

RFP 21-67195
Cancer Control Evaluation Services
Clarification Questions

Instructions: Respondents are to provide a detailed response to each of the questions below in the space provided. Where appropriate, supporting documentation may be referenced within this document by a page and paragraph number. Additional documents not referenced will not be reviewed/evaluated. Responses will become a part of the original proposal response and will be used as part of the evaluation.

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1. Please provide detail on your plan to engage additional stakeholders, so most, if not all are involved in evaluation activities and how you will incorporate feedback / input into the evaluation plan.

Dozens, if not hundreds, of stakeholders have been and will continue to be involved in Comprehensive Cancer Control and IN-BCCP evaluation activities. Cross-sector stakeholders from across the state are engaged through surveys and interviews. The ICC Member Satisfaction Survey (MSS) is sent to all contacts of the Indiana Cancer Consortium. The number of contacts ranges from several hundred to nearly 1,000, depending on engagement levels at any given point in time. The MSS asks stakeholders to indicate whether their various needs for data, collaborative partners, research and information, funding opportunities, and other resources are being met through the Comp Cancer program. This information is used to direct the annual priorities of the ICC. The ICC (with technical assistance from the Evaluator and as part of the ICCCP Evaluation Plan) also sends out a Members Skills Inventory to all members, which asks members to indicate what skills and resources they have access to and what they are willing to share in support of the comprehensive cancer control priorities of the partners and IDOH. This information is useful in program and coalition planning. The ICC also releases an annual survey of partners to learn which, if any, of the goals, objectives, and strategies of the Indiana Cancer Control program they are engaged in. This data is used to generate formative and summative evaluation content, and also provides useful information to the ICC Evaluation Team as they set their annual evaluation questions.

The ICC Evaluation Team (EAG) reviews the five-year evaluation plan on an annual basis (in June) and sets specific evaluation questions for the upcoming year, based in priorities that are identified through the various evaluation activities and member input throughout the year. The Evaluation Plan is also edited to incorporate the priorities identified in IDOH's ICCCP annual workplan and feedback provided by the CDC program officer.

Similarly, stakeholder feedback will be collected through survey, interview, and meeting observation and incorporated into the evaluation plan for IN-BCCP. A survey of all IN-BCCP providers solicits input about partner satisfaction and interests for

program improvement, as well as their perception on patient access. Additional input will be gathered through key information interviews with Regional Coordinators and Nurse Case Managers, and the Program Directors, as well as through discussion and meeting observations, including the Evaluation Quarterly Meetings, the monthly Health Screening Initiative meetings in partnership with 3-5 clinic partners across the state and Community-Clinical Linkage meetings with partners like Covering Kids and Families.

All evaluation data is then presented to the IN-BCCP Evaluation Advisory Group (EAG), who is responsible for identifying findings and recommendations for program improvement and to guide annual and five-year evaluation priorities. The P5 Evaluation Questions were discussed and finalized at the May 2021 EAG meeting to develop the PY5 Evaluation Plan. Community Solutions will continue to practice of engaging stakeholders through the EAG, monthly HSI meetings, Community-Clinical Linkages meetings and regular and ongoing communication with IDOH staff and leaders to develop themes and priorities for questions. Because 2021-2022 will be PY5 of the five-year cycle, Community Solutions anticipates that

2. Explain how you plan to make advisory group meetings more interactive and engaging?

Community Solutions will make advisory group meetings more interactive and engaging by hosting meetings virtually, which will enable broader participation from throughout the entire state and using tools that encourage discussion and collaboration in the identification of findings and the development of recommendations and evaluation action plans. Examples include breakout rooms for small-group discussion (both facilitated and participant directed, as well as the use of Jamboard, Microsoft Whiteboard, Mural, Kahoot, and Mentimeter.

Community Solutions will encourage EAG members to join in the co-design of group efforts and activities. Community Solutions coordinate a co-design call prior to each EAG meeting to get members' input on agenda items and the approach by which the meeting will be managed. Additionally, EAG members will be asked to take part in the presentation of information and/or facilitation of segments of the agenda to ensure that they share in the ownership of the group. Starting in PY5, each of the HSI representatives will be asked to present their data to the EAG rather than the Evaluator presenting it, which will increase the engagement and interaction with other stakeholders and increase their investment in the process, overall. Also, the Regional Coordinators will share their regional success stories at the EAG meetings to provide opportunities for the HIS partners to learn about the work that is being done in the community. As more community-clinical linkages are identified, representatives will be encouraged to participate in the EAG and share their perspectives on the value of BCCP partnerships.

Finally, Community Solutions will utilize Action Commitment forms (electronically) with the ICC Evaluation Team to ensure that all members feel invited and encouraged to identify and complete aligned actions (see attached sample form). Community Solutions will compile all action commitments made during sessions into a master tracking tool that will enable EAG members to provide progress updates for action commitments and will support the evaluation of member engagement, as well.

3. Explain how you plan to use key informant interviews to propose / advise direction of the program?

Key informant interviews will be used to gather qualitative data to answer many of the evaluation questions identified in the IN-BCCP Evaluation Plan and the ICCCP Evaluation Plan. They provide contextual data and contribute to the recommendations that are developed as part of the evaluation process. se evaluation questions include items that are forward-looking,

4. In-Kind Match support is a key factor for this service. Provide an in-depth description of your company's process & procedure for providing in-kind support.

All requests for in-kind match support should be submitted in writing to Lena Hackett prior to final contract negotiation. However, Community Solutions has a long history of service to the IDOH and provides services at a deeply discounted rate. Additionally, our contract terms are deliverable based, and all overrun costs are absorbed by Community Solutions. Finally, while Community Solutions assigns multiple staff to projects, overhead costs and staff time for team members who assist when there are unanticipated needs are not billed at additional expenses. Finally, Community Solutions uses our communication and media channels to promote the work of the IDOH IN-BCCP and ICCCP programs at no cost.

5. It is unclear if community outreach and education is all encompassing of Community Clinical Linkages and Health Systems Interventions (HSI) / Evidence Based Interventions (EBI). Please explain expected activities as it relates to community outreach and education and where/how community clinical linkages and HIS/EBI are integrated.

The evaluation activities related to community outreach and education include data collection from Regional Coordinators that includes information about all outreach and education events and the numbers of individuals reached through those activities. The evaluation activities related to Community Clinical Linkages includes collecting process information from the regional coordinators regarding their efforts to engage community organizations who will identify women who need breast and cervical cancer screening and refer them to the regional office. Once the relationships are established, the regional coordinators will track the number of women they serve who are referred from a community partner, and they track if the woman is: 1) the partner referral, 2) enrolled in BCCP as a result, 3) insured and referred to a provider for screening, or 4) served with other funding sources the region has secured to serve women who fall outside of the enrollment criteria for BCCP. In addition to the basic referral/enrollment information the CDC requires follow-up with the woman to assure that screening was completed, for abnormal results diagnostic testing was done, and if cancer is detected the woman has been referred for treatment. It is possible that women who are referred to the regional staff from community partners may be served by HSI/EBI clinics. In that case, the evaluation will be collecting that data. In addition to Community Clinical Linkages, the evaluation does collect information about the community outreach and education done by regional staff which includes events such as speaking or providing materials about the program at churches, back to school events, health fairs, etc.

The HSI/EBIs are currently a discrete effort both in the workplan and the evaluation. The Community-Clinical Linkages activities and the HSE/EBI evaluation activities provide deeper levels of information that can then be used to answer the evaluation questions, inform evaluation planning, and develop priorities for program improvement and sustainability.

6. Evidence Based Interventions (EBI) work was not incorporated in the Attachment B Sample Contract redline. Please submit an updated version of this documents to include this information. If EBI is not included as part of your response, please provide an explanation of why.

The Sample Contract has been updated with additional detail in the final bullet point under section 1. Duties of Contractor in the "IN-BCCP" list of Functional Services (attached).

7. Who is responsible for reviewing data privacy policies annually? What type of training requirements are in place for the reviewer (s)? How often is re-training required?

April Angermeier, Director of Operations, serves as Community Solutions' Data Security Officer and conducts an annual review of data privacy policies. She holds a Masters in Public Affairs and has been certified in Human Subjects Research for Social/Behavioral Researchers through the Collaborative Institutional Training Initiative of Indiana University and must be re-certified every three years.

8. Please explain in detail your company policies regarding to secure Electronic Public Health Information (EPHI) data? Who is responsible for annual policy updates?

Community Solutions takes data security and human subjects protections very seriously and is accustomed to working with clients to develop shared expectations for data and information management and security. The following policies are employed when working with confidential information:

- All staff involved with data collection and analyses have been certified in Human Subjects Research for Social/Behavioral Researchers through the Collaborative Institutional Training Initiative (CITI Program). Only the staff members directly assigned to a given project have access to confidential project information and data.
- Confidential data are stored in a password-protected, cloud-based file storage and collaboration tool called Box. Box meets and supports some of the highest benchmarks for security and privacy, including ISO 27001, ISO27018, HIPAA, and the BSI C5 attestation.
- Box.com provides the ability to see all access to and chain of custody of data,
- Any suspected or confirmed breach in security is to be reported to the data security officer and the client immediately.
- The data security officer (April Angermeier) is responsible for annual policy updates.

Community Solutions, Inc. (CSI) in the course of doing evaluation and planning work for public health organizations occasionally has the need to use Electronic Public Health Information (EPHI) that is collected by other agencies and organizations. CSI does not provide direct patient services, and so the CSI policies do not address patient access to data, as is required

by the HIPAA regulations for organizations which provide patient services.

EPHI records are stored on a laptop computer with password protection. The data are kept on a single non networked laptop computer. That computer will be stored in a locked cabinet, within a locked office. The threat of theft is minimal since CSI is a private company and don't regularly have non-invited members of the public in our office space.

Since CSI does not create or gather original EPHI, and does not perform a health care clearing house function, any threat of destruction of the data is not relevant since CSI is working with a copy, not the original data source. If data is lost due to any unforeseen natural or man-made disaster, a new copy would be requested from the source. There is a very small possibility that the hardware on which the data is stored could be lost in a tornado, but that threat is minimal and the hardware log on protocols and other security should provide a barrier to data access.

CSI has developed their privacy policy around protecting EPHI from unintentional and intentional misuse of personal information. The two threats to EPHI while housed at CSI are staff misuse of data and theft. The following CSI policies are designed to minimize those threats.

- EPHI will be received from MaxTrac with appropriate precautions to secure it during transfer.
- EPHI will be used episodically at CSI. As such the data does not have a specific flow through the organization.
- The data will only be used by CSI professional staff who have been assigned to the project and have been certified in Human Subjects Research for Social/Behavioral Researchers. Since we are a small office we will rely only on passwords to authenticate users.
- The EPHI will be stored on a single laptop computer with password protection. The computer will not be wi-fi enabled or connected to a computer network. The computer will be set to revert to a log in screen after five minutes of non-use. When EPHI is being used a sign will be posted at the door of the office in which it is being used that warns people not to enter.
- All staff will be trained on the office policies regarding the protection of EPHI. Misuse of EPHI will be handled on a case-by-case basis by the CSI security and privacy official and will be subject to disciplinary action, up to and including termination depending on the severity of the breach. Terminated employees will have all log in information removed from the EPHI computer. They would no longer have physical access to the EPHI laptop or external hard drive.
- Any changes to office location, software, hardware or staff will result in an update of the EPHI risk assessment and necessary modifications to office policy.
- Since the data will reside on a non-networked laptop computer or external hard drive there is no threat of malicious malware or spyware since staff will not be checking e-mail, downloading files from the internet or otherwise accessing the internet from the EPHI storage computer.
- If, despite the security procedures that have been put in place any of the following should happen the CSI security official will report the breach to the data owner:
 - Stolen or otherwise inappropriately obtained passwords that are used to access EPHI
 - Corrupted backup tapes that do not allow restoration of EPHI
 - Virus attacks that interfere with the operations of information systems with EPHI
 - Physical break-ins leading to the theft of media with EPHI

- Failure to terminate the account of a former employee that is then used by an unauthorized user to access information systems with EPHI
- Providing media with EPHI, such as a PC hard drive or laptop, to another user who is not authorized to access the EPHI prior to removing the EPHI stored on the media.
- These and any other suspected and confirmed security breaches of EPHI during the time of use will be reported by the staff to the CSI security official immediately at the time of the suspected breach. This report will include details of the suspected breach. The security official will report all suspected breaches to the ISDH or other owner of the EPHI.
- Since the EPHI data does not originate at CSI, the contingency plan should the data be damaged by power outage or hardware failure is simple to request a new copy of the data from the originating agency. Any and all modifications to the data for analysis can be repeated by CSI data analysts.
- All CSI policies are reviewed annually to determine if updates are required.
- When the data is no longer needed by CSI it will be removed from the laptop or external hard drive on which it resides. Since the laptop will be reused, it will not be destroyed. In order to reuse the hard drive space where the EPHI data resides, the hard drive will be completely cleaned of all EPHI data before the computer is reassigned.