

Strategic Communications RFP Q&A

06-08-2026

LAUREN ANDERSON



Budget and Retainer Range2

Retainer Structure and Cost Assumptions.....3

Monthly Content Volume and Cadence4

Campaign Development and Planned Initiatives5

Website and Web Content Needs6

Photography Needs8

Short-Form Video Needs.....9

Podcast, Video Series, and Multimedia Storytelling..... 10

Internal Versus Vendor Content Production 12

Social Media Posting and Distribution Responsibilities..... 14

Internal Team Structure and Day-to-Day Coordination 15

Approval Process and Final Signoff 16

Meeting Cadence and Stakeholder Engagement 16

Agency Partner Role and Team Extension 17

On-Site Production and Affiliate Location Coverage 18

Dedicated Staffing and On-Site Availability..... 18

Access to Leaders, Providers, Staff, Patients, and Community Stakeholders..... 19

Target Audiences..... 20

Audience Research, Personas, and Survey Data 21

Messaging Platform and Strategic Communications Framework 22

Brand Standards, Style Guide, and Visual Identity 22

System Voice and Affiliate-Specific Identity..... 23

Examples of Desired Communications Approach 24

Paid Media and Advertising Scope 25

Definition of Success & KPIs 26

Baseline Data and Reporting..... 27

Crisis and Sensitive Communications Scope 28

Urgent Turnaround and Escalation Protocols..... 29



Reputation Management and Source-of-Truth Communications 29

Strategic Motivation and Timing 30

First 90 Days 31

Incumbent Agencies and Current External Partners 32

Local Preference and In-State Consideration 33

Prior History with NCH 33

Evaluation Criteria and Best-Fit Factors 34

Estimated Number of Bidders 35

Submission Deadline and Pre-Proposal Meeting 35

BAA Template 36

Evaluation Scorecard 36

Appendix Applicability 36

Supporting Documents 37

Existing Tools and Platforms 38

Digital Experience and Patient Experience KPIs 39

Data Visualization 40

Responsible AI 40

Accessibility, Multilingual Content, and Cultural Adaptation 41

Health Literacy 42

Employer Branding and Recruitment Storytelling 43

Internal Culture and One NCH Team Communications 44

Public Transparency and Governance Consultant Communications 44

Public Listening and Community Feedback Loop 45

Current Pain Points and Workflow Challenges 46

Note: Submitted questions have been grouped by theme to reduce repetition and make the responses easier to follow. The original questions are included in italicized font beneath each overarching question.



Androscoggin Valley Hospital
North Country Home Health & Hospice Agency
Upper Connecticut Valley Hospital
Weeks Medical Center





Budget and Retainer Range

What budget range or investment level should vendors use to develop appropriately scaled proposals?

(Do you have a monthly budget threshold?; Budget range. If NCH has a target monthly retainer range or ceiling, sharing it would help us scope our tiered proposal appropriately. We're happy to work within your envelope.; What is the budget?; Is there an anticipated monthly retainer budget range or preferred service tier structure?; Is there a budget range or annual investment band NCH has in mind for this retainer? Even a directional range allows us to propose tiers that align with NCH's expectations.; Is there an anticipated monthly or annual budget range for the retainer?; Do you have an anticipated retainer budget for this work, or any guidelines that can help us think about pricing scenarios that will work for you?)

NCH does not have a final fixed monthly retainer amount to share at this stage. Vendors are encouraged to propose a pricing structure that reflects the scope of services outlined in the RFP, the level of support they recommend, and the capacity required to serve a multi-affiliate rural healthcare system.

To support comparison across proposals, vendors may submit tiered pricing options, such as a baseline retainer, an expanded retainer, and optional add-on services. Proposals should clearly identify what is included in the base retainer, what assumptions were used to develop pricing, and what services, expenses, or deliverables would be billed separately.

The lowest-cost proposal will not necessarily be considered the best-fit proposal. NCH will evaluate cost in relation to overall value, relevant experience, proposed capacity, quality of approach, responsiveness to the scope, and alignment with NCH's communications goals.

Retainer Structure and Cost Assumptions

How should vendors structure the retainer, including included deliverables, hard costs, and work that may need separate approval?

(Are production hard costs expected to be included or billed separately?; Do you expect the content/deliverables mentioned above to be included in the retainer amount, or would you like to receive estimates and approve each series of deliverables as they are created?; Should the retainer be structured around a defined monthly scope of services, or does North Country Healthcare anticipate a more flexible model that can expand and contract based on evolving priorities throughout the year?)

NCH is seeking a retainer structure that provides consistent, ongoing strategic communications and content creation support while allowing flexibility for changing priorities across the System and Affiliates. Vendors should clearly define what is included in the proposed monthly retainer, including anticipated deliverables, estimated level of



effort, planning and coordination time, routine revisions, and reporting or meeting cadence.

Production hard costs, paid media, print production, travel, specialized subcontractors, major video or podcast production, large-scale campaigns, and other third-party expenses should be identified separately unless the vendor is proposing to include them within the base retainer. If included, the proposal should clearly explain the assumptions and limits attached to those costs.

This distinction is important because some funding sources NCH may pursue will not cover certain expenses, including travel. NCH is also interested in understanding each vendor's full range of services so that future projects can be scaled beyond the base retainer if grant, donor, or other project-specific funding becomes available.

For work outside the agreed retainer scope, vendors should describe their process for notifying NCH in a timely fashion, estimating, approving, and billing additional services before work begins. NCH is open to tiered retainer options or a structure that includes a defined monthly scope with optional add-on services. The goal is to ensure pricing is transparent, comparable, and adaptable without creating ambiguity about what is included.

Monthly Content Volume and Cadence

What baseline monthly volume and cadence should vendors anticipate for recurring communications and content deliverables?

(The RFP outlines a wide range of desired deliverables, including social media, short-form video, photography, press releases, website/blog content, and potential podcast or video series support. What does your baseline content cadence currently look like across these formats?; What volume of monthly deliverables are anticipated across social, video, photography, writing, and campaign support?; Content volume baseline. Does NCH have a baseline expectation for monthly cadence (rough numbers of social posts, feature stories, videos, photo shoots) the retainer should anticipate, or is the partner expected to propose a recommended cadence as part of the tier structure?; Is there an expected monthly volume or output baseline NCH has in mind for social posts, short-form video, photography, written pieces, or campaigns? Even a rough range helps calibrate the retainer tier.; Can NCH provide an estimated monthly volume of expected deliverables, such as number of social posts, short-form videos, stories/articles, press releases, photography needs, or internal communications pieces?; Could you provide additional details around the anticipated cadence and volume of ongoing communications support (e.g., campaign development, executive communications, media relations, social content, internal communications, community engagement, etc.)? This will help us think about potential pricing/retainer scenarios for our proposal.)



NCH is seeking a partner who can provide both recurring communications support and flexible strategic capacity across a multi-affiliate rural healthcare system. Because needs vary by month, campaign cycle, organizational priority, and affiliate activity, NCH is not setting a fixed monthly deliverables quota at this stage.

Vendors should propose a recommended monthly cadence and service model based on the scope described in the RFP. Proposals may include tiered options that show what level of support would be possible at different investment levels.

As a general planning assumption, vendors should anticipate supporting a mix of recurring and project-based needs, which may include social media content, short-form video, photography, written content, press releases, website or blog content, campaign support, executive or internal communications, and occasional support for larger storytelling initiatives such as podcast or video series development.

NCH is especially interested in proposals that clearly define the recommended baseline monthly capacity, including assumptions around approximate volume, turnaround times, number of content planning meetings, number of content pieces or campaigns supported, photo or video shoot availability, writing support, and what work would be considered outside the monthly retainer.

Rather than prescribing a single monthly content volume, NCH is asking vendors to recommend a sustainable cadence that balances consistency, quality, responsiveness, and strategic value. Proposals should make clear how the vendor would prioritize work across multiple affiliates, manage urgent or time-sensitive requests, and scale support during higher-volume periods.

Campaign Development and Planned Initiatives

How should vendors interpret campaign development within the scope, and are there known campaigns, initiatives, or service lines planned for FY26/FY27?

(Can you clarify the “campaign development” scope listed under Scope of Services, since you are not primarily seeking promotional campaigns?; Are there seasonal campaigns, initiatives, or service lines already planned for FY26/FY27?)

For purposes of this RFP, “campaign development” should be understood as strategic communications campaign support, not primarily promotional advertising. NCH is seeking a partner who can think proactively while helping to translate organizational priorities, community needs, service-line updates, and internal initiatives into clear, coordinated communications across appropriate channels.



The selected partner should expect to work closely with Ren Anderson, Director of Philanthropy & Community Relations, who will help guide strategic priorities, messaging needs, storytelling opportunities, and coordination across System and Affiliate efforts. This partnership is intended to extend and strengthen NCH's internal communications strategy, not replace internal leadership or decision-making.

Campaign development may include message development, campaign themes, audience-specific content, editorial planning, social media assets, web or blog content, internal communications, press materials, storytelling, photography, short-form video, and other supporting materials. The goal is not to create disconnected marketing pushes, but to build thoughtful, mission-aligned communication efforts that support access, awareness, transparency, health literacy, community engagement, recruitment, philanthropy, and System alignment.

Known and anticipated areas of focus may include, but are not limited to, rural healthcare access, primary care access and provider recruitment, service-line awareness, health literacy, community health and wellness initiatives, internal culture and One NCH Team communications, philanthropy and donor engagement, volunteer engagement, and time sensitive communications. NCH may also identify additional priorities during FY26/FY27 based on organizational needs, funding opportunities, community feedback, and System or Affiliate priorities.

Vendors are encouraged to describe how they would support both planned campaign development and emerging communications needs within a retainer model, including how they would help NCH move from reactive, one-off communications toward a more intentional, strategic, and measurable communications approach. Larger campaign efforts may be scaled or scoped separately if additional grant, donor, or project-specific funding becomes available.

Website and Web Content Needs

What website-related needs should vendors include or anticipate within the scope?

(What are your needs for the website work requested?; What are your needs for the website work requested?)

NCH currently maintains six distinct URLs: [North Country Healthcare](#), [Androscoggin Valley Hospital](#), [North Country Home Health & Hospice Agency](#), [Upper Connecticut Valley Hospital](#), [Weeks Medical Center](#), and the [NCH Home Medical Supplies](#) store. This structure



reflects the way NCH came together as a System of hospitals and affiliates, where maintaining individual Affiliate identity was important and appropriate.

As NCH's scope, services, and System-level communications needs have grown, however, this structure has also become more challenging from an end-user navigation perspective. Patients, families, staff, providers, donors, community partners, and others may not always know which site contains the information they need. NCH values its current web partner, who has been transparent and helpful in identifying next steps to further optimize the digital experience.

For purposes of this RFP, vendors should not assume that a full website overhaul is included within the retainer scope. NCH may consider a more comprehensive website redesign, consolidation, or optimization project in FY2027 or FY2028, but given the scale of that work, it would be scoped and budgeted separately and should not be the primary focus of this RFP.

Within the retainer, website-related support should be understood primarily as content strategy, web copy, landing page copy, blog or news content, campaign-related web content, search-informed messaging, health literacy content, and recommendations for improving clarity, usability, consistency, and alignment across the existing digital ecosystem. Vendors may also identify opportunities to strengthen navigation, reduce duplication, better connect System and Affiliate messaging, and improve the user journey within the current structure.

NCH also has a [virtual reality map](#) that was originally grant-funded. NCH has continued building on its capabilities slowly and steadily, and the tool has several functions the organization values. Vendors may recommend ways to better integrate or leverage this asset for storytelling, recruitment, community education, patient navigation, donor engagement, or other communications needs, however would need to work with current digital partner.

NCH also has an internal Intranet, which is currently undergoing a transformation as the current Intranet is sunsetting. That project is being managed separately with an outside partner, an internal project manager, and an internal project team. Vendors responding to this RFP should not assume responsibility for the Intranet build or transformation, but may be asked to support related internal communications content, messaging, or rollout materials if needed.



NCH currently works with two different website/digital vendors, both of whom are expected to apply for this opportunity. The selected partner may be asked to coordinate with existing vendors or internal stakeholders as appropriate. Proposals should clearly distinguish between routine web content and strategy support that can fit within a retainer and larger web development, redesign, migration, Intranet, or technical build work that would require separate scoping and approval.

Photography Needs

What photography needs should vendors anticipate, including whether this work is part of the core retainer or scoped separately?

(What are your needs for the photography work requested?; Field photography and travel. Photography is named in both the Scope of Work and the Scope of Services. Given the spread of the four affiliates across northern New Hampshire, is field photography (travel to AVH, WMC, UCVH, and NCHHHA sites) expected to be included in the base retainer, or scoped separately as a project-by-project add-on?)

NCH anticipates a need for photography that supports authentic, human-centered storytelling across the System and Affiliates. This may include photography of staff, providers, volunteers, facilities, care environments, community partnerships, events, service lines, and mission-centered moments that help reflect the real people and places of North Country Healthcare.

Vendors should not presume that NCH has significant internal photography capacity. Aside from a small number of amateur photographers who may capture photos at events, small gatherings, or timely “in the news” moments for social media, NCH does not currently have a robust internal system for professional photography or content capture. Strengthening this capacity is one of the reasons photography is included in the scope.

NCH wants real photos of its communities, facilities, staff, patients, volunteers, and region to be the standard. NCH does not consider Stock imagery and AI-generated visuals as an acceptable substitute for authentic photography. This is especially important in rural healthcare, where patients, families, staff, and community members are quick to notice when materials do not reflect the people and places they know. NCH’s communities expect to see neighbors, local providers, family doctors, beloved nurses, and recognizable care settings reflected in communications and collateral.

For purposes of the retainer, vendors should clearly describe what level of photography support is included in their proposed base retainer, including assumptions about the number of shoots, locations, hours, deliverables, editing, image ownership or licensing,



and turnaround time. Given the geographic spread of NCH's Affiliates across northern New Hampshire, vendors should also clearly identify whether travel time, mileage, lodging, or other production-related expenses are included in the retainer or would be billed separately.

NCH understands that certain work can be done remotely. However, photography is one area where vendors located farther from the region may find themselves at a practical disadvantage unless they offer a thoughtful plan for local content capture. Vendors may propose creative solutions, including quarterly content visits, partnerships with local photographers, scheduled multi-site content capture days, or other approaches that create a sustainable library of authentic imagery without making travel costs unmanageable.

NCH is open to proposals that include a defined level of routine photography within the retainer, as well as proposals that treat larger or more complex photography needs as project-based add-ons. Routine photography connected to planned content development may fit within the retainer, while multi-site photo libraries, large event coverage, specialized clinical shoots, donor-funded projects, or campaign-specific photography may need to be scoped separately.

NCH is especially interested in understanding each vendor's approach to building a usable, sustainable photo library over time. Current and future communications will benefit from a stronger bank of approved images that can support web content, social media, internal communications, recruitment, philanthropy, grant-funded initiatives, community education, and Affiliate-specific storytelling. Vendors should describe how they would help NCH capture, organize, tag, store, and use photography in a way that supports both immediate content needs and longer-term communications strategy.

Because some funding sources may not cover travel or certain production costs, proposals should separate those costs clearly. This will help NCH understand what is scalable within the base retainer and what could be expanded if grant, donor, or project-specific funding becomes available.

Short-Form Video Needs

What short-form video needs should vendors anticipate within the scope?

(What are your needs for the short-form video work requested?)



NCH anticipates a need for short-form video that supports storytelling, service-line awareness, philanthropy, community education, health literacy, and internal engagement. Current video needs are often grant-driven or donor-driven, meaning the scale, timing, and available budget for video projects may vary depending on the funding source or intended use.

NCH currently incorporates short-form video annually for the NCHHHA Gala and may continue to use video for donor stewardship, fundraising, volunteer recognition, and other mission-centered storytelling. In addition, NCH is interested in using short-form video to tell unique stories that help community members understand available services, feel more connected to local care teams, and see the value of receiving care close to home.

A key priority is health literacy. NCH is especially interested in video content that explains challenging or sometimes stigmatized topics in clear, relatable, and stigma-reducing ways. This may include topics connected to behavioral health, substance use, chronic disease, hospice and home health, preventive care, primary care access, social drivers of health, or other community health needs.

For purposes of the retainer, vendors should clearly describe what level of short-form video support is included in the proposed base retainer, including assumptions about planning, scripting, filming, editing, captioning, formatting for social or web use, revisions, and turnaround time. Vendors should also identify what types of video work would need to be scoped separately, such as more polished campaign videos, multi-episode series, Gala or event videos, donor-funded stories, grant-specific deliverables, or projects requiring significant travel, production, or post-production time.

NCH is open to creative approaches that make video more sustainable, including batching content during planned site visits, using interview-based storytelling, repurposing longer conversations into short-form clips, developing templates for recurring health literacy topics, or combining vendor-led production with internally captured footage when appropriate. The goal is to build video capacity in a way that feels authentic, practical, and useful, rather than producing one-off videos that cannot be maintained over time.

Podcast, Video Series, and Multimedia Storytelling

What podcast, video series, health literacy, or recurring multimedia storytelling work is currently planned or should be prioritized?

(What are your needs for the requested podcast, video series, or multimedia storytelling support?; What health literacy initiatives and multimedia projects (podcast, video series, recurring storytelling) are currently



in flight or planned beyond the work we have supported in the past? Are there specific topics, populations, or service lines NCH wants prioritized in the first year?)

NCH is interested in multimedia storytelling that helps community members better understand who we are, what services are available locally, why rural healthcare matters, and what it looks like to build a career in healthcare in the North Country. This includes podcast support, short-form video, recurring storytelling series, health literacy content, provider and staff stories, patient or family stories where appropriate permissions are in place, and mission-centered content that can be used across web, social, internal communications, philanthropy, recruitment, and community engagement.

NCH is currently in the second season of *Rural Roots*, with weekly episode releases. As of this writing, the podcast is on episode 18 of season two. This season focuses more specifically on healthcare careers and the journeys people take to work in the field. Vendors should not assume full responsibility for producing the podcast unless they propose that as an optional or separately scoped service, but NCH is interested in support that could strengthen podcast planning, promotion, short-form clip creation, episode summaries, social content, guest preparation, and repurposing podcast conversations into broader storytelling assets.

NCH is also developing the concept for an approachable “mini talk show” limited series featuring a respected nurse and doctor answering common questions patients may have. The intent would be to provide accessible, relatable, health-literate education without offering medical advice. This type of series may support NCH’s broader goals around transparency, patient education, and stigma reduction.

Health literacy is a major priority. NCH is interested in recurring multimedia content that explains important healthcare topics in clear, relatable, stigma-reducing ways. This may include behavioral health, substance use, chronic disease, primary care access, preventive care, hospice and home health, aging in place, navigating local services, social drivers of health, and other topics connected to community need.

NCH also expects multimedia storytelling to support philanthropy, donor engagement, volunteer engagement, service-line awareness, recruitment, and internal culture. Some projects may be grant-funded, donor-funded, or tied to specific initiatives, which means scope, timing, and production expectations may vary.



For purposes of the retainer, vendors should identify what level of recurring multimedia support is included in the base retainer and what would require separate scoping. Larger projects, such as a multi-episode video series, a fully produced podcast package, campaign-specific video, Gala or donor videos, or grant-funded multimedia deliverables, should be priced or described separately. NCH is especially interested in approaches that make storytelling sustainable, reusable, and strategic rather than one-off or overly polished in a way that feels disconnected from the communities we serve.

Internal Versus Vendor Content Production

What content production will remain internal, and what content production responsibilities should the selected vendor expect to own?

(Will the selected firm be responsible for all content production, or will some content be produced internally?; Will the selected firm be responsible for all content production, or will some content be produced internally?; What work is currently handled internally versus externally? To aid in developing authentic multimedia content across a remote, multi-site system, what internal capacity do you have for capturing raw assets on the ground that our agency can then refine and distribute?; Is the selected firm expected to manage on-site content capture across affiliate locations, or is NCH's internal team able to provide photography and video assets for content creation?)

NCH has internal team members with strong organizational knowledge, community relationships, event experience, grant and community benefit expertise, volunteer engagement experience, writing ability, public relations awareness, and day-to-day familiarity with System and Affiliate needs. The team is especially strong at identifying local stories, understanding internal context, building relationships with staff and community partners, supporting events, recognizing mission-centered moments, and knowing which messages are likely to resonate in the North Country.

NCH also has some internal creative and communications capacity, but that capacity is limited and currently stretched across multiple priorities. Because current work often happens in response to immediate requests, internal content production has become more reactive than strategic. In some cases, internal teams and departments have tried to fill visibility gaps by creating their own materials or projects, but these efforts are not always connected to a broader communications strategy, audience plan, or System-level message architecture. One goal of this partnership is to reduce reactive waste, establish clearer prioritization, and help NCH move from one-off content creation toward a more thoughtful editorial and campaign rhythm.



Internal staff will continue to guide strategy, priorities, approvals, organizational context, subject-matter access, and day-to-day awareness of System and Affiliate needs. The internal team may continue to draft routine updates, gather background information, identify stories, coordinate with leaders and departments, support timely social media needs, capture informal photos or updates when appropriate, and manage certain internal projects, vendor relationships, and operational communications.

The selected vendor should expect to support content that requires stronger strategic framing, professional writing, editing, campaign development, visual storytelling, content planning, social media support, photography, short-form video, web copy, health literacy materials, press or public-facing communications, and reusable storytelling assets. NCH is especially interested in vendor support for turning scattered ideas, emerging needs, raw information, interviews, and story leads into clear, polished, mission-aligned communications that can be used across multiple channels.

NCH has some ability to capture basic photos from events, small gatherings, staff activities, community moments, or timely “in the news” updates. These assets may be useful for quick social media posts or internal communications, but they should not be understood as a substitute for professional photography, video, or planned content capture. For stronger storytelling, campaign development, photography, video, and multimedia work, vendors should propose a realistic plan for capturing or sourcing high-quality assets across NCH’s multi-site rural System.

NCH can support the selected vendor by identifying stories, connecting with leaders and departments, coordinating interviews, securing appropriate permissions, and providing organizational context. In practice, some content may originate internally and be refined by the selected partner, while other content may be developed more fully by the selected partner in collaboration with NCH. Vendors should describe how they would work within both models, including how they would gather information, manage drafts, request review, incorporate feedback, and support a consistent voice across the System and Affiliates.

Because authenticity is important to NCH’s communities, vendors should prioritize real people, real places, and real care environments whenever possible. NCH is open to creative models, including scheduled content capture days, quarterly site visits, local photographer or videographer partnerships, internally supported interview coordination, or hybrid workflows where NCH gathers preliminary material and the vendor refines, edits, and packages the final content.



NCH is looking for a partner who can complement, not replace, the internal team. The strongest proposals will recognize the value of local knowledge and internal relationships while also bringing the structure, creative capacity, production skill, and strategic discipline needed to reduce reactive work and build a more intentional communications system. Proposals should clearly identify what the vendor expects NCH to provide, what the vendor will capture or produce directly, what can reasonably be developed from internal raw assets, and what would require separate scoping due to complexity, volume, timing, travel, permissions, or funding source.

Social Media Posting and Distribution Responsibilities

Will the selected vendor be responsible for posting content directly, or for providing recommendations and assets for NCH to publish?

(Will the firm be responsible for posting social media content, or supplying recommendations and assets to be shared by NCH?)

NCH anticipates that social media responsibilities may be shared between the selected vendor and the internal team, depending on the proposed approach, platform access, workflow, and level of support included in the retainer. Vendors should clearly describe whether their proposal assumes they will create social media recommendations and assets for NCH to post, schedule content directly on NCH's behalf, or support a hybrid model.

At this time, NCH expects to retain internal oversight of final messaging, posting priorities, approvals, and account governance. The selected vendor may be asked to support social media strategy, content calendars, copywriting, graphics, short-form video clips, photography selection, campaign planning, post recommendations, and performance reporting. Direct posting or scheduling access may be considered, but should not be assumed unless the vendor proposes a clear workflow for approval, security, account access, urgent updates, and after-hours needs.

NCH is seeking a partner who can help develop a more thoughtful rhythm that supports System priorities, Affiliate identity, health literacy, recruitment, philanthropy, and community engagement.

Vendors should describe how they would support both planned and timely social content, including how they would manage approvals, distinguish between System-wide and Affiliate-specific content, recommend posting cadence, repurpose content across channels, and track performance. Proposals should also identify what level of social media



support is included in the base retainer and what would require separate scoping, such as paid boosting, major campaign rollouts, community management, crisis response, or extensive after-hours monitoring.

Internal Team Structure and Day-to-Day Coordination

How is NCH's internal marketing and communications team structured, and who will coordinate with the selected vendor day to day?

(You mentioned this partnership will function as an extension of your ongoing strategic communications work rather than replacing your internal strategy process. Who are the key NCH leaders and internal stakeholders our designated team will coordinate with on a regular basis?; Stakeholder coordination. Are there specific internal stakeholders or affiliate-level contacts we should be prepared to coordinate with at the outset — for example, communications staff at each of the four affiliates?; How is NCH's internal marketing team structured? Who will be involved in day-to-day coordination and approvals?)

The selected vendor should expect to work most closely with Ren Anderson, Director of Philanthropy & Community Relations, who will serve as the primary day-to-day strategic contact for this engagement. Ren will guide priorities, messaging needs, storytelling opportunities, campaign development, and coordination across System and Affiliate efforts. Ren will also have approval authority for work produced through this engagement and may delegate coordination, review, or project-specific support to other internal team members as needed.

NCH's internal team includes staff who support marketing coordination, internal communications, events, social media, graphic design, web and digital projects, philanthropy, community relations, volunteer engagement, grants, and community benefit. The team has strong knowledge of the organization, Affiliates, local communities, and internal priorities, but capacity is limited and currently stretched across several major initiatives.

Vendors should not assume that each Affiliate has a dedicated communications staff member available for ongoing coordination. Coordination will generally flow through Ren and the internal team members she designates, with input from Affiliate leaders, department leaders, providers, service-line contacts, and subject-matter experts as needed.

NCH is looking for a partner who can help create a clearer workflow for intake, prioritization, content planning, approvals, and final deliverables. Vendors should describe their recommended working model, including meeting cadence, project management



tools, review process, approval workflow, and how they would manage requests from multiple stakeholders without creating confusion or duplicative work.

Approval Process and Final Signoff

How are communications decisions, approvals, and final signoffs structured across NCH and its affiliates?

(How is communications decision-making currently structured across the four affiliates?; Who are the primary stakeholders involved in approvals and final signoffs?)

Communications decisions and approvals will generally flow through Ren Anderson, Director of Philanthropy & Community Relations, for work produced through this engagement. Ren will serve as the primary approval point and will determine when additional review is needed from internal team members, Affiliate leaders, department leaders, subject-matter experts, compliance, executive leadership, or other stakeholders.

NCH operates as a System with multiple Affiliates, each with its own identity, leadership structure, services, and community relationships. Because of this, some communications may require input from specific Affiliate or department leaders before final approval. For example, service-line content, provider stories, clinical education, philanthropy materials, volunteer communications, internal messaging, or sensitive public communications may each require different reviewers.

Vendors should describe how they recommend managing approvals across a multi-site System, including how they would track versions, manage feedback, identify decision points, and prevent too many simultaneous reviewers from slowing progress.

Meeting Cadence and Stakeholder Engagement

What cadence of meetings or regular touchpoints should vendors expect with NCH leadership, internal teams, and affiliate stakeholders?

(What cadence of meetings is expected with leadership and affiliate stakeholders?)

Vendors should propose a meeting cadence that supports steady progress without creating unnecessary meeting burden for NCH staff. At minimum, NCH anticipates regular touchpoints with Ren Anderson as the primary day-to-day strategic contact, along with project-specific meetings involving internal team members or stakeholders as needed.

A likely structure may include a recurring planning or status meeting with Ren and designated internal team members, periodic campaign or content planning sessions, and



project-specific meetings with Affiliate leaders, department leaders, providers, service-line contacts, or subject-matter experts when their input is needed. Vendors should not assume that all Affiliate or leadership stakeholders will be available for standing meetings.

Because NCH is a multi-site rural healthcare System with many competing operational priorities, the selected partner should be prepared to balance proactive planning with flexibility. The goal is to establish enough rhythm to reduce reactive work while respecting the limited availability of leaders, providers, and staff.

Agency Partner Role and Team Extension

How should the selected vendor function as an extension of NCH's team, and what internal needs should the vendor be prepared to support?

(Is the retainer expected to function more as embedded ongoing support or as a flexible on-call communications partner?; Which needs are the most difficult for your internal team to accomplish? What needs are most pertinent in your scope of work? Can you share any thoughts around how you see an external agency partner working successfully with your in-house team?; Which needs are the most difficult for your internal team to accomplish? What needs are most pertinent in your scope of work? Can you share any thoughts around how you see an external agency partner working successfully with your in-house team?)

NCH is seeking a partner who can function as an extension of the internal team, not simply as an on-call vendor for isolated requests. The selected partner should bring structure, strategy, creative capacity, and production support while working closely with NCH's internal team to understand organizational priorities, community context, Affiliate identity, and System-wide goals.

The most helpful partner will be able to support both proactive planning and timely needs. This includes helping NCH prioritize requests, organize content opportunities, develop clear messaging, and build reusable assets that can serve multiple purposes.

The selected vendor should expect to work closely with Ren Anderson and designated internal team members to identify priorities, shape messaging, develop content, and coordinate deliverables. NCH will continue to provide organizational direction, approvals, local knowledge, and access to internal stakeholders. The vendor should bring the project management, writing, design, production, and strategic communications support needed to turn those priorities into consistent, polished, mission-aligned communications.

NCH is open to some flexibility within the retainer for emerging needs, but the goal is not to create a purely reactive "on-call" arrangement. Vendors should describe how they would



balance embedded ongoing support with flexibility for time-sensitive requests, including how they would manage intake, prioritize competing needs, and help NCH avoid duplicative or low-impact work.

On-Site Production and Affiliate Location Coverage

How often should vendors anticipate on-site production, travel, or content capture across NCH affiliate locations?

(How frequently does NCH anticipate onsite production needs (video/photo/interviews)?; Will content capture occur across all affiliate locations regularly?; How often are in-person meetings or travel to affiliate locations expected?)

NCH anticipates that some on-site production will be necessary, particularly for photography, video, interviews, storytelling, and content that depends on real people, real places, and local context. Vendors should not assume that all content can be developed remotely, especially when the goal is authentic rural healthcare storytelling.

That said, NCH does not expect vendors to be on-site constantly. Vendors should propose a realistic and cost-conscious model for content capture across the System and Affiliates. This may include planned content capture days, quarterly site visits, multi-site production trips, coordination with local photographers or videographers, or hybrid workflows where NCH helps identify stories and coordinate access while the vendor plans, captures, edits, and packages content.

Vendors should assume that content capture may need to include NCH, AVH, WMC, UCVH, NCHHHA, and community-based settings when relevant. However, not every Affiliate will need equal coverage every month. The cadence should be driven by campaign priorities, service-line needs, storytelling opportunities, funding requirements, and planned events.

Travel, mileage, lodging, and other production-related expenses should be clearly identified separately from the base retainer unless the vendor proposes to include them. This is important because some funding sources NCH may pursue will not cover travel or certain production costs. NCH is open to creative approaches that help balance authentic local content with responsible use of resources.

Dedicated Staffing and On-Site Availability

Should vendors plan for dedicated account staffing or any expectation of regular on-



site availability?

(Is there an expectation for dedicated account staffing or onsite availability?)

NCH does not expect the selected vendor to maintain regular on-site availability or place staff on-site on a standing basis. However, vendors should describe how they will ensure responsive communication, continuity, and accountability throughout the engagement.

NCH is open to different staffing models. Vendors may propose a dedicated account lead, a small core team, a project-based structure, or another approach that fits their way of working. The most important expectation is that NCH has a clear path for communication, timely responses, consistent follow-through, and team members who do not need to be reoriented repeatedly.

The selected vendor should expect to work closely with Ren Anderson and designated internal team members through regular virtual coordination, planning meetings, project management tools, and scheduled check-ins. On-site availability may be needed for planned content capture, photography, video, interviews, major meetings, events, or campaign-specific work, but this should be proposed thoughtfully and cost-consciously.

Vendors should describe their recommended staffing model, including how work will be assigned, how communication will be managed, how backup coverage will be handled, and how NCH can expect urgent or time-sensitive needs to be addressed. Vendors should also clarify whether any on-site time is included in the base retainer or would be scoped and billed separately.

Access to Leaders, Providers, Staff, Patients, and Community Stakeholders

What level of access should the selected vendor anticipate for storytelling and content development?

(For content development and storytelling work, what level of access should the selected partner anticipate to leadership, providers, staff, patients, and community stakeholders?)

The selected vendor should anticipate reasonable access to NCH leaders, providers, staff, volunteers, community partners, and other stakeholders when that access is connected to approved storytelling, campaign development, service-line awareness, health literacy, philanthropy, recruitment, or internal communications work.



NCH can help identify stories, coordinate introductions, schedule interviews, gather background information, and secure appropriate permissions. However, vendors should not assume unrestricted or immediate access to leaders, providers, clinical staff, patients, or care environments. NCH is a healthcare System, and access must be coordinated thoughtfully around patient privacy, staff capacity, clinical operations, consent requirements, and leadership availability.

Patient and family stories may be considered when appropriate, but only with proper permissions, privacy review, and sensitivity to the individual's experience. Vendors should be prepared to follow NCH's processes for consent, review, and approval, especially when content involves patients, clinical care, vulnerable populations, or sensitive health topics.

The selected partner should expect Ren Anderson and designated internal team members to help determine which stories are appropriate, which stakeholders need to be involved, and what level of access is realistic for each project. Vendors should propose an approach that makes storytelling efficient and respectful, including interview planning, question development, release forms or consent workflows, staff preparation, and ways to minimize disruption to patient care and daily operations.

NCH is looking for authentic storytelling, but authenticity must be balanced with privacy, operational realities, and respect for the people being featured.

Target Audiences

Who are the primary audiences NCH is trying to reach through this work?

(Who are the target audiences for this work?; Are there specific audiences NCH is most focused on reaching?)

NCH's audiences include both internal and external groups, and the selected vendor should be prepared to help tailor messaging based on audience, purpose, channel, and level of familiarity with NCH.

Primary external audiences include patients, families, caregivers, community members, donors, volunteers, community partners, local businesses, municipal leaders, nonprofit and social service partners, funders, prospective employees, and the broader North Country community. Because NCH serves a rural region with strong local identities, communications should be accessible, practical, relational, and grounded in the realities of the communities we serve.



Internal audiences include employees, providers, leaders, volunteers, Board members, and teams across NCH and its Affiliates. Internal communication is especially important as NCH continues to strengthen System alignment, support culture work, reduce silos, and help staff understand how their work connects to broader organizational priorities.

NCH is particularly focused on reaching community members who need care but may not fully understand what services are available locally, patients and families navigating access to care, staff and prospective employees who want to feel connected to NCH's mission, donors and funders who may support rural healthcare, and community partners who share responsibility for improving health outcomes in the region.

Vendors should recognize that NCH does not have one single audience. Messaging may need to shift depending on whether the goal is health literacy, service-line awareness, recruitment, philanthropy, volunteer engagement, internal culture, or community education. Proposals should describe how vendors would help NCH clarify audience segments and develop content that is consistent enough to feel aligned, but specific enough to be useful.

Audience Research, Personas, and Survey Data

What audience research, personas, survey results, or community insights are available to guide messaging?

(Do you have established profiles or personas that help differentiate the messaging needs of your internal staff from those of external patients and the broader community?; Can you share more information on your target audiences? Is there any research or surveys you've done recently that will help us get a clear picture for the audiences you're working to connect with?)

NCH does not currently have a formal, fully developed set of audience personas that differentiates messaging needs across all internal and external audiences. However, NCH does have several sources of audience insight that can help guide the selected partner's work.

Available insight may include recent Community Health Needs Assessment findings, community listening and engagement feedback, patient and community comments, internal staff feedback, donor and volunteer knowledge, social media engagement patterns, website and search data, event participation, philanthropy trends, and direct experience from teams working closely with patients, staff, partners, and community members across the region.



NCH's internal team also brings significant lived organizational knowledge about what tends to resonate in the North Country, what language may create confusion or skepticism, and how different audiences respond to messaging from NCH and its Affiliates. This practical knowledge is important and should be treated as a meaningful input, even when it is not packaged as formal market research.

One goal of this engagement is to help NCH move toward a more thoughtful audience strategy. Vendors may propose ways to develop or refine audience profiles, message maps, stakeholder segments, or practical personas as part of the work. Any proposed approach should be appropriately scaled to the retainer and should help NCH make communications more targeted, accessible, and useful rather than overly theoretical.

Messaging Platform and Strategic Communications Framework

What existing messaging platform, strategic communications framework, or brand architecture should vendors align with?

(Do you have an existing messaging platform?; Is there an existing strategic communications framework, messaging architecture, or brand platform we should align to?)

NCH has existing brand materials, Affiliate identities, and organizational messaging, but does not currently have a fully developed strategic communications framework or unified messaging platform that consistently guides communications across the full System. One reason for this RFP is to help NCH strengthen that structure.

NCH became a System made up of hospitals and Affiliates with established local identities, histories, services, and community relationships. Those Affiliate identities remain important and should not be erased. At the same time, NCH has grown in scope, coordination, and System-level responsibility, which has created a need for clearer messaging architecture that can connect the System and Affiliates without flattening what makes each organization distinct.

The selected vendor should expect to work with NCH's existing brand standards, public-facing materials, web content, internal communications, campaign materials, and strategic priorities while also helping identify opportunities for greater consistency, clarity, and alignment. This may include support for message mapping, audience-specific language, System and Affiliate positioning, editorial themes, tone guidance, campaign frameworks, and practical tools that help internal teams communicate more consistently.



Brand Standards, Style Guide, and Visual Identity

What current brand standards, writing-style guidance, visual identity materials, or content guidelines will be provided?

(Are there existing brand standards, content guidelines, or accessibility requirements?; Have NCH's brand standards, writing-style guide, or visual look been updated, refreshed, or expanded since 2023? If so, may we receive the most current brand documentation NCH considers authoritative?)

NCH can provide interested applicants with a copy of the current brand book. Vendors should use that document, along with existing NCH and Affiliate materials, as the current reference point for visual identity, logo usage, color guidance, typography, and related brand standards.

NCH does have existing brand standards and visual identity materials, but the organization does not currently have a fully developed writing-style guide or System-wide content framework that is consistently applied across all communications. One goal of this engagement is to help strengthen that consistency while still preserving the distinct identity, voice, and community connection of each Affiliate.

Vendors should expect to work within the current brand standards while also identifying practical opportunities to improve consistency, clarity, accessibility, and usability across materials. This may include recommendations related to tone, plain language, health literacy, visual consistency, accessible formatting, campaign templates, social media standards, web content practices, and other content guidelines.

NCH is not asking vendors to replace the brand book as part of this retainer. However, vendors may recommend updates, refinements, or companion tools that would make the existing brand easier to apply across System and Affiliate communications. Larger brand refresh or rebrand work, if recommended, would need to be scoped separately and should not be assumed as part of the base retainer.

System Voice and Affiliate-Specific Identity

Should vendors develop content under one unified NCH System voice, affiliate-specific voices, or a hybrid approach?

(Brand architecture across affiliates. The RFP refers to "NCH's voice" in the singular, while Appendix A makes clear each affiliate has distinct mission language and community identity. Is the work to maintain a single NCH-system voice across all four affiliates, or to maintain affiliate-specific voices while staying in alignment with the parent system?; Is the expectation that there will be unique assets and content calendars developed for each of NCH's affiliates, or for the organization as a whole?)



NCH anticipates a hybrid approach. Vendors should expect to support a unified NCH System voice while also preserving the distinct identity, history, services, and community relationships of each Affiliate. NCH feels strongly that any successful communications strategy must acknowledge that each Affiliate is unique and valued.

At the same time, NCH has grown in scope and coordination, and there is a need for clearer System-level messaging that helps patients, families, staff, donors, partners, and community members understand how the Affiliates connect to one another and to the broader NCH mission. Current communications channels also reflect this complexity. For example, NCH currently has six Facebook pages, which can result in redundant content, fragmented messaging, and an unclear user experience. NCH is interested in improving this structure thoughtfully, without making communities feel that their local identity is being erased.

The goal is not to make every communication sound identical. Rather, the selected partner should help NCH create a more consistent communications framework that allows System-wide messaging and Affiliate-specific storytelling to work together. Some content may be appropriate at the NCH System level, while other content may need to be tailored by Affiliate, service line, geography, audience, or community context.

Vendors should describe how they would approach this balance, including how they would support shared themes, common messaging, and coordinated campaigns while still allowing for local voice, recognizable people, Affiliate-specific services, and community-based storytelling. NCH is especially interested in avoiding both extremes: disconnected Affiliate communications that feel fragmented, and overly centralized communications that erase local identity.

Unique assets or content calendars may be needed for specific campaigns, service lines, audiences, or Affiliate-specific moments. However, NCH is not seeking disconnected communications plans for each Affiliate. The goal is a cohesive System-wide communications strategy that allows each Affiliate to retain its own personality, history, and community connection while still contributing to a shared NCH voice.

Examples of Desired Communications Approach

Are there existing campaigns, organizations, or communications approaches that reflect the authentic, grassroots, human-centered direction NCH is seeking?

(The RFP emphasizes authentic, grassroots, and human-centered communications. Are there existing



campaigns, organizations, or communications approaches that you feel reflect this direction particularly well?)

NCH is looking for communications that feel authentic, grounded, relational, and useful to the communities we serve. The desired approach should feel less like a polished advertising campaign and more like a thoughtful, coordinated storytelling strategy that reflects real people, real places, and real experiences in the North Country.

The strongest examples are often communications that center local voices, plain language, transparency, and practical information. NCH is interested in approaches that help people recognize themselves, their neighbors, their providers, and their community in the content. This includes storytelling that feels human without feeling overly scripted, emotional without feeling exploitative, and professional without feeling generic.

NCH wants communications that help community members understand available services, feel confidence in local care, see the value of the System and its Affiliates, and recognize the people who make healthcare possible here. Vendors should avoid approaches that rely heavily on stock imagery, generic healthcare language, overly corporate messaging, or campaign concepts that could work anywhere. The goal is for the work to feel unmistakably rooted in the North Country.

Paid Media and Advertising Scope

Should paid media, advertising, boosting, or amplification be included in the proposed scope?

(The cost proposal section mentions potential advertising costs as an applicable expense. Are you open to highly targeted paid media campaigns if they support your goals of health literacy, community engagement, or event promotion?; Are media buying or paid amplification services anticipated at any level?; Is paid advertising (digital, print, broadcast, or outdoor) included in the retainer, or billed as a separate engagement? If included, is there an annual media budget to plan against?; Is paid media planning, buying, or boosting expected to be part of this scope? (If paid advertising is utilized, what channels have historically been most effective for building trust and maintaining visibility within your expansive, rural communities?)

Yes. NCH is open to paid media, advertising, boosting, earned media, press releases, and other amplification strategies when those tactics support the goals of the engagement. This may include health literacy, community engagement, service-line awareness, recruitment, philanthropy, event promotion, public education, or other mission-aligned communications priorities.



That said, paid media should not be treated as the center of this RFP. NCH is primarily seeking strategic communications and content creation support. Paid media and amplification may be tools within that broader strategy, particularly when they help ensure important messages reach the right audience.

Digital advertising may be useful, but it should not be the only approach. Vendors should consider how traditional and community-based tactics, such as press releases, local newspapers, radio, print, direct mail, flyers, posters, community bulletin boards, local cable, municipal newsletters, partner organizations, town offices, libraries, senior centers, and community gathering places, may still play an important role in reaching people effectively.

NCH is interested in thoughtful, targeted, and practical amplification strategies rather than broad or generic advertising buys. Vendors should describe what paid, earned, or community-based tactics they recommend, when those tactics would be appropriate, what assumptions they are making, and how they would measure effectiveness.

Paid media, print placement, boosting, media buying, and related advertising costs should be identified separately from the base retainer unless the vendor proposes to include them. Press release writing and media outreach may be included in the retainer if proposed by the vendor, but paid placement or distribution costs should be clearly identified.

Definition of Success & KPIs

How does NCH define success for this work in the short and long term?

(What does success look like?; How does NCH define success for this partnership in the first 6–12 months?; Can you share your thoughts on how you're envisioning success for your marketing and communications efforts over the next 1, 3 or 5 years? Is there a strategic business or marketing/communications plan that you can share with us? What KPIs matter most: engagement, awareness, recruitment, patient utilization, sentiment, trust, etc.?; Patient Experience KPIs: Strategic Objective 3C-iii is to "Improve patient digital experience." As the team currently supporting the web architecture, we see this as a pivot point for accessibility. Does NCH have specific digital KPIs—such as portal adoption or service-line conversion—that this content strategy should prioritize?)

NCH defines success as building a more strategic and coordinated communications function that better serves patients, staff, providers, donors, partners, and community members across the System and Affiliates.

In the first 3 to 6 months, success would include establishing a clearer communications rhythm, creating a practical social media strategy, developing baseline SEO norms and



content practices, improving prioritization, and reducing reactive one-off work. NCH is also looking to build clearer workflows for intake, drafting, review, approval, and distribution so that communications efforts are more intentional and less fragmented.

In the first 6 to 12 months, success would include stronger content planning processes, a more useful bank of photography and storytelling assets, improved consistency across channels, and a better framework for System-wide and Affiliate-specific messaging. NCH would also expect to see improved coordination between internal staff and the selected vendor, with clear expectations around what is planned, what is timely, and what should be deferred or scoped separately.

Longer term, NCH's goal is to be better positioned in the community as an integrated, accessible, transparent, and mission-driven rural healthcare System. Success over one, three, and five years would include stronger public understanding of NCH's services, improved awareness of local care options, better health literacy, more effective recruitment storytelling, stronger public support, philanthropy and volunteer engagement, and more cohesive internal communications across the System.

The most important KPIs may vary by project, audience, and channel. Vendors should recommend practical measures that align with the goals of each campaign or content stream. Potential measures may include engagement, reach, website traffic, search behavior, service-line inquiries, event attendance, recruitment interest, donor or volunteer engagement, email performance, social media growth, earned media pickup, sentiment, internal communications engagement, and qualitative feedback from staff, patients, partners, and community members.

NCH is interested in measurement that is useful rather than performative. The selected partner should help NCH identify a manageable set of KPIs that show whether communications are becoming clearer, more coordinated, and more effective. NCH is not looking for dashboards for the sake of dashboards. The goal is to use data, community feedback, and practical outcomes to make better decisions and improve communications over time.

Baseline Data and Reporting

What baseline performance, patient experience, brand measurement, or analytics data is available for reporting and comparison?

(Is there baseline performance reporting available for current channels and campaigns?; What patient experience and brand measurement data does NCH currently track that we should expect to use for pre/post



reporting? Has NCH continued NPS tracking since the 2017 engagement, run any subsequent brand-awareness studies, or added survey instruments that we can reference as baselines?)

NCH has some baseline data available, but it is not currently organized into one unified communications dashboard or reporting structure. One goal of this engagement is to help NCH identify which measures are most useful, establish practical reporting norms, and create a clearer baseline for future comparison.

Available data may include website analytics, search data, social media performance, email engagement, earned media activity, event participation, philanthropy and donor engagement trends, volunteer engagement data, recruitment-related insights, Community Health Needs Assessment findings, community feedback, and qualitative input from staff, patients, partners, and community members. Some of this information is currently held across different platforms, vendors, teams, or departments.

NCH may also have access to patient experience and operational data, but vendors should not assume that all patient experience, brand awareness, or service-line performance data will be available for marketing use or direct comparison. Any use of patient experience data or internal performance information would need to follow appropriate privacy, compliance, and internal review processes.

NCH has not recently maintained a comprehensive brand-awareness study or formal System-wide communications benchmark in the way a larger marketing department might. Because of that, vendors should be prepared to help NCH build realistic baseline measures over time, rather than relying only on historic data.

Vendors should describe what data they would recommend tracking, what they would need access to, how they would establish a starting baseline, and how they would report progress in a way that is useful for decision-making. NCH is interested in simple, practical reporting that helps improve strategy, prioritize work, and understand whether communications are increasing clarity, engagement, access, and community awareness.

Crisis and Sensitive Communications Scope

What level of crisis or sensitive communications support should vendors include in the retainer?

(What level of crisis communications support is expected within the retainer?; Crisis or sensitive communications support is named as desired but not required. How would NCH like this addressed in the



proposal: as a service included in the retainer, as an on-call retainer add-on, or as situational engagement at quoted hourly rates?)

NCH would like vendors to include a reasonable level of sensitive communications support within the proposed retainer, particularly for issues that relate to messaging, tone, community response, media statements, internal communications, leadership messages, or timely updates connected to planned work. This may include helping draft or refine statements, talking points, press releases, FAQs, staff messages, web updates, or social media language when communications require additional care.

That said, NCH is not seeking a crisis communications firm or 24/7 crisis response model as the primary focus of this RFP. Vendors should describe what level of sensitive communications support is included in the base retainer, what response times they can reasonably support, and what would trigger separate scoping or additional fees. NCH is especially interested in partners who can help the organization communicate with clarity, transparency, and steadiness during moments that may be complex, emotional, or highly visible. NCH will retain final decision-making authority for all communications.

Urgent Turnaround and Escalation Protocols

What constitutes an urgent request, and what escalation or spokesperson protocols are already in place?

(Are there existing crisis escalation protocols or spokesperson procedures?; What constitutes an “urgent” turnaround request operationally?)

An urgent request is one that requires timely communications support because of potential impact to patients, staff, providers, operations, media interest, community concern, safety, access to care, reputation, or leadership messaging. Examples may include time-sensitive service updates, weather or access-related information, sensitive public statements, emerging media inquiries, internal messages tied to significant organizational decisions, or communications that may require rapid alignment across System and Affiliate leadership.

Vendors should describe how they would support urgent communications without creating confusion or delay. This may include drafting or refining statements, FAQs, talking points, press releases, staff messages, social media language, website updates, or holding language. Vendors should also describe how they would manage version control, approvals, and rapid feedback when multiple stakeholders need to review time-sensitive content.



Reputation Management and Source-of-Truth Communications

How much of the retainer should support real-time reputation management and source-of-truth website content?

(Reputation Management: Given the current surge in search queries regarding NCH leadership, how much of this retainer should be dedicated to real-time "Source of Truth" management on the website to ensure NCH controls the narrative during search-intent shifts?)

NCH is interested in strengthening its ability to provide clear, timely, accurate source-of-truth communications, particularly when community questions, media attention, or search activity indicate a need for better public information. This may include web updates, FAQs, leadership messages, press releases, talking points, social media language, internal messaging, or other materials that help reduce confusion and make accurate information easier to find.

That said, this retainer should not be built primarily around real-time reputation management or narrative control. NCH is seeking a broader strategic communications and content creation partner who can help improve clarity, transparency, health literacy, community connection, and proactive storytelling over time. Source-of-truth communications are one important part of that work, but not the only focus.

NCH recognizes that when people have questions, they often search online first. Vendors should describe how they would support clear, search-informed content practices, including how they would recommend using web content, SEO norms, FAQs, press materials, and social media to make accurate information easier for patients, staff, partners, and community members to access.

The selected vendor may be asked to support sensitive or timely source-of-truth content within the retainer, depending on scope and availability. More intensive reputation management, sustained issue response, major crisis communications, or real-time monitoring beyond routine communications support should be proposed as an optional add-on or scoped separately.

NCH is especially interested in approaches that help the organization communicate proactively rather than only responding after concern or confusion has already grown. The goal is not simply to react to search trends, but to build a transparent, and accessible communications presence across NCH's digital and community channels.



Strategic Motivation and Timing

Why is NCH pursuing this work now, and when is the engagement expected to begin and end?

(What is the motivation for this work now?; When would the work start and conclude?)

NCH is pursuing this work now because the organization has reached a point where communications need to become more strategic, coordinated, and proactive across the System and Affiliates. As NCH's scope, services, community partnerships, workforce needs, philanthropy efforts, digital presence, and internal initiatives have grown, the need for clear and consistent communications has also grown.

Current communications efforts often rely heavily on internal staff responding to immediate needs, requests, and emerging issues. While this has allowed NCH to keep important work moving, it has also created reactive workflows, uneven prioritization, and missed opportunities to tell a more cohesive story about rural healthcare, local access, staff expertise, community impact, and the value of the NCH System. This engagement is intended to help NCH reduce reactive waste, strengthen planning, improve consistency, and better position the organization within the communities it serves.

NCH anticipates beginning work after the RFP process is complete and a vendor is selected, with the exact start date to be finalized during contracting and onboarding. Ideally, NCH would like to establish a partnership through a two-year contract, with appropriate review points built in to assess progress, scope, performance, and ongoing fit. The intent is to build a relationship that is long enough to create meaningful strategy and momentum, while still allowing NCH to evaluate effectiveness and adjust as needs evolve.

First 90 Days

What should the selected vendor help NCH accomplish within the first 90 days of the engagement?

(What would NCH hope to accomplish within the first 90 days of the engagement?)

Within the first 90 days, NCH would expect the selected vendor to focus on onboarding, discovery, prioritization, and building the structure needed for a more strategic communications function. The first phase should help NCH move quickly from a reactive communications pattern toward a clearer, more coordinated workflow.



Early priorities should include learning NCH's System and Affiliate structure, reviewing existing brand materials and communications channels, understanding current workflows, identifying key pain points, and clarifying the roles of the internal team and selected vendor. The vendor should also work closely with Ren Anderson and designated internal team members to establish a practical intake, prioritization, content planning, review, and approval process.

NCH would also expect meaningful progress on a social media strategy, baseline SEO norms and content practices, and an initial editorial or campaign planning rhythm. This does not need to be overly complex, but it should give NCH a clearer way to decide what gets created, when it gets shared, who it is for, and how it supports System and Affiliate priorities.

The first 90 days should also begin identifying priority content opportunities, photography or storytelling gaps, key audiences, recurring themes, and early opportunities for health literacy, service-line awareness, recruitment, philanthropy, internal communications. Vendors may recommend quick wins, but NCH is most interested in quick wins that fit into a longer-term strategy rather than one-off activity.

By the end of the first 90 days, NCH would like to have a clearer working relationship, defined communication rhythm, initial content priorities, baseline measurement approach, and a shared understanding of how the vendor will help NCH build sustainable communications capacity over the full engagement.

Incumbent Agencies and Current External Partners

Is NCH currently working with any incumbent or external communications, creative, web, PR, photography, video, marketing, or advertising partners?

(Is there an incumbent agency you expect to bid on this work?; Is NCH currently working with an incumbent agency or communications partner?; Is NCH currently working with any external communications, creative, social media, PR, photography/video, or marketing partners, and if so, how does NCH expect the selected firm to collaborate with them?)

NCH currently works with external partners in several areas, including web and digital support, creative services, project-specific communications, and other specialized needs. Some of these partners are expected to apply for this opportunity.

There is not one single incumbent agency currently performing the full scope described in this RFP. Rather, NCH has worked with different partners for different needs, including



website support, digital tools, creative projects, campaign materials, and grant- or project-specific work. This RFP is intended to identify a partner who can provide more coordinated strategic communications and content creation support across the System.

The selected vendor should expect to collaborate professionally with existing partners when needed. For example, website-related work may require coordination with current web vendors, while certain photography, video, design, digital, or technical projects may involve other external partners or internal project teams. NCH values the contributions of its current partners and is not seeking unnecessary disruption.

At the same time, NCH is looking for clearer coordination, stronger strategic alignment, and less fragmentation across communications efforts. Vendors should describe how they would work within an environment where existing partners may remain involved, while also helping NCH clarify roles, reduce duplication, and create a more cohesive communications approach.

Local Preference and In-State Consideration

Will local, New Hampshire-based, or prior New Hampshire experience receive consideration in the evaluation?

(Is there a local preference?; Are out-of-state agencies at a disadvantage?; The RFP notes that successful New Hampshire-based projects will be looked upon favorably. Does the firm's in-state location receive similar consideration?)

NCH does not intend to limit consideration to local or New Hampshire-based vendors. Out-of-state agencies are welcome to apply and will not be automatically disqualified or categorically disadvantaged based on location alone.

That said, local knowledge, rural healthcare experience, New Hampshire experience, and demonstrated understanding of the North Country may be meaningful strengths. NCH serves communities with distinct local identities, long-standing relationships, geographic challenges, and communication patterns that do not always mirror larger or more urban markets. Vendors who can demonstrate that they understand this context, or who have a clear plan for learning it quickly and respectfully, may be better positioned to meet the goals of the engagement.

Prior History with NCH

How will prior experience or history with NCH be considered in the evaluation process?



(Is prior history with NCH treated as a positive factor, a neutral factor, or a factor requiring additional disclosure under the evaluation criteria?)

Prior experience with NCH may be helpful when it demonstrates relevant knowledge of the organization, the region, the Affiliates, existing systems, community expectations, or the type of work described in this RFP. However, prior history with NCH will not automatically determine selection, either positively or negatively.

NCH will evaluate proposals based on overall fit, relevant experience, quality of approach, responsiveness to the scope, strategic thinking, capacity, cost, creativity, and ability to support authentic, coordinated communications across a rural multi-affiliate healthcare System.

Vendors with prior experience working with NCH should identify that experience clearly and explain how it would support a successful engagement. Vendors should also be transparent about any current work, existing contracts, or potential conflicts that may be relevant. Prior familiarity may be useful, but NCH is equally interested in whether the vendor can meet the current moment, bring fresh thinking, and help build a more strategic and sustainable communications function moving forward.

Evaluation Criteria and Best-Fit Factors

What factors beyond the published criteria will help distinguish the best-fit partner?

(Beyond the published criteria, what will distinguish a “best fit” partner culturally or operationally?)

Beyond the published criteria, NCH is looking for a partner who is a strong communicator, thoughtful, authentic, and able to understand the needs of the communities NCH serves. The best-fit partner will not necessarily be the flashiest proposal or the most polished agency presentation. NCH is more interested in a partner who listens well, asks good questions, communicates clearly, follows through reliably, and demonstrates respect for rural healthcare and the North Country.

Culturally, the right partner should understand that this work is rooted in relationships, access, and community identity. NCH is looking for communications that are real, useful, and locally grounded, not generic healthcare marketing. The selected partner should be able to balance professionalism with warmth, strategy with practicality, and System-wide consistency with the unique personalities of each Affiliate and community.



Operationally, the best-fit partner will bring structure without creating unnecessary complexity. NCH is looking for someone who can help reduce reactive work, clarify priorities, manage timelines, create useful content systems, and support the internal team in a way that feels collaborative rather than burdensome. Responsiveness, transparency, good project management, and the ability to turn ideas into practical deliverables will be important.

A strong proposal will show that the vendor understands both the opportunity and the sensitivity of this work: helping NCH communicate more clearly, strengthen visibility, and better reflect the people and places that make up the North Country.

Estimated Number of Bidders

Does NCH have an estimate of how many agencies will submit proposals?

(Do you have an estimate of how many agencies will bid on this work?)

NCH anticipates receiving approximately 10 to 12 proposals, though the final number may vary depending on vendor capacity, fit, and decisions made after the pre-proposal period.

Following the initial review, NCH expects to invite approximately three vendors to move forward to the next round of the selection process. Proposals will be evaluated based on the published criteria, overall fit, relevant experience, quality of approach, responsiveness to the scope, cost, capacity, and alignment with NCH's needs. The goal is to identify the partner best suited to help NCH build a more strategic, coordinated, and authentic communications function.

Submission Deadline and Pre-Proposal Meeting

What is the correct proposal deadline, and how should vendors register for or access the pre-proposal meeting?

(Submission deadline. The cover page and submission instructions reference 6/10/2026, while the project timeline on page 7 lists 6/26/2026. Could you confirm the correct deadline?; Pre-proposal meeting. We'd like to RSVP for the optional virtual session on Thursday, June 11 at 2:00 PM. Please send the link when available.; Could I also please register to attend the pre-proposal meeting on the 11th?)

The correct proposal submission deadline is **June 26, 2026**. Any reference to June 10, 2026 as the proposal deadline should be disregarded.

The optional virtual pre-proposal meeting will take place on **Thursday, June 11, 2026 at 2:00 PM**. Vendors interested in attending should register or request the meeting link through the contact



process identified in the RFP. Vendors who have already requested to attend will be included on the invitation list.

Questions and responses from the pre-proposal process will be shared consistently with interested vendors to support transparency and ensure all applicants have access to the same clarifying information.

BAA Template

Can the BAA template referenced in the RFP be shared in advance?

(BAA template. Could you share the BAA template referenced in Appendix G in advance? Reviewing it now will help us confirm alignment before submitting.)

The BAA template is available through the link provided in **Appendix F | Legal & Contractual Requirements** of the RFP. Vendors should use that linked template for review when preparing their proposals. Any reference to Appendix G for the BAA template should be understood as a correction to **Appendix F | Legal & Contractual Requirements**, where the template is linked. Vendors are encouraged to review the BAA template in advance and identify any material questions or concerns as part of the proposal process.

Evaluation Scorecard

Which evaluation criteria, scoring categories, or descriptors should vendors rely on?

(Which one will reviewers use?; Are those descriptors intended to apply as written?)

Reviewers will evaluate proposals based on the criteria outlined for this solicitation, including relevant experience, proposed approach and methodology, team qualifications and capacity, alignment with NCH's goals and culture, and cost/value. The strongest proposals will clearly connect the vendor's experience, approach, staffing model, and pricing to the communications needs described in this RFP.

Appendix Applicability

Which appendices apply to this solicitation, and are any appendices included in error?

(Is this appendix intended to apply to this solicitation?)

The appendices are intended to apply to this solicitation and were included to help vendors better understand the scope, context, geography, services, communities, and organizational structure of North Country Healthcare.



NCH is a multi-affiliate rural healthcare System, and the appendices are meant to provide helpful background on who we serve, where services are delivered, how the System and Affiliates are structured, and what factors may shape communications needs. Vendors should use the appendices as context for understanding the complexity and scale of the work, rather than viewing them as unrelated materials.

That said, vendors should rely on the main body of the RFP, the Scope of Services, submission requirements, legal and contractual requirements, and evaluation criteria when developing their proposed scope, pricing, and work plan. The appendices are intended to inform proposals, not to expand the scope into work that is not otherwise described in the RFP.

Vendors are encouraged to reference the appendices where they help demonstrate understanding of NCH's service area, Affiliate structure, community needs, rural healthcare environment, and communications challenges.

Supporting Documents

Can NCH provide the supporting documents referenced in the appendices, or a high-level summary of them?

(May we receive copies of the supporting documents referenced in the Appendices: the most recent Community Health Needs Assessment (Appendix B), the updated Medical Staff Development Plan, and current provider counts per affiliate (Appendix C), and NCH's most recent Strategic Plan (Appendix D)? A high-level summary, rather than a full document, is also welcome.)

The supporting documents referenced in the appendices are linked within the RFP materials, and vendors should review those materials directly as part of proposal development. These documents were included to provide context regarding NCH's service area, System structure, Affiliate identities, community needs, strategic priorities, and the broader environment in which this communications work will take place.

At this stage of the process, vendors should rely on the linked documents, the RFP, the appendices, and publicly available information on NCH's websites. Vendors are encouraged to review NCH's pages directly to better understand the System, Affiliates, services, community presence, and current communications environment.

The selected firm will be provided with additional relevant supporting materials during onboarding as needed. This may include current brand materials, internal planning



context, service-line information, campaign priorities, stakeholder insights, and other documents needed to support the engagement.

Vendors should use their proposals to describe what additional information they would request during onboarding and how they would use those materials to develop a stronger communications strategy.

Existing Tools and Platforms

What content systems, platforms, analytics tools, or marketing technology will the selected vendor inherit or need to work within?

(Existing tools and platforms. What content systems does NCH currently use that the selected partner will inherit access to — for example, CMS, social-media scheduling, digital asset management, email/marketing automation, analytics? This affects onboarding timeline and any pass-through license costs we'd build into the retainer.)

NCH currently works across several platforms and vendor-supported systems, and the selected partner should be prepared to collaborate within the existing digital and communications environment. However, vendors should not assume they will receive direct access to all systems or platforms.

NCH maintains multiple public-facing websites across the System and Affiliates and works with external web and digital partners for website support. Website-related access, CMS involvement, analytics access, and technical responsibilities will be determined during onboarding based on the selected vendor's role, the scope of work, and appropriate permissions. For purposes of this RFP, vendors should not assume direct CMS access unless that becomes necessary and is approved by NCH.

NCH also uses social media channels across the System and Affiliates, including multiple Facebook pages. One goal of this engagement is to improve coordination, reduce redundancy, and create a more strategic approach to social media planning and content distribution. Vendors should describe what tools or workflows they recommend for content calendars, scheduling, approvals, reporting, and channel management.

Current tools may include platforms or data sources related to website analytics, search performance, email marketing, event communications, donor engagement, philanthropy, and patient experience. NCH uses Constant Contact for email marketing, DonorPerfect for donor management, OneCause for event-related fundraising, and Press Ganey for patient experience insights. The selected vendor may not need direct access to these systems, but



may be asked to use approved reports, summaries, or insights from them to inform strategy, messaging, campaign planning, and performance measurement.

NCH does not currently have one fully centralized digital asset management system or unified communications dashboard. Vendors should be prepared to recommend practical, scalable ways to organize content, manage assets, track performance, and support reporting without creating unnecessary administrative burden.

Any platform access will be provided only as appropriate and will be subject to NCH's internal policies, privacy expectations, security requirements, and approval processes. Vendors should identify any tools, licenses, software, scheduling platforms, project management systems, reporting dashboards, or pass-through costs they assume would be needed to support their proposed approach.

Digital Experience and Patient Experience KPIs

What digital experience priorities or patient experience KPIs should inform the content strategy?

(Patient Experience KPIs: Strategic Objective 3C-iii is to "Improve patient digital experience." As the team currently supporting the web architecture, we see this as a pivot point for accessibility. Does NCH have specific digital KPIs—such as portal adoption or service-line conversion—that this content strategy should prioritize?)

NCH is interested in content strategy that improves the overall digital experience for patients, families, staff, providers, donors, partners, and community members. The priority is making information easier to find, understand, and act on across NCH's websites, social media channels, email communications, and other digital touchpoints.

For this RFP, vendors should not assume that the engagement is primarily focused on patient portal adoption, service-line conversion, or technical website optimization. Those may be relevant in certain situations, but the broader need is to improve clarity, accessibility, health literacy, navigation, and consistency.

Patient experience insights, including approved Press Ganey themes or summary data, may help inform content priorities when appropriate. Vendors should not assume direct access to patient experience systems or raw patient data.

Vendors should recommend practical digital KPIs based on their proposed approach. These may include website traffic, search behavior, engagement, click-through rates, form



submissions, event registrations, email performance, social media engagement, content reach, or other measures that help NCH understand whether communications are becoming clearer, more useful, and easier to access.

Data Visualization

Should vendors plan to support creative data visualization for public-facing reporting or transparency?

(Data Visualization: Objective 4C focuses on disseminating information via live dashboards. Is NCH looking for a partner to assist in the creative data visualization of these outcomes for public consumption to fulfill the core value of Transparency?)

Vendors may recommend ways to support data visualization when it helps make information clearer, more accessible, and more useful to the public. However, vendors should not assume that live dashboards or complex public-facing data tools are a core requirement of this retainer.

NCH is interested in practical, understandable ways to share information with staff, patients, partners, donors, and community members. This may include simple graphics, infographics, annual or campaign reports, social media visuals, web content, community benefit storytelling, CHNA/CHIP updates, philanthropy impact reporting, or other materials that help translate data into meaningful communication.

If vendors recommend more advanced dashboards, interactive tools, or public-facing reporting systems, those should be identified as optional or separately scoped work unless clearly included in the proposed retainer. NCH is most interested in data visualization that supports transparency and understanding without creating unnecessary complexity.

Responsible AI

Does NCH allow or encourage responsible use of AI-enhanced tools for content efficiency or data analysis?

(Responsible AI: Given Strategic Priority 4D, does NCH encourage the use of AI-enhanced tools for content efficiency and data analysis within this retainer, provided they meet the system's "Integrity" and "Reliability" values?)

NCH is open to responsible use of AI-enhanced tools when they improve efficiency, organization, analysis, accessibility, or content development without compromising accuracy, privacy, security, or authenticity.



Vendors should be transparent about whether and how they use AI tools in their work. Any use of AI must comply with NCH's privacy, security, compliance, and confidentiality expectations. Vendors should not enter protected health information, confidential business information, patient stories, employee information, or other sensitive materials into public or unsecured AI tools.

AI may be appropriate for tasks such as organizing notes, identifying themes, drafting outlines, summarizing non-sensitive information, developing content variations, supporting SEO research, or analyzing approved data sets. However, AI-generated content should not replace human judgment, local knowledge, clinical review, or authentic storytelling. NCH does not want AI-generated imagery or generic AI-written messaging to become the standard for communications.

Vendors should describe their AI policies, safeguards, review processes, and how they ensure final work remains accurate, human-centered, legally appropriate, and aligned with NCH's values.

Accessibility, Multilingual Content, and Cultural Adaptation

What accessibility, multilingual, or culturally adapted content expectations should vendors include?

(Are there existing brand standards, content guidelines, or accessibility requirements?; Is multilingual or culturally adapted content anticipated?)

Accessibility is important to NCH and should be considered in all communications and content development. Vendors should be prepared to support plain language, readable formatting, accessible design practices, captioning for video when appropriate, alt text or image description practices where applicable, and content that is easy for patients, families, staff, and community members to understand and use.

French-language access is also important to NCH because of the communities we serve. Vendors should identify any experience they have with multilingual content, translation workflows, culturally responsive messaging, or adapting materials for audiences whose needs may differ by language, geography, age, health literacy, or access to technology.

NCH does not expect every piece of content to be multilingual, but vendors should be prepared to advise when translation, adaptation, or additional accessibility steps would meaningfully improve reach, or understanding. This may be especially relevant for patient-



facing materials, health literacy content, community education, public notices, service-line information, or materials connected to access and navigation.

Vendors should describe how they approach accessibility and multilingual content, including whether they provide translation directly, use trusted translation partners, recommend review by native speakers or local stakeholders, and ensure that translated or adapted content remains accurate, respectful, and aligned with NCH's voice.

Health Literacy

How should health literacy be reflected in the scope, including content priorities and potential paid media support?

(The cost proposal section mentions potential advertising costs as an applicable expense. Are you open to highly targeted paid media campaigns if they support your goals of health literacy, community engagement, or event promotion?; What health literacy initiatives and multimedia projects (podcast, video series, recurring storytelling) are currently in flight or planned beyond the work we have supported in the past? Are there specific topics, populations, or service lines NCH wants prioritized in the first year?)

Health literacy should be a central consideration in this work. NCH serves communities where access, age, income, transportation, chronic disease, behavioral health needs, and trust in healthcare systems all affect how people receive, understand, and act on health information. Communications should be clear, practical, accessible, and grounded in the lived realities of the North Country.

NCH is interested in content that helps community members better understand available services, when and where to seek care, how to navigate local resources, and how to engage with challenging health topics in ways that reduce stigma. This may include topics such as primary care access, preventive care, behavioral health, substance use, chronic disease, aging in place, home health, hospice, caregiver support, transportation, social drivers of health, and other needs identified through community health work.

Health literacy may be reflected through web content, social media, short-form video, podcast clips, FAQs, print materials, press releases, community education campaigns, provider or nurse-led explainers, and other storytelling formats. NCH is especially interested in approaches that feel relatable and respectful, not overly clinical, generic, or fear-based.

Paid media or targeted amplification may be appropriate when it helps important health literacy messages reach the right audiences. However, vendors should consider both



digital and traditional channels, including local newspapers, radio, direct mail, posters, partner organizations, senior centers, libraries, municipal spaces, and other community touchpoints.

Vendors should describe how they would support health literacy within the retainer, what topics or formats they recommend prioritizing, how they would ensure plain language and accessibility, and what kinds of larger health literacy campaigns or multimedia projects may need to be scoped separately.

Employer Branding and Recruitment Storytelling

Should employer branding and recruitment storytelling be included in the content strategy?

(Employer Branding: Strategy 1D-iv of the Strategic Plan aims to "make healthcare cool again." To what extent should the content strategy focus on high-level recruitment and "Employer Brand" storytelling to support clinical and leadership staffing goals?)

Yes. Employer branding and recruitment storytelling should be considered part of the broader content strategy, especially because workforce challenges are central to rural healthcare access. NCH is interested in communications that help current and prospective employees understand the value of working in rural healthcare, the purpose behind the work, and the career pathways available across the System and Affiliates.

That said, this RFP is not solely a recruitment marketing project, and employer branding may be phased in based on priority, timing, capacity, and organizational need. In the early stages, the focus may be on building the foundational communications strategy, social media structure, SEO norms, content planning rhythm, and storytelling systems that can later support stronger recruitment and employer brand efforts.

Over time, recruitment storytelling should be integrated into the larger communications strategy alongside service-line awareness, health literacy, community engagement, internal culture, philanthropy, and volunteer engagement. NCH is interested in content that highlights real staff, providers, volunteers, leaders, and teams; shows the meaningful work happening across the System; and helps people see healthcare careers as approachable, impactful, and connected to community.

This may include career pathway stories, day-in-the-life content, provider and staff profiles, Rural Roots podcast repurposing, social media content, short-form video, internal



recognition, and stories that show why people choose to work and stay in the North Country.

Vendors should describe how they would support employer branding in a way that feels authentic and locally grounded, not overly polished or generic. The goal is to help make healthcare careers visible, meaningful, and appealing while also accurately reflecting the realities, challenges, and rewards of rural healthcare work.

Internal Culture and One NCH Team Communications

Should internal culture, affiliate alignment, and One NCH Team communications be part of the work?

(Internal Culture (One NCH Team): Objective 1C focuses on tearing down silos between affiliates (AVH, WMC, UCVH, and NCHHHA). Does NCH expect the marketing partner to assist with internal communications to align employees under the unified HRO culture?)

Yes, but this should be understood as a secondary or phased area of support. The initial focus of this RFP should be on public-facing communications, community engagement, storytelling, health literacy, service awareness, and NCH's external communications strategy.

That said, basic awareness of NCH's internal culture work is important. One Team, One Mission and High Reliability Organization work are internal culture initiatives intended to strengthen alignment, reduce silos, improve communication, and support a more consistent experience across the System. Vendors should understand that these efforts shape the internal environment, language, priorities, and culture in which public communications are developed.

The selected vendor may be asked to support limited internal communications connected to broader public-facing work, leadership messaging, staff awareness, employee storytelling, HRO-related communications, One Team, One Mission materials, or other System-wide priorities. However, NCH is not asking the selected vendor to own internal culture work or replace internal leadership.

The goal is for the vendor to understand the internal context well enough to create external communications that are accurate, aligned, and credible. Additional internal communications support may be phased in over time based on priority, capacity, and available resources.



Public Transparency and Governance Consultant Communications

How should the communications partner support governance-related public transparency and communications connected to the Independent Board Governance Consultant?

(Independent Oversight Collaboration: The recent NH DOJ report mandates the appointment of an Independent Board Governance Consultant. How does NCH envision the marketing partner collaborating with this consultant to ensure mandated reports and updates are communicated with maximum transparency for the North Country community?)

This work is not expected to be part of the core scope of this retainer. NCH does not anticipate that the selected communications partner will work directly with the Independent Board Governance Consultant or be responsible for governance-related reporting, oversight communications, or mandated updates.

If public-facing communications are needed in the future related to governance updates, NCH will determine the appropriate process, reviewers, and spokespersons internally. Any such work would likely be handled separately or scoped only if needed.

For purposes of this RFP, vendors should focus their proposals on strategic communications, content creation, storytelling, health literacy, service awareness, community engagement, social media strategy, web content support, and related communications priorities described in the solicitation.

Public Listening and Community Feedback Loop

How should the communications partner support public listening sessions and communication back to the community?

(The Feedback Loop: With the DOJ requiring quarterly public listening sessions, what role will the marketing vendor play in translating input from these sessions into a "You Spoke, We Listened" content series that proves to the community their voices are driving change?)

This work is not expected to be a core responsibility of the selected vendor under this retainer. NCH will determine internally how public listening sessions and any formal community response process are managed.

That said, NCH is interested in strengthening its ability to communicate clearly and transparently with the community. If themes emerge from public listening, community feedback, CHNA/CHIP work, service-line conversations, or other engagement efforts, the selected vendor may be asked to help translate approved themes into clear, accessible



communications. This could include web content, FAQs, social media language, press materials, internal messages, or community-facing updates.

The selected vendor should not assume responsibility for designing, facilitating, documenting, or responding to formal public listening sessions unless that work is separately scoped and approved. Any communications connected to governance, public comment, or sensitive community feedback would require internal review and approval.

Current Pain Points and Workflow Challenges

What current communications pain points, workflow challenges, or coordination issues should the selected partner be prepared to address?

(What are the primary challenges or pain points your team experiences when developing messaging and content for your audiences?; Are there current pain points with consistency, responsiveness, or coordination across affiliates?; What are the biggest current challenges in NCH's content and communications workflow?)

Current pain points include fragmented messaging, duplicated work across channels, inconsistent prioritization, limited internal production capacity, and difficulty balancing System-wide communication needs with Affiliate-specific identity. NCH also has multiple websites, multiple social media pages, multiple internal initiatives, and a broad range of audiences, which can make it difficult for end users to know where to go for accurate, timely, and relevant information.

The selected partner should be prepared to help NCH create clearer workflows for intake, prioritization, content planning, approvals, production, distribution, and measurement. This includes helping the internal team move away from one-off requests and toward a more intentional editorial and campaign rhythm.

A successful partner will bring organization, responsiveness, strategic discipline, and creative capacity while respecting the local knowledge and relationships already held by NCH's internal team. The goal is to build a communications function that is clearer, more coordinated, more proactive, and better able to serve patients, staff, providers, donors, partners, and community members across the North Country.