

## ADDENDUM ONE, QUESTIONS and ANSWERS

Date: October 14, 2021

To: All Bidders

From: René Botts and Holly Glasgow, Procurement Contracts Officers  
Department of Health and Human Services

RE: Addendum for Request for Information Number RFI4366  
to be opened October 27, 2021 at 2:00 p.m. Central Time

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### Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Information. The questions and answers are to be considered as part of the Request for Information. It is the Respondent's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFI Section Reference</u>	<u>RFI Page Number</u>	<u>Question</u>	<u>State Response</u>
1.	B. Current Environment	5	How will the Church's freedom of religion, polity and practices be protected; what type of potential limitations will congregations encounter?	<p>Public health and many Faith Based Organizations (FBOs) share both a mutual concern over the health of underserved populations and a vision of holistic health and healing (Goldman &amp; Roberson, 2004). Moreover, FBOs have a tradition as the "historical center of comfort, guidance, and inspiration," especially in the African American community (Goldman &amp; Roberson, 2004).</p> <p>FBOs offer a range of assets that can be brought to bear on health disparities: community trust; understanding of community values and traditions; communication structures; a history of social change activism; connectional systems such as denominations and interfaith and</p>

				<p>ecumenical systems; and structures owned directly or indirectly by religious organizations (Gunderson, 2000; Hale &amp; Bennett, 2003). In many minority and poor communities, religion is a part of the fabric of civic life and physical health is popularly understood as being intertwined with spiritual life. This is one of the rationales for faith-placed intervention. In addition, clients' spiritual beliefs appear to facilitate the adoption of healthy behaviors. In response, some cardiovascular health promotion initiatives cited scriptural passages in intervention programs.</p> <p>The only limitation that we would note at this time is that the funds for this project should be used to benefit the individuals participating in the program activities and not sustaining existing church activities.</p> <p>Confidentiality and privacy of individuals participating must be ensured as participants may share sensitive medical information.</p>
2.	C. Scope of Work	6	Cultural and spiritual competency can play a significant role in educating participants, how would Churches best implement this program, while remaining true to the Church's mission?	<p>Previous studies indicate that FBOs are natural partners for the delivery of health promotion programs due to a number of factors, including their role as community centers; access to large segments of the population, especially underserved groups; supportive infrastructure (e.g., health ministries, communication channels, regularity of contact); presence of support networks (e.g., prayer groups); and personnel resources (e.g., volunteers, lay leaders, and champions).</p> <p>Many of the sessions utilizing the Physical Activity Walk and Talk Toolkit could be embedded into existing church activities; meeting congregants or communities wherever they are engaged. This program should be developed to meet the needs of the Church or community based organization and the community they serve. It is not expected that all programs will look exactly the same.</p>
3.	B. Current Environment	6	Which neighborhoods are included in the Northwest quadrant of Lincoln?	<p>A map has been added as Attachment One to this RFI. This project proposes to reach women residing in the NW quarter of the city. The borders will be O Street, which separates North and South Lincoln and 48th Street, which separates East and West Lincoln. However, total community served by the Church or community organization can be included as participants or partners in engaging community.</p>

4.	A. Purpose and Background	6	Will a detailed report of the targeted populations demographics (i.e., race, education, ethnicity, income, etc.) in the Northwest quadrant of Lincoln be available prior to the RFI opening date?	See link below for a detailed report from Community Health Endowment that includes citywide data of Lincoln neighborhoods. You will find information in reference to the targeted populations in this report.  <a href="https://www.chelincoln.org/placematters/information.html">https://www.chelincoln.org/placematters/information.html</a>
5.	III. Project Description and Scope of Work	5	Will any training be provided to Churches and other community organizations participating in this project, and if so, what is its type and duration?	Training will be provided on the data collection tool to provide robust documentation and evaluation of the effectiveness of the project.  Training will be provided on the Physical Activity Walk and Talk Toolkit.  This is expected to be a collaborative project. It is expected that DHHS staff and the Church and/or community organization will review the toolkit and identify sessions where there are capacity or learning needs to be able to support the content of the session. This could be in training, identification of community resources, or materials needed. It will be the responsibility of the Church /Community Based Organization to identify additional training needs.
6.	B. Current Environment	5	How can we incorporate our Church's current programming (i.e., worship service, bible study, food distribution, health & wellness ministry, male & female fellowship groups) with that of those included in this project?	These are perfect opportunities to engage congregants or community members either as participants themselves or volunteers to assist in carrying out the project. Health lessons could be tied to biblical passages or concepts. Walking can occur before, after, or as a part of regular church programming.  Here are some examples of how some faith based organizations have implemented programming to change health outcomes in communities.  <a href="https://www.facebook.com/thenationalwitnessprojectinc/about/">https://www.facebook.com/thenationalwitnessprojectinc/about/</a>  <a href="https://www.naccho.org/blog/articles/faith-based-community-establishes-church-policies-to-battle-cardiovascular-disease-health-disparities-in-omaha-nebraska">https://www.naccho.org/blog/articles/faith-based-community-establishes-church-policies-to-battle-cardiovascular-disease-health-disparities-in-omaha-nebraska</a>

				<a href="https://sonvideo.webex.com/sonvideo-en/url.php?gourl=https%3a%2f%2fwww%2ecreighton%2eedu%2ffileadmin%2fuser%2fhealth%2fcphhe%2fREACH%2fSuccessStory%2d1%5F inal%2epdf">https://sonvideo.webex.com/sonvideo-en/url.php?gourl=https%3a%2f%2fwww%2ecreighton%2eedu%2ffileadmin%2fuser%2fhealth%2fcphhe%2fREACH%2fSuccessStory%2d1%5F inal%2epdf</a>
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This addendum will become part of the request and should be acknowledged with the Request for Information.

