



REQUEST FOR CONTRACTED SERVICE PROPOSALS

Improving Maternal Health Outcomes



**Missouri Foundation
for Health**

a catalyst for change



Missouri Foundation for Health (MFH) is requesting proposals from qualified contractors to facilitate the planning and design of a statewide collaborative that builds upon the strengths of the [Perinatal Quality Collaborative \(POC\) model](#), the Maternal Child Learning Action Network and other state assets, and integrates accountability to communities' prioritized needs and solutions. The contractor will engage community members and multisector stakeholders in order to explore the structure for a statewide collaborative that will ultimately incorporate Missouri's existing maternal child health institutions, networks and resources, while creating equitable, inclusive approaches to sharing decision making authority with community members. The collaborative will also feature facilitative membership engagement, while working to elevate health policy and advocacy, data sharing, and pathways toward long-term sustainability.

Background

In 2019, Missouri ranked 44th in the U.S. for maternal mortality, with Black birthing people dying at three times the rate of white people from pregnancy-related causes.^{1,2} Structural racism and implicit bias, which affect all aspects of a person's life, including at the health care system level and individual provider level, are the main drivers of health inequities in maternal outcomes.³

A variety of issues contribute to maternal mortality and morbidity in Missouri, 80% of which are preventable.⁴ These include medical complications like eclampsia and hemorrhage. Racially inequitable maternal mortality and morbidity rates are caused by systems that fail to provide adequate, culturally responsive support for birthing and parenting people during critical time periods. Social determinants of health such as economic instability or lack of access to safe housing, nutritious food, and transportation also impact birthing and parenting peoples' opportunities to thrive. Curbing maternal mortality requires systemic change that begins with responsiveness to communities' needs.

Across the state, stakeholders have taken note of the situation, resulting in the development of several efforts to address the factors affecting maternal mortality and morbidity. MFH has a unique opportunity to build on these efforts, increasing the collective impact of all efforts.

Some related efforts include:

- The Maternal Child Learning Action Network – A statewide coalition led by Missouri Hospital Association that coordinates data collection, peer learning, and integration of the Alliance for Innovation on Maternal Health's Patient Safety Bundles in hospitals to improve quality of care.
- Missouri's Pregnancy-Associated Mortality Review – The state's surveillance system which identifies, reviews, and analyzes maternal deaths and acts on findings.
- Rural Maternity Obstetrics Management Strategies – One of only three nationwide groups to receive a multiyear Health Resources and Services Administration grant to improve access to and continuity of maternal and obstetrics care in Missouri Bootheel communities.
- The Uplift Connection – Powered by MFH, this statewide women's health network provides a forum to leverage maternal child health resources across systems and make collective change for program and policy collaboration on women's health.



Collaborative Vision

The vision for the statewide collaborative is to elevate Missouri's strengths and those of the traditional PQC model – facilitating collaboration across health systems, promoting formal quality improvement efforts, and creating mechanisms for maternal health data integration across collaborative members – while centering the perspectives of Black birthing people and other marginalized groups (e.g., LGBTQ, low-income, rural) and creating mechanisms to ensure accountability to communities' needs and priorities. The state collaborative should successfully leverage the collective power of agencies, institutions, clinicians and community members to address the root causes of maternal health issues, while advocating for meaningful changes in policies, practices, and perspectives. Additionally, it will support efforts to build regional representation, equitable accountability structures, self-determined resilience, community leadership, capacity, and buy-in to support collaborative success.

Three principles guide our vision, each of which contributes to lasting change that proactively seeks to build systems that work for and with communities to improve maternal health:

Systems Thinking – Recognizes that making meaningful, long-lasting change requires understanding of the different components that serve as barriers and facilitators to change. These include policies and practices, resource distribution, relationships and connections, power dynamics, and the mental models that shape our understanding of the problem.

Cultural Rigor – Celebrates the humanity, social worth, and value of the communities the initiative seeks to elevate and empower.

Reproductive Justice – Moves beyond rights-based frameworks to acknowledge the ways in which social, political, and economic inequalities affect a person's ability to access reproductive health care services and self-determined family creation.

Description of Services Required

Recognizing the complexity of this undertaking, we expect the lead contractor to put together a multi-disciplinary team to ensure the skills and competencies needed for this work are represented. The role of the team will be to support all participating stakeholders in the planning and design of a statewide maternal health collaborative. To achieve this, we anticipate a two-phase approach.

Phase 1 - Discovery & Synthesis:

This phase represents exploration around Missouri's maternal health landscape and stakeholder preferences. MFH has gained insight into state assets, barriers, and stakeholder priorities through early engagement with maternal health stakeholders, which will be shared with the selected contractor. Activities may include, but are not limited to:

- Working with MFH, community members, and stakeholders to develop strategic learning questions to inform discovery, synthesis, and collaborative planning;
- Understanding existing assets and barriers within Missouri's state context (e.g., programming, policies, resources, social and political environment);
- Engaging community members with lived experience to explore their needs, perspectives, and priorities related to maternal health, as well as what they feel indicates meaningful responsiveness and accountability in collaborative work;



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- Engaging diverse maternal health stakeholders representing both urban and rural communities to understand their perspectives related to maternal health problems, priorities, approaches, community engagement and power sharing, and interest in and preferred roles for collaborative engagement;
- Identifying best practices around equitable, accountable collaboration and statewide maternal health projects to inform potential collaborative structures and approaches;
- Engaging in iterative, emergent learning practices with stakeholders to synthesize and reflect upon information gathered during Phase 1.

Phase 2 - Planning & Design:

Beyond the exploration outlined in Phase 1, we expect the contractor to provide guidance and/or assistance in the planning and design of the collaborative. Key activities may include:

- Facilitating structured workshops and convenings to help stakeholders negotiate roles and levels of engagement among those who wish to be involved, determining the collaborative structure, prioritizing collaborative goals and approaches, and developing strategic learning and preliminary action plans for collaborative activities (e.g., quality improvement efforts, data collection and sharing, community empowerment);
- Grounding collaborative stakeholders in a shared understanding of the root causes and consequences of maternal health outcomes, as well as promising practices in equitable maternal health care by utilizing diverse and current information, knowledge, and perspectives;
- Providing or connecting collaborative stakeholders with technical support, resources, and information to inform their planning and development process. NOTE: It is not necessary that the selected contractor have deep content knowledge on all areas in which the collaborative is interested, but that they are adept at structuring technical assistance and coordinating content experts who will provide topic-specific insight and support for the collaborative;
- Grounding collaborative stakeholders on community philanthropy, community power sharing/shifting and infrastructure that promotes inclusive decision making and asset mobilization.
- Consulting on sustainability plans for the collaborative (e.g., identifying other state or federal funding sources, creating accountability structures and processes for reflection and adaptation);
- Documenting and synthesizing the collaborative's planning and development process.

Qualifications

Contractor should be able to demonstrate:

- Understanding of the complex context surrounding maternal health in the U.S. (e.g., policy, stakeholders, basic clinical knowledge, historical and social contexts). Familiarity with Missouri's maternal landscape is preferred;
- Commitment to engaging in equitable practices using an intersectional lens (i.e., how multiple, overlapping identities impact situational power and experiences of discrimination and oppression);
- Commitment to cultural humility and rigor;



- Experience working with and building trust among marginalized communities (e.g., Black, rural, low-income, and LGBTQ+ communities);
- Robust experience with facilitation and mediation among diverse stakeholder groups as related to complex social change issues;
- Significant experience utilizing emergent and strategic learning practices.

Proposal Submission

Proposals must be submitted online.

To begin a proposal, [click here](#).

To return to a proposal in progress, log in to your [Account](#).

Proposal Requirements

- Submission acknowledgment.** Complete and submit the [one-page acknowledgment form](#).
- Proposal narrative.** Address each of the sections below.
 - **Activities & approaches to services.** Provide a brief description of the approach to services and address each of the following:
 - Describe the activities and approaches you will engage in to fulfill the needs of Phases 1 & 2.
 - What other key pieces of information do you envision being relevant to the planning and design of the collaborative? In addition, what activities will you engage in to identify these?
 - Describe the activities and approaches you will use to engage community members and maternal health stakeholders to understand their perspectives and priorities for the maternal health collaborative?
 - What steps will you take to create an environment that supports meaningful participation in meetings and other activities? (e.g., hire community facilitators, provide childcare or other accommodations)
 - MFH recognizes that achieving this vision will require building trust and consensus among a variety of stakeholders with potentially differing opinions and priorities related to what form and approach the collaborative should take. What activities and approaches will you use to identify and resolve potential conflict/pain points that arise among stakeholders interested in participating in the collaborative?
 - How will you consider the influences of Missouri's political and policy environment in your approach to this collaborative?
 - Understanding experiences and perceptions on issues related to racism and racial equity may vary greatly among collaborative stakeholders, how would you balance conversations to elicit multiple points of view and important information that could collectively move people forward?



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- **Strategic and Emergent Learning.**
 - Describe the learning activities and approaches you will use across Phases 1 & 2 of the project and how they will inform collaborative strategies.
 - How will you generate and prioritize additional learning questions that emerge from the contractor and community grantees' experience?
 - How will your approach ensure participant ownership and utility of the resulting learning across stakeholder and community groups?
 - What activities will you undertake to synthesize and make sense of emerging findings? Describe stakeholders' (grantees, contractors, MFH, etc.) role in this process.
 - Describe your plans to capture and synthesize the collaborative's planning and development process.
 - Describe the modes in which you will deliver findings to stakeholders, MFH, and any other relevant audiences (e.g., learning reports, narratives, presentations,).
- **Deliverables and proposed timeline.** Provide a work plan and timeline that identifies activities and deliverables.
- **Organization history and qualifications.** Provide a summary of experience and qualifications of the organization's staff as well as any proposed subcontractors. Describe your organization's qualifications as related to those listed above and tell us why you are interested in engaging in this work. Include bios of key personnel. Provide information and examples, if any, demonstrating how your organization shares MFH values and Critical Concerns as described in the section below. We are particularly interested in working with partners whose executive leadership and staff demonstrate they recognize the benefit of racial and gender equity and that their practices reflect they value human dignity.
- Cost proposal.** Provide a detailed cost proposal and justification for: professional services (hourly rate and number of hours), travel specifically related to the project, subcontractor fees (attach proposal or contract), participation reimbursement and incentives, and other direct costs related specifically to the project. Respondents should submit a cost proposal that aligns with the scope of the project and supports required deliverables. MFH reserves the right to negotiate proposed costs.

Note: Given the current public health concerns related to COVID-19, the contractor should be prepared to start this work virtually and adjust the format as appropriate, with the possibility of in-person meetings in the future. Requested travel will be reimbursed for coach airfare booked within a reasonable timeframe, lodging, standard rental car or public transportation, meals, and incidental expenses at a rate not to exceed the federal [per diem](#) rate.

- Intellectual property list.** If applicable, attach list of intellectual property.
- Additional required documents:**
 - The names and contact information of 2 – 3 individuals or organizations the MFH can contact to verify past work.
 - Completed [W-9 form](#)
 - Completed [Conflict of Interest Disclosure form](#)



Proposal Review and Evaluation

Proposals will be reviewed in accordance with the requirements of this RFP. Only those proposals that meet all the mandatory criteria in the RFP will be given consideration.

A respondent's submission of a proposal in no way guarantees procurement. MFH will not reimburse a respondent for the cost of developing or presenting a proposal in response to this RFP. The proposal will be considered confidential.

Right to Reject

MFH reserves the right to:

- Reject any or all proposals submitted
- Request additional information from any or all respondents
- Conduct discussions with respondents to ensure full understanding of and responsiveness to the solicitation requirements
- Negotiate modifications to a respondent's proposal prior to final award for the purpose of obtaining best and final offers
- Approve subcontractors proposed or used in carrying out the work

Contact Provisions

The agreement will be up to about 2 years in duration. If selected, contractor will be required to enter into a Service Agreement with MFH. To review the terms of the agreement, [click here](#).

Contact and Deadline

If you have questions, please contact Tori Umstattd Cope, Strategist - Initiatives, at tcope@mffh.org or (314) 345-5542. Proposals must be received by 12 p.m. (CT) on August 13, 2021.

For more information on the online submission process, [click here](#). If there are additional questions, please contact Wendy Rohrbach, Project Coordinator, at wrohrbach@mffh.org or (314) 345-5504.

MFH Values and Critical Concerns

MFH is committed to engaging partners who share and demonstrate our values of equity, integrity, humility, and commitment. In addition, MFH has identified advancing equity and inclusion, promoting human dignity, and making environmentally conscious decisions as critical concerns. Should your organization wish to become a provider, you will be asked to sign a statement affirming that:

- Employment practices of your organization ensure that there is no discrimination in hiring and promotion practices. This includes discrimination based on gender, age, race, disability, veteran status, religious affiliation, or sexual identification.



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- No part of your organization's operations or communication with the public discriminate against any individual or group based upon any of the factors listed above.
- Any violation of this provision shall be considered a violation of the material provision of this procurement and shall be grounds for cancellation, termination, or suspension in whole or in part of any related agreement by the MFH.

About Missouri Foundation for Health

Missouri Foundation for Health is building a more equitable future through collaboration, convening, knowledge sharing, and strategic investment. Working in partnership with communities and nonprofits, MFH is transforming systems to eliminate inequities within all aspects of health and addressing the social and economic factors that shape health outcomes. To learn more please visit mffh.org.

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1. United Health Foundation. Maternal Mortality in Missouri. America's Health Rankings. Published 2019. Accessed June 22, 2021. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/MO
 2. United Health Foundation. Health Outcomes: Missouri State Summary. America's Health Rankings. Published 2019. Accessed June 22, 2021. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall_mch/state/MO
 3. National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Community-Based Solutions to Promote Health Equity in the United States. The Root Causes of Health Inequity. In: Baciu A, Negussie Y, Geller A, Weinstein JN, eds. Communities in Action: Pathways to Health Equity. National Academies Press (US); 2017. Accessed June 22, 2021. <http://www.ncbi.nlm.nih.gov/books/NBK425848/>
 4. Missouri Pregnancy-Associated Mortality Review 2017 Annual Report. Missouri Department of Health and Senior Services; 2020:46.