Needs Assessment Workgroup

August 27, 2002 Minutes
10:00 AM-12:00 PM
MEMA Headquarters, Framingham

Attendees: Phyllis Boucher, Janice Tellier, Nancy Pettinelli, Jean Bennett, Tina Ford, Chris Ditunno, Walter Murphy, Steven Ward, Brad Prenney, Kathleen MacVarish, Kathy Shulutowski, Tom Connell, Jim Nugent, Cindy Larson, Dana D'Eramo, Tracy LaPorte, Allison Hackbarth, Holly Funkhouser, Mary Sheryl Horine, Derick Aumann

Facilitator: Jana Ferguson
Local Health Preparedness Coordinator

Support: Bela T. Matyas, MD, MPH,
Medical Director, Epidemiology Program

Jana Ferguson convened the meeting and welcomed the participants. Participants were asked to introduce themselves.

There was discussion concerning the list of participants for the workgroup. No additional members were suggested (either at the meeting or by email prior to the meeting).

Discussion of the workgroup timeline was deferred to the next meeting.

It was proposed that the workgroup participants break out into subgroups by cooperative agreement focus area to discuss focus area-specific issues related to selection of the needs assessment vendor. The proposed charge for each subgroup was to develop a list of criteria to incorporate into the needs assessment RFQ (request for quotes) to guide the Department in selection of the vendor. These criteria should address the question of what the vendor applicant needs to show or demonstrate to assure the Department and the Needs Assessment Workgroup that it can accurately and reliably assess the needs for each focus area. After a brief discussion, it was decided that the number of participants present was small enough to discuss these criteria as a full workgroup rather than as subgroups.

It was noted that in developing these criteria, we should focus on the process and capacity/capability of the vendor to carry out the needs assessment, not on the content of the needs assessment tool itself. It was asked that potential applicants for the RFQ not participate in these discussions regarding criteria development.

In the discussion that ensued, the following criteria were suggested for inclusion in the RFQ:

- The vendor should be able to provide an accurate and reliable assessment of need;

- The vendor should demonstrate relevant experience in this type of needs assessment (i.e., it should have experience with a previous statewide needs assessment);
- The vendor should demonstrate a familiarity with the perspectives (e.g., epidemiology, emergency response, public safety) and systems (e.g., surveillance, communication, incident command) called for in the cooperative agreement;
- The vendor should be able to provide references to attest to its capability and capacity to provide this type of needs assessment;
- Existing needs assessment survey tools should be reviewed and utilized (in whole or in part) as appropriate to address necessary needs areas;
- The survey tool created by the vendor should be in a form that can be utilized in the future (by MDPH or a vendor) for follow-up or repeat use; this refers to both technical aspects of the tool itself and to issues regarding the proprietary nature of the tool;
- The vendor should have the ability to assess emergency preparedness and response capacity for each Massachusetts city and town, including the availability, barriers and needs with respect to communication systems, information technology (including availability of computers, high-speed internet access, etc.) and collaboration with necessary partners;
- The vendor should have previous experience in working with Massachusetts state and local government and should demonstrate an understanding of state and local government in the Commonwealth;
- For each city and town surveyed in depth, the vendor should make direct contact with the governing entity of that city or town (e.g., town manager, mayor, Board of Selectmen; the vendor needs to be aware of and appropriately address any Open Meetings Law-related concerns in contacting these officials), the Board of Health, the health department, the emergency response coordinator or committee, fire department, police department, environmental health officials, and/or other officials as determined by that city or town; these various entities should be contacted both individually and as a group (in order to help foster coordination among them);
- The vendor should strive to contact each city and town in Massachusetts to conduct an in-depth survey; if this is not possible, then the vendor should either propose to survey a sample of cities and towns or to survey all Massachusetts cities and towns briefly (with an abbreviated survey tool) together with an in-depth survey of a selected sample of cities and towns, and in either event, the vendor should clearly justify its proposed alternative and the proposed sampling criteria/methods;
- The vendor should clearly describe the methods it intends to use for collecting the necessary needs assessment data, including focus group testing, face-to-face meetings and survey tools, and it should demonstrate the validity of these methods;
- The needs assessment survey tool to be used by the vendor needs to be pilot tested and evaluated (validated);
- The vendor will need to identify key contacts (e.g., emergency response coordinator) for each city and town in Massachusetts;
- The vendor needs to be able to appropriately analyze the collected data in order to address the critical benchmarks in the CDC cooperative agreement and to make the results of the needs assessment useful for us; in other words, the vendor needs to provide summary data from the needs assessment to each surveyed city and town that

can be used by that city or town for its planning purposes, and it needs to provide summary data to the MDPH that can be used to address needs and capacities at both the regional and statewide levels;

- The vendor needs to indicate how it will interface with the state's 7 regions;
- The vendor needs to have, or have access to, content expertise in each of the focus areas; i.e., it needs to have basic knowledge of incident command and emergency preparedness, how diseases in Massachusetts are reported, risk communication theory and practice, education and training theory and practice;
- The vendor needs to be familiar with the requirements of the CDC cooperative agreement (and with those portions of the HRSA cooperative agreement that will be included in the statewide needs assessment);
- The vendor will need to assess the capacity, needs and barriers of each surveyed jurisdiction with respect to addressing the needs of special populations [the vendor will need to be provided with a clear list of "special populations"];
- The vendor may have subcontractors to assist it in carrying out the requirements of the RFQ, however, the MDPH must evaluate and approve any subcontractors.

It was noted that the RFQ will need to clearly define for the vendor applicants each critical capacity/benchmark (i.e., the minimal performance level for each critical capacity/benchmark).

Next Meeting: September 20, 2002, 10:00 AM – 12:00 PM. Location: Massachusetts Emergency Management Agency Headquarters, Framingham, MA.

Next Step: Jana Ferguson will compose a draft RFQ, with both boilerplate language and the criteria discussed by the workgroup, which will be disseminated via email to workgroup members for feedback and review at the next Needs Assessment Workgroup meeting.