusetts-Boston, Mr. Barbosa has helped to develop a curricula focused on serving youth. Mr Barbosa is a native of Cape Verde Islands who grew up in Cambridge, Massachusetts. He has a Bachelor of Arts degree from Washington University in St. Louis.

**Daisy P. Ortega** has extensive experience in facilitation and working with diverse audiences on programs and trainings. At HRiA, Ms. Ortega develops and presents various workshops and facilitates discussion on topics such as: positive youth development approach, community organizing, public speaking, conflict resolution/violence prevention, supervising youth, team building, etc., throughout greater Massachusetts, Providence, RI and Canada. Previously, Ms. Ortega worked for Sociedad Latina, a youth employment agency in Mission Hill, as the coordinator for the Youth Community Organizing program, a Health and Dance program, and an all-girls mentoring program. She was also a Teaching Fellow for Citizen Schools in 2004-2006 and had the opportunity to work in the Grover Cleveland and Woodrow Wilson Middle Schools in Boston. Ms. Ortega graduated from Lesley University with a Master's of Education (M.Ed.) and is a native Spanish speaker.

**Debra Noll** is a Health Communications Associate at HRiA and works on the development and cultural adaptation (primarily for Spanish-speaking audiences) of materials and campaigns associated with a variety of health topics such as tobacco cessation, STD prevention, asthma, and substance abuse. Much of her work involves program planning, conducting focus groups with the target audience, conducting interviews with community stakeholders, and coordinating with program planners and designers. Prior to her current position at HRiA, Ms. Noll worked for Vida Health Communications, Inc. implementing National Institute of Health grants. She also worked as Project Manager at Chemonics International in Washington, DC, managing federally-funded project teams focusing on international development in Latin America (Bolivia, Mexico and Panama). She is fluent in Spanish and has lived in Puebla, Mexico both as a student and as an English instructor. Ms. Noll holds a master's degree in Health Communication from the collaborative program between Emerson College and Tufts University and a bachelor's degree in Spanish from Texas Christian University.