

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF COMMUNICATION
ATLANTA, GEORGIA 30333**

REQUEST FOR TASK ORDER PROPOSAL

Date Issued: **June 28, 2004**

Date Response Due: **July 23, 2004**

QUESTIONS DUE: **No Later Than July 6, 2004**

Request for Task Order Proposal (RFTOP) NO.: **186 (CDC 3)**

Title: *Spanish-language Folic Acid Communication Research & Creative Production*

Contract reference: This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as Tasks 1, 2, 5, 6, 7, 8, and 9.

Page Suggestion:

CDC suggests that contractor limit their proposal for the core projects in this task order request to no more than 50 pages of text for the technical proposal; the page limit does not include budget spreadsheets or biographical sketches or curricula vitae of proposed staff. The budget should be included as an appendix in an Excel spreadsheet, with an itemized budget per deliverable. The narrative plan should include a staffing plan, key deadline dates, and general approach to performing the work described.

Budget format suggestion:

The budget shall be prepared using Excel or Word and shall be broken down by task and phase. A total summary sheet shall be provided which reflects the entire budget proposal for the project. The budget shall contain breakdowns by labor category, no. of hours, rate of pay and other direct costs. If a subcontract or consultant agreement is proposed, it should be noted whether it is a cost reimbursable or time and materials agreement. Budgets for any contractor initiated alternative proposals to accomplishing the desired outcomes are welcomed, but should be presented separately and clearly labeled as alternative budget spreadsheets.

Funding Range: (check one)

- Under \$100,000
- Over \$100,000 but less than \$300,000
- Over \$300,000 but less than \$500,000
- Over \$500,000 but less than \$700,000
- Over \$700,000 but less than \$1,000,000
- Over \$1,000,000

Background:

Background on folic acid and birth defects prevention

Results from several research studies and clinical trials in the early 80's suggested that many, but not all, neural tube defects (NTDs) were preventable by folic acid. The landmark randomized controlled trial in the United Kingdom, published in 1991, demonstrated that folic acid alone could prevent the recurrence of spina bifida or anencephaly in women who had a previously NTD-affected pregnancy. In 1992, a randomized controlled trial from Hungary published results showing that folic acid in a multivitamin could prevent an NTD-affected pregnancy in women who had not had a previously affected pregnancy. From these studies, the United States Public Health Service (USPHS) estimated that between 50% - 70% of NTDs were preventable by folic acid. In 1992, the USPHS recommended that all women of reproductive age who are capable of becoming pregnant consume 400 mcg of folic acid every day for the prevention of NTDs. In 1999, community intervention trials in China confirmed that daily intake of 400 mcg of folic acid alone could prevent babies from being affected by spina bifida and anencephaly.

Pregnancies and births affected by spina bifida or anencephaly have profound physical, emotional, and financial effects on families and communities. Recent data from the National Birth Defects Prevention Network surveillance system shows that folic acid food fortification has resulted in about an overall 25% decline in NTD-affected pregnancies. Since food fortification in 1998, the number of babies born in the United States with these serious birth defects has declined. Before food fortification, CDC estimated that there were about 4,000 NTD-affected pregnancies each year. Since 1999, we have observed a decline so that we now estimate that, annually, there are about 3,000 NTD-affected pregnancies.

Despite these exciting developments, Hispanic women in the United States remain the most vulnerable for having an NTD-affected pregnancy. The specific reason for this increased risk remains a mystery. What we do know is that they have a higher risk than Caucasian and African American women in the United States. Surveys conducted by CDC in 1999 and 2000, also showed that Hispanic women had the lowest reported folic acid knowledge and consumption. Recent data from the National Birth Defects Prevention Network surveillance system shows the disparity quite clearly. In 1995 & 1996 during the pre-fortification period, the prevalence of spina bifida and anencephaly among Hispanic women was about 10 per 10,000 /births or pregnancies compared to about 8 per 10,000 among Whites and almost 6 per 10,000 among Blacks. Fortification has resulted in about an overall 25% decline in NTD-affected pregnancies. This is true for all racial/ethnic groups. But Hispanic women still have the highest rate among the 3 racial/ethnic groups, so we have made reaching them our top priority.

While fortification clearly has resulted in a marvelous decline in NTD rates for all women, not all folic-acid preventable NTD's are being prevented: the declines that will be seen in the future will need to come from creative and compelling initiatives that impact voluntary behavior changes among women of childbearing age.

History of CDC's Folic Acid Campaign Efforts

Creating Cynergy

A key step in campaign planning is to convene organizations with a common mission to map out roles and responsibilities for campaign development, implementation, and evaluation. In 1997 and 1998, CDC worked closely with the National Council on Folic Acid (NCFA), a coalition of almost twenty public health and non-profit partners committed to promoting folic acid. The goals of NCFA were to: (1) increase the proportion of women who understand that consuming folic acid daily can help prevent birth defects; (2) make folic acid awareness a routine and standard part of health-care services to women; (3) increase the level and availability of folic acid in food; and (4) evaluate the effectiveness of folic acid projects and programs and share lessons learned. Council members each made substantive commitments and contributions to the national campaign effort. Because of CDC's expertise in health communication research and program evaluation, our role became clearly defined: (1) to conduct formative research among women and health care providers to develop messages; (2) to produce and test campaign messages; (3) to evaluate the implementation and delivery of the campaign; and (4) to evaluate the effects of the campaign. Because most of the members of NCFA were membership-based or chapter-based organizations, their major contributions focused on dissemination of campaign messages through traditional public service announcement channels. This partnership was structured well given the Department of Health and Human Service's policy that government funds could not be used to purchase broadcast media time.

The campaign was CDC's first large-scale use of state-of-the-art health communications methods, which incorporates formative evaluation (to ensure that the intervention, in this case, communication, is appropriate for the audience and desired outcomes), process evaluation (to ensure that the program is implemented as planned), and outcome evaluation (to measure the effects of the intervention).

Getting the message right

Of the approximately 60 million women of reproductive age in the United States, many have differing beliefs and motivations regarding preventive health behaviors and pregnancy. Campaign planners, knowing that a generic health message is not usually effective, conducted research which revealed two distinct audiences among women of reproductive age: (1) Pregnancy contemplators are women who want to become pregnant in the next year; and (2) Pregnancy non-contemplators are women who do not plan to become pregnant in the near future, but who could become pregnant). Audience research revealed many insights for developing effective messages for each of these audiences.

One remarkable discovery from the formative research was a message strategy that worked in both audiences, a rare occurrence. This message concept made the connection between the monthly reminder of a woman's capability to become pregnant (e.g., menstruation) and her need to take folic acid. A storyboard based on this message strategy was submitted through the Department of Health and Human Services clearance process but was not approved for

production. So, instead of developing one message that tested very effectively for reaching both audiences, two separate message strategies were developed. The “Before You Know It” message appealed to women contemplating becoming pregnant in the next year by featuring healthy, beautiful babies and words encouraging women to: “Make sure to get enough folic acid every day, because the time to prevent birth defects is before you know you’re pregnant.” This message was produced in both English and Spanish as the audience research indicated that Spanish-speaking Hispanic women perceived themselves as predominantly pregnancy contemplators. The “Ready, Not” message appealed to women not contemplating pregnancy in the near future by emphasizing the difference between their body’s physical state of readiness for having a baby and their mind’s lack of readiness for having a baby. The very MTV-like visuals portrayed young women doing various activities and affirmed that even though a woman has lots to do before becoming a mother, she should take folic acid every day to ensure that “your body’s ready when you are”. This message was only produced in English because audience research revealed that this message appealed to more acculturated Hispanic women who spoke English as well as young English-speaking women from different racial/ethnic groups.

Getting the message out

Preparation for the campaign launch began in January 1999 with a national conference and training activities for NCFCA partner organizations. The campaign began nationally in May 1999 with many communities planning activities around Mother’s Day. The first phase of the campaign targeted pregnancy contemplators with the “Before You Know It” public service announcement (PSA). The second phase of the campaign targeted pregnancy non-contemplators. The “Ready...Not” PSA was distributed in September 1999.

Getting feedback about implementation and effects

CDC led the effort to measure the implementation and effectiveness of this voluntary partnership-driven public education campaign. Levels of implementation were measured by gathering information about media coverage (and the nature of the coverage), non-media activities, (such as local events and presentations) and tracking recall of campaign messages from an outcome survey.

A total of 337 English-language news stories were identified in print, television, and radio channels and accounted for 10 percent of all English-language media coverage “hits”. The total number of media “hits” was 3,403; of these, 90 percent were PSAs. For English-language media, 74 percent of the overall hits were CDC-produced PSAs and 16 percent were PSAs produced by other partners. The implementation evaluation revealed that television was the most far-reaching message delivery channel. It also revealed that even in higher exposure markets, optimal levels of message reach and frequency were never attained. Ensuring exposure to campaign messages is a vital antecedent to achieving desired outcomes (changes in awareness, knowledge, and behavior).

Measures of campaign effects were measured by the Folic Acid Communication Survey – a computer assisted telephone survey of women conducted in sixteen media markets, eight having evidence of lower exposure to campaign messages and eight with higher exposure to campaign messages (as indicated by the implementation evaluation activities mentioned previously). Eight of the markets were selected because they had a higher proportion of Hispanic households,

a population subgroup most vulnerable to having NTD-affected pregnancies. The research among Hispanic women conducted as part of the national campaign evaluation became the foundation for a subsequently initiated paid media campaign targeting Spanish-speaking Hispanic women.

After the initial phase of the national campaign, in which the “Before You Know It” message was released, women between 18 and 35 were surveyed to determine the campaign’s effectiveness. The campaign’s reach resulted in 65 percent of respondents in higher communication exposure areas having heard about folic acid compared with 63 percent in lower exposure areas. However, when message recall is examined by reported pregnancy intention, more respondents who were pregnancy contemplators had heard, read, or seen something about folic acid than had respondents who were pregnancy non-contemplators (73% of contemplators and 63% of pregnancy non-contemplators, $p < .05$). About 80 percent of respondents were not planning a pregnancy, and research showed that the pregnancy-focused message may not have been appealing, memorable, or personally relevant to them. This confirmed that efforts to influence behavior change may be filtered through the recipient’s attitudes and beliefs. This demonstrated the importance of audience segmentation and developing unique messages and tactics for each audience segment.

A major lesson learned from this comprehensive campaign evaluation was the importance of doing both process and outcome evaluation. If CDC had not known that exposure levels were not optimal in any of the lower or higher exposure markets, CDC would not have known the cause of the relatively low impact of the campaign. This important lesson helped provide evidence to CDC and DHHS leadership on the benefits of paid media for ensuring that important health messages reach the public we serve.

In 2000, CDC requested and got permission to purchase broadcast air time for subsequent campaign activities. Because media purchases can be expensive, the birth defects prevention research team has used its limited resources to do targeted, paid media campaigns in communities with high proportions of Hispanic households and via Spanish-language media outlets (which are cheaper than English-language media outlets). A two-fold strategy combining mass media (a paid media campaign along with aggressive media relations outreach) and interpersonal communication (outreach efforts of local, lay health workers, called promotoras) has been underway in San Antonio, Texas and Miami, Florida from September 2000 through June 2003.

Background on Spanish-language Folic Acid campaign activities (2000-2003 and 2003-2004)

2000-2003

The Spanish Folic Acid Campaign (called SFACES) used a two-pronged intervention approach. The campaign included mass media efforts through TV, radio, and newspapers and interpersonal communication efforts at the local level. Broadcast airtime was purchased on popular Spanish-language television and radio stations in the intervention markets. Spanish-language print outlets

were also contacted and asked to print articles about the campaign in their newspapers and magazines. In an effort to reach Hispanic women on a personal level, promotoras or lay, health outreach workers were hired in each city to speak to women in small groups or one-on-one about the importance of folic acid before and during pregnancy. The promotoras also reach out to health care providers to educate them about the importance of speaking with their female clients about folic acid. The use of these two outreach strategies combine to create a “surround sound” approach to reaching Hispanic women where they live, work, and play. Not only are women getting information about folic acid on television and other media sources, but they are also exposed to our messages at community events, health fairs, and at places like grocery stores, churches, hair salons, and child day care centers. Most importantly, though, the combination of fixed message formats (like TV, radio, and print ads) focusing on key barriers (e.g. knowledge about timing of folic acid) and flexible message formats (e.g., a promotora’s conversation with a woman) focusing on individual barriers (e.g. beliefs about vitamins causing weight gain, or where to get low-cost or no-cost vitamins in their community, or how to “remind” yourself to take a vitamin every day), was extremely important in facilitating this complex, behavior change.

CDC produced and disseminated (through partners and promotoras) a number of folic acid educational materials and incentive items. Educational materials range from brochures to posters and print ads. The promotoras were also given T-shirts with the folic acid campaign slogan on it to wear to events and when giving presentations. Knowing that educational materials alone are not enough to entice a woman to listen to our health message, incentive items were used to draw women in to listen to presentations given by promotoras. Heart-shaped mirrors, cherry-flavored lip balms, and hot-pink telephone cards have been popular incentive items. The telephone cards were a new strategy during the 2003-2004 campaign – not only were they an incentive item, they represented a new channel for our message because each time a woman used the card, the campaign messages were both seen (by being printed on the card) and heard (by having an automatic pre-recorded message). Campaign messages were developed with extensive formative research which resulted in messages that communicate two main ideas: (1) that folic acid can prevent some serious birth defects; and (2) that folic acid needs to be taken before a woman becomes pregnant.

In 2000, baseline data were collected from 8 communities across the U.S. that had populations with a high proportion of Hispanic women. From the eight communities, two communities were selected as intervention sites. San Antonio, Texas and Miami, Florida were selected for a number of reasons, but most importantly, because they represented affordable media markets, an important factor for paid media campaigns. Telephone surveys with Spanish-speaking Hispanic women between the ages of 18-35 were conducted in both intervention and comparison markets. The 15 minute survey inquired about a range of knowledge and behavior measures.

Campaign evaluation results have shown changes in awareness, knowledge and folic acid consumption. Three years after baseline, women in the intervention markets were slightly more than twice as likely to specifically name folic acid as a vitamin that can reduce a woman’s risk of birth defects in her unborn child compared to the non-intervention communities. A smaller increase in positive responses in the comparison markets suggests that other local efforts not

related to the intervention program may have had an effect in those communities as well. The proportion of folic-acid aware women with correct knowledge of the recommended pre-conceptional timing of folic acid consumption increased by almost 20% in the intervention communities between 2000 and 2003. By 2003, three-quarters of women in intervention markets could correctly identify pre-conception as the time a women should start consuming folic acid to reduce the risk of birth defects. In the comparison markets, there has been no change in this figure since the 2000 baseline.

The data suggest that consumption of folic-acid containing vitamins has increased over time and across market type. Folic acid is most often consumed through a multivitamin. Roughly one-third of Spanish-speaking Hispanic women who consume vitamins on a daily or less basis, reported consuming a multivitamin. Since the 2000 baseline, the proportion of women who say they take a multivitamin has been greater in the intervention than in the comparison market settings. Over time, the proportion who consume a multivitamin has increased steadily in the intervention markets (37.5% in 2000, 42.2% in 2002, 44.0% in 2003), while in the comparison markets, despite an initial increase, this shift toward increased consumption of a multivitamin was not sustained between the 2002 and 2003 surveys (30.4% in 2000, 36.8% in 2002, 35.0% in 2003). A small proportion of survey respondents reported consuming a folic acid supplement. The trend for folic acid supplements is remarkable, with no women reporting use of this single-component vitamin in 2000 and over 7% of women reporting use of it in the intervention markets in 2003—double of that in the comparison markets. While each measure has increased since the 2000 baseline, a larger and steady increase is evident in the intervention market settings which were the sites of our targeted folic acid campaign efforts.

2003-2004

With these encouraging outcomes, CDC, for the 2003-2004 intervention cycle, expanded efforts to reach Hispanic women in two new communities: Denver, Colorado and Philadelphia, Pennsylvania. Because of some concerns with message fatigue (resulting from using the same PSAs each year) and because of limited resources, the CDC team continued to support the activities of promotoras as well as participated in aggressive media relations activities in San Antonio, and Miami, but did not continue to purchase air time for the campaign PSAs in these communities. Only Philadelphia and Denver received the full intervention for the 2003-2004 campaign.

2004 and beyond

CDC is interested in continuing to reach Spanish-speaking Hispanic women in the United States. SFACES, as a pilot, has shown that a strategy that combines local outreach efforts and paid/earned media efforts is effective. However, CDC does not anticipate budgetary increases that could make a national-level Spanish language campaign possible. Also, CDC is concerned that the SFACES campaign materials, which were developed in 1999, may be becoming “dated.” While we have no new evidence that they are no longer effective, we do want to examine their effectiveness in a robust manner before decisions are made about whether we keep using them in selected communities throughout the U.S. We are also interested in developing a deeper

understanding of sub-groups of women within the Spanish-speaking Hispanic population and developing effective communication strategies to reach them.

CDC request that bidders develop plans in consideration of the following principles:

- Partners are valuable to CDC so relationships are established based on honest and candid communication about the resources available for this program which don't currently allow for long-term financial support.
- Innovation and creativity are valued by CDC, so partnerships and partners who share these values are welcome. CDC desires partners who have experience engaging and mobilizing many sectors of a community (private, not-for-profit, faith communities, etc.) to reach our target audience.
- Effective processes, as well as programmatic outcomes, are vital for the program's continuation. CDC desires to work with organizations who have a demonstrated capacity for being good stewards of their resources and who have reputations for being team players on collaborative efforts.
- Partners who live, work, and play in the communities selected for intervention bring tremendous insight to planning, implementing, and evaluating outreach efforts in their communities. Involving people who understand and serve members of our target audience in the intervention communities is essential.

What we've learned that impacts our short-term and long-term activities

- (1) Purchased media time really does work in ensuring exposure to messages that can change awareness, knowledge, and to some extent, behavior.
- (2) Interpersonal communication strategies are still the key to behavior change.
- (3) The combination of both mass media and interpersonal communication strategies is necessary to effect the full range of behavioral determinants (awareness, knowledge, and ultimately, behavior)
- (4) Formative research is vital in constructing health messages and materials that are culturally appropriate and compelling.
- (5) It's important to establish partnership relationships in a way that plays to each partners' strengths – expecting local partners to do it all, isn't realistic – there are some things that local partners will do better than CDC and some things that CDC will do better than local partners – and for time-limited interventions, that interdependence, needs to be acknowledged and accepted by everyone.

Our immediate next steps for CDC's outreach efforts to Spanish-speaking Hispanic women include:

- Developing an appropriate audience-segmentation scheme
- Assessing the effectiveness of current campaign materials with identified segments
- Conducting qualitative research with audience segments
- Developing audience profiles for each audience segment
- Developing draft communication plans based on audience profiles that outlines potential strategies, messages, etc.
- Presenting the possibilities to key internal and external stakeholders to solicit input
- Developing and testing concepts, messages, and materials along with implementation plans for their use

- Producing master quality copies of each material in formats that CDC can use for mass production and dissemination

Background Summary

While the majority of women are still not aware of the preventive link between pre-conceptional folic acid and birth defects, we know for certain that change can occur: the right mix of partners and the right amount of resources aligned together can achieve the prevention of the devastating and expensive occurrences and recurrences of babies born with neural tube defects. Promoting folic acid for the prevention of neural tube defects is one public health problem with a clear public health solution. Harnessing the resources and political will to execute an effective solution is what is most needed at this time.

Description of work:

This description of work is organized in phases. Phase 1 activities will surely be funded this year. Phase 2 activities may be funded this year or may be funded in subsequent years as funding becomes available.

Phase 1

CDC is very interested in working with a full-service market research firm that specializes in reaching Hispanic women of child-bearing age to:

- Use available market research data to develop an appropriate multivariate audience segmentation scheme for Spanish-speaking Hispanic women between the ages of 13-35.
- Quantitatively test current SFACES campaign messages and materials with identified audience segments.
- Use the identified audience segments to conduct qualitative research with Spanish-speaking Hispanic women between the ages of 13-35 to explore behavioral determinants of folic acid consumption (from both food and supplemental sources).
- Use the findings from market research and the qualitative research to develop audience profiles for selected audience segments.
- Use the audience segment profiles to develop a communication plan that outlines potential strategies, messages, materials, messengers, vehicles, and channels for effectively reaching the audience segment.
- Present audience segmentation research and the audience-segment-specific communication plans to key stakeholders and to CDC decision-makers to obtain advice on audience-segment selection.
- For each audience segment selected, develop and test concepts, messages, and materials along with implementation plans for their use.
 - CDC requests that, as much as is possible, concept, message, and materials pre-testing be done both qualitatively and quantitatively by organizations/agencies/or academic institutions who have had no role in the development of the concepts, messages, or materials so that independent evaluation of materials can be claimed. It is important to CDC that regular input is solicited from people and organizations who

would likely distribute these materials (whether retailers, non-profit-service organizations, faith-based organizations, and/or health care organizations).

- For materials that are shown to be effective in pre-testing with their respective audience segment, produce high-quality “master” copies of each material.
 - CDC will be responsible for mass-producing and disseminating materials produced as part of this request, so contractors should not budget for this. However, contractors are advised to budget for up to three drafts of each type of material that is selected.
 - CDC requests that the contractor ensure unrestricted ownership of all facets of the materials developed. Because CDC products are in the public domain and are designed to have long shelf-lives it is important that agreements with all talent (whether for still or live photo shoots, or original art) become the property of CDC without having to negotiate and pay yearly talent fees.

Phase 2

Once formative research, communication planning, and production of new Spanish-language folic acid promotion materials are developed, CDC will require contractor support to implement and track the campaign dissemination and delivery of messages/materials to each audience targeted. Because each audience may have different messages and/or use different media channels, an integrated marketing approach is envisioned. In order to reach all Spanish-speaking Hispanic women of child-bearing age, an implementation plan that utilizes and mobilizes partners from many sectors (e.g., retailers, churches, employers, healthcare providers, and/or service organizations) will be required. Campaign efforts must aim to reach out to women where they live, work, and play.

The contractor must have an established record of experience working with the Hispanic community, as well as, working with community-based organizations (both large and small). They must demonstrate an ability to work with, and engage, local partner organizations in a campaign.

The purposes of any campaign implementation would be to:

- 1) Increase folic acid awareness among Hispanic women of childbearing age living in the campaign community;
- 2) Increase specific knowledge related to correct folic acid dosage and timing among Hispanic women of childbearing age living in the campaign community;
- 3) Increase folic acid consumption among Hispanic women of childbearing age living in the campaign community;
- 4) Secure effective and committed partnerships with organizations in the campaign community as a major component of an integrated effort at reaching Hispanic women of childbearing age living in the campaign community;
- 5) Develop creative and innovative approaches, supported by a solid rationale, which can be used to mobilize partners to reach Hispanic women of childbearing age.

Contractors, subcontractors, and partners would be expected to keep detailed records of expenses incurred because CDC desires to conduct a cost-effectiveness evaluation for future campaign activities. In phase 2, the contractor will work closely with a yet-to-be-determined campaign

evaluation contractor. The evaluation contractor will need the media buy plan, reports on the media and non-media related activities in the campaign community, and any other information relevant to process or outcome evaluation. The results of the evaluation, together with other data, will be used to calculate the cost-effectiveness of the targeted campaign.

Items from CDC appropriate for preparation of proposals:

Exploratory Focus Group Research Report (1998)

Concept Testing Research Report (1998)

“Before You Know It” campaign materials

Item from CDC appropriate for task completion:

None identified

Deliverables:

1. A report that describes a data-based, multivariate analysis of U.S. Spanish-speaking Hispanic women. This report should use existing market research to inform the development of an appropriate segmentation scheme for Spanish-speaking Hispanic women between the ages of 13-35. (Due by December 31, 2004)

NOTE: If many segments are identified, CDC may have to incrementally fund research and development efforts to stay within our budget. For the purposes of this task order request and for efficiency, CDC requests that contractors develop budgets for each deliverable that describes costs for that deliverable given five different scenarios: one audience segment selected; two audience segments selected; three audience segments selected; four audience segments selected; and five audience segments selected. If contractors already have a sound segmentation scheme based on their own proprietary research, then it is to their advantage to disclose this in the proposal and build their budgets accordingly using their data to support their segmentation scheme.

2. A report that describes quantitative message testing of the current SFACES campaign messages and materials with each identified audience segment. (Due by February 28, 2005)

3. A report that describes exploratory qualitative research among identified and selected audience segments. Contractors are encouraged to use robust, age-appropriate and culturally-acceptable research methods for each audience segment. (Due by May 31, 2005)

4. Descriptive audience profiles that incorporate findings from all available market research and that includes findings from exploratory qualitative research. (Due by July 15, 2005)

5. Audience-segment specific communication plans that outline potential strategies, partners, messages, materials, messengers, vehicles, and channels for effectively reaching the audience segment. (Due by July 15, 2005)

6. Presentations of audience segmentation research AND draft audience-segment-specific communication plans to key stakeholders and to CDC decision-makers. (Due by August 15, 2005)

7. Development and testing of up to six concepts, three messages, and two materials for each segment. Testing should be done with members of the audience segment and their

corresponding distributor (intermediaries) as well as any influential gatekeeper audiences (e.g., parents would be important reviewers for materials designed for young girls). (Due by October 1, 2005)

8. Production of a high-quality “master” of each material for each segment. (Due by January 31, 2006)

Contractor shall produce no more than three high-quality master copies of each communication product. These products should contain messages that will effectively convey to target audiences the importance of folic acid and the actions necessary to obtain it, as well as make target audiences more likely to consume it, thereby raising women’s folic acid levels; materials for consumer audiences should be prepared for sixth to eighth grade reading levels. These products or materials should be in final forms such as replicable brochures and posters, camera-ready art, PSAs and B-roll, etc. Contractor shall utilize audience research results from formative research throughout the development, testing, and production process.

The contractor will be expected to develop and produce a variety of communication products. Although we will not know which products and channels will be most useful for selected audience segments until the formative research is completed, we anticipate that the following products could be needed (but are dependent upon findings from formative research):

- A 15 and 30 second television public service announcement (PSA)
- A 15 and 30 second radio public service announcement (PSA)
- Radio announcer reads (scripts)
- Print public service announcements in color & black/white
- Consumer brochure on CD (2-color, 4 panel with 2-3 illustrations/photographs)
- A 5 minute video (documentary style to send with spokespersons who make TV appearances and local community presentations)
- A printed booklet (photonovella format) not to exceed 12 pages
- Separate consumer and professional Aleave-behind@ materials
- Poster on CD
- Clip artwork and/or original photography or illustrations (hard copy and on CD)
- Point of purchase materials
- Video news Releases (production, distribution, monitoring)
- Audio news releases (production, distribution, monitoring)
- B-roll videotapes (production – review cut and final cut)
- Outdoor advertising approaches (e.g. billboards, bus & bus shelters, mall kiosks, subway advertising; sports arena advertising, phone kiosks, etc.)
- Direct mail coupon/advertisement
- Interpersonal outreach strategies (describe your strategy)
- Specialized outreach strategies (describe your strategy)
- Other creative public education materials (describe the materials)

CDC requests that bidders provide a budget for each product listed above as part of their response to the RFTOP.

Period of Performance:

Through January 31, 2006.

Special Clearances:

Check all that apply:

- OMB
- Human Subjects
- Privacy Act

Production Clearances:

- 524 (concept)
- 524a (audiovisual)
- 615 (printing)

Evaluation Criteria:

A. Award: This task order will be awarded to the contractor whose proposal is considered to be the most advantageous to the Government, price and other factors identified below considered. (Indicate which will be more important in your evaluation; price or technical factors, or if they will be treated equally).* The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.

B. Technical Evaluation:

Throughout this section, the competing Contractors should know that CDC personnel are seeking contractors with the ability to develop effective social marketing campaigns that are targeted at Spanish-speaking Hispanic women of child-bearing age. Contractors should have demonstrated experience with conducting audience research and translate research into clear and compelling health messages for Spanish-speaking Hispanic women of childbearing age. Examples of prior experience and staffing and management summaries should document these abilities.

Technical evaluation for this RFTP are as follows:

Criteria	Points or relative Value of criteria
Technical Approach	35%
Staffing and Management	25%
Prior Experience	20 %
Expert Recommendations	20%

Technical Approach

Contractors are to provide a discussion of their technical approach for providing the services required for this task order.

This criterion will be evaluated according to the soundness, practicality, feasibility, and timeliness of the Contractors technical approach for providing the services required for this task order. Attention will be given to Contractor(s) ability to conduct and translate formative research into an integrated marketing campaign for Spanish-speaking Hispanic women of child-bearing age in the U.S. The Contractor should also demonstrate that it has capacity the ability to conduct qualitative and quantitative formative research, identify/engage partners, and develop culturally appropriate and compelling health messages.

Staffing and Management

The Contractor should offer staff that can provide the skills and support needed to carry out the activities described in this RFTP. Contractors should offer staff that has experience with successfully conducting both quantitative and qualitative formative research and translating research into integrated marketing communication programs that achieve desired results. Staff will need to be capable of collaborating with CDC staff, campaign implementation contractors (and subcontractors), and other national and local public health partners.

The Contractor will provide 1) a staffing plan that demonstrates their understanding of the labor requirements for this task order; 2) a management plan that describes their approach for managing the work, to include subcontract management if applicable, 3) resumes from key personnel, and 4) letters of intent from potential sub-contractors.

This criterion will be evaluated according to the soundness, practicality, and feasibility of the Contractors staffing and management plans for this task order. Preference will be given to contractors who propose staff who have experience developing effective campaigns for Spanish-speaking Hispanic women of child-bearing age.

Prior Experience

Contractor should provide no more than three examples of previous work completed within the last three years that demonstrate the Contractors ability to manage a project that is similar in complexity and size, as well as within similar time frames, to this project.

Each example should include a brief discussion of the project, a description of the personnel involved, and any unique facets or findings from the project. Actual budget and time-line for development and delivery of the plan should be described, if possible. Contact name of client and contact phone number should be provided in the one page narrative.

Contractors demonstrating superior ability to conduct audience research and translate that research into effective behavior change strategies as evidenced by three strong examples of previous work will be favored. Examples describing work among Spanish-speaking Hispanic women of childbearing will be favored. Contractors who demonstrate an ability

to perform the tasks described in the scope of work within the client=s budget and/or time line and that receive favorable evaluations from former client contacts will be favored.

Expert Recommendations

While CDC has written this task order request for audience research and its translation into effective behavior change strategies (via communication vehicles), we desire to make contributions to the body of knowledge on best practices for effectively reaching and serving Spanish-speaking Hispanic women. Contractors are to provide ideas and/or suggestions about creative, innovative, yet robust ways to accomplish any of the processes and products described in this task. Contractors who routinely invest their own resources into research among Hispanic women will be highly favored.

This criterion will be evaluated by examining the innovations offered and the rationale that supports the ideas presented.

C. Evaluation of Past Performance:

Past performance of contractors as revealed by task order evaluations of existing projects, will be considered as part of the deliberations and decision-making for award of this task order. NCBDD requests that NIH/OC provide past performance information for bidding contractors.

D. Cost Evaluation

A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the proposal.

Proposed Technical Monitor: TO BE ANNOUNCED

Project Officer: TO BE ANNOUNCED