

### Request for Proposals (RFP)

Project Title: Language Translation Services for Revised Protocol for Responding to & Assessing Patients'
Assets, Risks & Experience (PRAPARE®) Screening Tool

RFP Released: December 6, 2023 Proposals Due: January 19, 2024

Questions on the RFP must be received by **January 11, 2024,** for the NACHC SDOH team to internally review and post responses by January 15, 2024.

<u>Point of Contact</u>
Cydnee Parsley, Deputy Director, Social Drivers of Health (<a href="mailto:cparsley@nachc.org">cparsley@nachc.org</a>)

## **Organization Overview**

The National Association of Community Health Centers (NACHC) is a national membership organization supporting federally qualified health centers (also known as FQHCs or Community Health Centers) and expanding health care services for the medically underserved and uninsured. Founded in 1971 to promote efficient, high-quality, comprehensive health care that is accessible, culturally, and linguistically competent, community-directed, and patient-centered for all, NACHC's mission and <a href="strategic pillars">strategic pillars</a> continue to guide our values and priorities as an organization representing a national health center movement.

#### NACHC:

- Serves as the leading national advocacy organization in support of community-based health centers and the expansion of health care access for the medically underserved and uninsured.
- Conducts research and analysis that informs both the public and private sectors about the work
  of health centers, their value to the American health care system, and the overall health of the
  nation's people and communities both in terms of costs and health care outcomes.
- Provides training and technical assistance to support and strengthen health center operations, clinical quality, leadership development, and advancing health equity at health centers across the country.
- Develops partnerships with the public and private sectors to build stronger and healthier communities.

## **Purpose**

Through this Request for Proposal (RFP), NACHC is seeking a vendor to translate the revised **Protocol for Responding to & Assessing Patients' Assets, Risks & Experience** (PRAPARE®) screening tool into 32 languages.

# **Background**

PRAPARE® is a nationally recognized and standardized patient social risk assessment tool that is evidence-based and stakeholder-driven. PRAPARE® contains measures on 26 social drivers of health (SDOH) that align with national initiatives, including the standardized codification sets under ICD-10, LOINC (Logical Observation Identifiers Names and Codes) and the Uniform Data System (UDS). PRAPARE®, when paired with the <a href="Implementation and Action Toolkit">Implementation and Action Toolkit</a>, empowers users to leverage data to improve health equity at the individual, community, and systems levels.

The revised PRAPARE® tool [Appendix A] contains additional domains and questions added for the purpose of not only expanding the scope of needs, but also the assets of the communities to show the strengths they have within themselves and together.

**Previous PRAPARE® translations:** By 2019, the original PRAPARE® tool was translated into all 32 languages as requested in this RFP. The <u>methodology for translation</u> summarizes the approach to the original translations. Additionally, the original PRAPARE® translations can be viewed on the <u>PRAPARE® website</u>.

## **Time Period**

The period for the initial translation services is **January 29, 2024**, through **March 29, 2024**. Vendor(s) may be retained for additional translation services after the contract period if agreed upon by all parties and based upon successful performance during the period of initial service and ongoing availability of funds.

# **Scope of Work and Deliverables**

Selected vendor will collaborate closely with the NACHC SDOH team on all activity tasks. We expect to have an initial kick-off conference call on Monday, January 29, 2024. Bi-weekly check-in calls may be needed as the project proceeds, but the selected vendor should be prepared to answer questions by email.

Project needs to be considered in completing this scope of work are described below:

**Adequate Translation:** The PRAPARE® screening tool is implemented in Community Health Centers with diverse patient populations. Accuracy, cultural appropriateness, and ease of understanding should be considered in the translation of the revised PRAPARE® tool.

**Additional Field Testing:** The PRAPARE® team considers the development of the tool translations as an iterative process. Therefore, the vendor should be prepared to make modifications to the translations based on stakeholder feedback.

### **Activity tasks and deliverables:**

**1. Translation**: For each language, the revised <u>PRAPARE® assessment tool</u> should be translated, edited, and proofread by three different professionally vetted, and trained linguists. Languages for translation (in alphabetical order):

Arabic	Farsi	Karen	Russian
Bengali	French	Lao	Spanish
Bosnian	German	Khmer	Somali
Burmese	Haitian Creole	Korean	Swahili
Chinese (Traditional)	Hakha Chin	Marshallese	Tongan
Chinese (Simplified)	Hindi	Nepali	Uzbek
Chuukese	Hmong	Pashto	Vietnamese
Dari	Karenni	Portuguese	Tagalog

**2. Revision/Editing and Finalization:** The Vendor will work with their translators to make revisions based on stakeholder feedback received by the PRAPARE® team.

Note: Each activity task may have several iterations of review revisions between NACHC and the vendor. Final approval and listed date ranges are subject to change based on the final work plan developed between the selected vendor and NACHC.

## **Vendor Requirements**

Organizations should meet the following qualifications to be considered:

- At least three years of full-time professional translation experience
- Completed a university degree (BA or MA) or equivalent industry experience.
- Accreditation by at least one related professional organization, such as the ATA, Federal and
  District Courts, State Department, the United Nations, or professional translation organizations
  in their native country
- Members of official translation and localization organizations

**Additional considerations:** Breadth of language capability of the vendor to facilitate uniformity and feasibility of translation.

**Note:** Vendors must include Human Translation in their approach. Vendors who utilize Machine or AI (Artificial Intelligence) Translation will be considered only if these are used as supplemental translation tools and not the primary source of translation. Use of Machine or AI Translation tools should be disclosed in the application if applicable.

# **Funding & Budget Information**

Funding: Health Resources Service Administration (HRSA)

Vendor(s) must provide a comprehensive budget based on the ideal methodology and process used to meet the desired services, scope of work and deliverables. All costs must be itemized into the appropriate budget categories and must directly relate to the project activities described in the RFP. Budget negotiations may occur.

# **Information Requested**

Applications should be submitted as a PDF document with the applicant's name and date of submission in the file name. The application narrative should be no more than 5 pages (11-point font, 1-inch margins, 1.5 space lines) describing understanding of the project needs and strategies for achieving the project tasks and deliverables. <u>Appendix C.</u> (Attestation Statement) should be signed and submitted along with the completed application.

Applications should be emailed as attachments to Cydnee Parsley, Deputy Director, SODH, cparsley@nachc.org by January 19, 2024, 11:59 pm PT (i.e., January 20, 2024, 2:59 am ET)

If NACHC selects your proposal, you will be notified no later than **COB January 26, 2024.** The following submission guidelines and requirements apply to this RFP:

- 1. Only qualified individuals or organizations with prior experience on projects such as this should submit proposals in response to this RFP.
- Bidders must submit at least two projects/ examples that are similar to this project as part of their response. Bidders should also describe their previous experiences and expertise in three pages or less.
- 3. A price proposal must be provided that is not more than 1 page. The price proposal should indicate the overall fixed price for the project as well as hourly rates and an estimated total number of hours, should NACHC decide to award a contract on an hourly rate basis. This will not count towards the 5-page limit.
- 4. If you have a standard set of terms and conditions, please submit them with your proposal. All terms and conditions will be subject to negotiation. This will not count towards the 5-page limit.

### **Selection Criteria**

Selection will be made based on:

- 1. Clear understanding of project objectives, responsiveness to tasks/deliverable timelines, and a proposed workflow and plan that is clear, manageable, and achievable.
- 2. Past experience
- 3. Budget Narrative and Total cost
- 4. Aesthetics and layout of project samples
- 5. Proven ability to meet deadlines (use previous experience examples)
- 6. Other factors relevant to deliverables

A complete list of the evaluation criteria and scoring can be found in Appendix B.

Contract negotiations to follow selection. Some scope of work details may change slightly due to the contract negotiation process.

## Appendix A. Revised PRAPARE® Screening Tool Page 1/3



#### Revised as of October 15,2023

Perso	onal Characteristi	cs								
	How would you describe yourself?			6.	unfo	rmed services?		ted States military, armed forces or ny, Coast Guard, Marines, Navy, Nat.	iona!	
If	more than one race, check all that apply.					Gual	rd, or Reserves or t	he	US Public Health Service (PHS) and	ionai
	Asian	Native	Native Hawaiian				onal Oceanic and A	tmc	ospheric Administration (NOAA). No	$\neg$
	Pacific Islander	Black/	Black/African American				0.000		9.000	4
	White	Americ	an Indian/Alasi	kan Native			I choose not to	ans	swer this question	
	Other (please wr	rite):			7.	Wha	t language are you	mo	st comfortable speaking?	_
	I choose not to a	nswer this	question				English		Language other than English (write in language)	
2. A	re you Hispanic or	Latino?								
ΙL	Yes No	0	ther (please wr	ite):			I choose not to a	ınsv	ver this question	1
	I choose not to a	nswer this	question							
3	o you think of you	rself as (che	eck one):		Fa	mily &	Home			
	Lesbian or Gay	Strai	ght or Heterose	exual	8.	How with?		ers	, including yourself, do you currently l	live
	Bisexual	Que	Queer							
	Pansexual	Som	ething else (ple	ase write)		Г	Labanaa natta	one	swer this question	
	Don't Know						T choose not to	ans	swer this question	
	I choose not to answer this question				9.	Wha	t is your living situa	tion	today?	_
4. <u>V</u>	What is your current gender identity? (Check all that apply)					I have a steady place to live				
	Female/woman/	girl	Male/ma	n/boy			I do not have a ste	eady	place to live	1
	Nonbinary, geno not exclusively f male			nder an/female		I have a place to live today, but I am worried about losing it in the future				t
	Transgender bo	y/man/male	Another	gender	11		I choose not to an	swe	er this question	
	(please write)			10	. Wha	t address can you l	be r	eached at?	_	
	Don't know						Street:			
	I choose not to answer this question						City, State:			
-	r oncess not to another this question						Zip code:			
	at any point in the p een your or your fa				vork		I choose not to	ans	wer this question	
	Yes No						1			
	I choose not to a	nswer this o	question							
_					_					

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## Appendix A Cont. Revised PRAPARE® Screening Tool Page 2/3



#### Revised as of October 15,2023

. Think about the place where you live. Do you have any problems with the following? (Check all that apply)			15.	and th	ne fam	ily members y	ou live	with?	al combined income fo This information will h		
	Pests	1	Mold		determine if you are eligible for any benefits.					nefits.	
	Lead paint or pipes	1	nadequat	e or no heat		_					
	Oven/Stove not working		No/not wo detectors	rking smoke	I choose not to answer this question			tion			
	Water leaks		nadequat conditionir	e or no air ng	16.	unab	e to g				y members you live wi n it was really needed
	Electricity	1	Refrigerat	or		Yes	No	Food	Yes	No	Clothing
	Other (Please specify)	1	I am not sure			Yes	No	Utilities	Yes	No	Child care
	I choose not to answer this question			Yes	No	Phone	Yes	No	Other (please write):		
	y & Resources  What is the highest level of so	choc	ol that you	have finished?		Yes	No	Medicine or dental, men			I are (medical, sion)
	Less than high school degree		High school diploma or GED				I cho	oose not to ar	swer t	his qu	estion
More than high I choose not to answer this question			17.	meeti (Chec	ngs, w k all th	ork, or from g nat apply)	etting	hings	m medical appointmen needed for daily living		
. What is your current work situation?					,	nas kept me f my medicatio		edical	appointments or from		
	Unemployed Part-tim tempora										lical meetings, ng things that I need
	Otherwise unemployed but retired, disabled, unpaid pri Please write:					+	No				
	Ticase wite.			_			I choo	se not to ans	wer this	ques	tion
	I choose not to answer this	que	stion								
	What is your main incuron as	2			So	cial an	d Emo	tional Health	ı		
V	Vhat is your main insurance? None/uninsured	Ί	Medic	aid	18. How often do you see or talk to people that you close to? (For example: talking to friends on the friends or family, going to church or club meetin			ds on the phone, visiting			
	CHIP Medicaid		Medic	are		Le	ess tha	n once a			nes a week
	Other public insurance (not CHIP)		Other (CHIF	public insurance			eek to 5 tin	nes a week	6	or mo	re times a week
	Private Insurance					10	choose	not to answe	r this o	questic	on

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NATIONAL ASSOCIATION OF Community Health Centers

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## Appendix A Cont. Revised PRAPARE® Screening Tool Page 3/3



Revised as of October 15,2023

19.	Stress is when someone feels ter			24	Day	ou hove excess to the inter-	n a t	2 (Chaok ana)		
١,	you?			24.		All of the time				
	Not at all A little bit			Most of the time						
	Somewhat Quite a	bit				Sometimes				
	Very much I choose Questio	e not to answer this				Rarely				
20.	In the last year, has anyone ever	made you feel trapped.	controlled			Never				
	afraid, tried to hurt you, or made sexual/illegal/immoral you did not	you do something		]	I choose not to answer this question					
	Yes No	Unsure		25.	How	comfortable are you with us	sing	your computer or phone	e for a	
	I choose not to answer this q	question		Г	$\neg$	o visit with your care team?  am able to do video visits.	(Ci	99 1200 1201 W 275W N	ita but	
Opt	ional Questions					nd would like to		I am able to do video vis prefer not to	sits, but	
21.	Have you spent more than 2 night detention center, or juvenile corre		on,			am not able to do video isits, but would like to		I am not able to do vide and prefer not to	o visits,	
	(Check all that apply)  Yes, in the past year  Y	es, over a year ago	No		I	choose not to answer this qu	ues	tion		
				200	\ <b>8</b> / <b>L</b> . : .	ala af tha fallantina ahanlahan	- Te			
	I choose not to answer this question					ch of the following should we ? (Check all that apply)	e Ki	low about you before we	provide	
22.	2. Are you a refugee?				-	Health beliefs				
	Yes No I choose not to answer this question					Cultural preferences				
23.	Do you feel physically and emotion	onally safe where you cu	ırrently			Religious beliefs				
	live? Yes No Unsu	IFO.				Spiritual beliefs				
	I choose not to answer this qu					Food restrictions				
	T CHOOSE HOLLO BHSWELL THIS QU	acston				Caregiving status				
	ou answered "No" to Q23, please a re you been afraid of your partner		year?			Other (please write):				
	Yes No	Unsure				I choose not to answer this	s q	uestion		
	I have not had a partner in th	e past year								
				•						

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## **Appendix B. Evaluation Criteria**

Rating Factor	Application Selection Criteria  To earn full points in each domain, the applicant must demonstrate:					
Capability Statement	Capability statement gives background on the bidder and demonstrates ability to deliver technical skills and/or subject matter expertise.					
	Please ensure the statement addresses the following:					
	Brief description of the organization.					
	State project number(s) for the proposed scope of work.					
	<ul> <li>Specific subject matter expertise applicable to the proposed scope of work.</li> </ul>	10				
	<ul> <li>Ability to work with others and collaborate.</li> </ul>					
	<ul> <li>The bidder's established partnerships and relationships that will</li> </ul>					
	aid in the proposed scope of work.					
	A narrative description of the project approach.					
Justice, Equity, Diversity, & Inclusion (JEDI) Capability Statement	Capability statement demonstrates experience and ability to deliver technical skills and/or subject matter expertise consistent with justice, equity, diversity, and inclusion (JEDI) principles.	10				
Workplan, Project Milestones, &	A well-formulated and thorough workplan and timeline of project milestones demonstrates the ability to deliver technical skills and/or subject matter expertise of proposed scope of work.					
Proposed Timeline	Please ensure the workplan, project milestones, and proposed timeline are:					
	Clear and consistent with guidelines listed in the RFP.					
	• The information can include but is not limited to narrative form.					
Budget Justification	Reasonableness of proposed budget for the scope of work. Reasonableness is assessed based on market or industry standards and in consideration of the not-for-profit status of health centers and NACHC.					
	<ul> <li>Please ensure to include:</li> <li>Daily and hourly rates for all experts and staff that may be involved in the scope of work. The rates should reflect overall cost rate inclusive of</li> </ul>					

	Total	60
	<ul> <li>Include at least 2 program evaluations or documentation demonstrating a record of accomplishment of proven success with clients.</li> </ul>	10
Documentation of Success	<ul> <li>Work Sample(s) should demonstrate evidence of successful analysis, design, and implementation in topic areas listed in</li> </ul>	10
& Evaluation/	area(s) to the targeted audience(s) (as appropriate).	
Work Samples	Evidence of successful and effective outcomes in the proposed content	
Education	experience, and/or education that reflects knowledge and ability in content expertise.	10
Experience &	Resume(s)/CV(s) of expert(s)/staff clearly show tenure, professional	
	any fringe, overhead, and/or general & administrative (G&A) expense, if required. Please ensure costs are delineated as appropriate and by task.	

### **Appendix C. Attestation Statement**

By my signature below, I hereby certify that this Proposal reflects my best estimate of the capability of the organization and the true and necessary costs for the project, and the information provided herein is accurate, complete, and current as of the date of my signature below.

I agree that my electronic signature is the legal equivalent of my manual signature on this application. By typing my name below, I certify that the information provided in the application is true and accurate.

Print Name:	Title:	Organization:
Signature:	Date:	