

**PUBLIC INFORMATION & COMMUNICATION SERVICES
NIH TASK ORDER (For Use By Other Federal Agencies)**

RFTOP# 247

TITLE: Communications and Marketing to Promote Influenza Vaccination Across the Lifespan, as Well as Other Adolescent and Adult Immunizations

PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

A. Point of Contact Name:

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Mailing and Billing Address:
CDC/PGO
Helen Mitchell, Contract Specialist
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B. PROPOSED PERIOD OF PERFORMANCE:

Phase I: Date of Award until March 30, 2006
Phase II: April 1, 2006 until May 14, 2007

C. PRICING METHOD: Cost Plus Fixed Fee

D. PROPOSAL INSTRUCTIONS: Proposals are to be emailed to Ms. Helen Mitchell at hjm3@cdc.gov.

E. RESPONSE DUE DATE: July 1, 2005 at 4:00PM EST via email.

F. TASK DESCRIPTION:

**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

Title: Communications and Marketing to Promote Influenza Vaccination Across the Lifespan, as Well as Other Adolescent and Adult Immunizations

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:

- Task 1 Communications Research
- Task 2 Media Analysis and Outreach
- Task 3 Media and Crisis Communication Training
- Task 5 Outreach/Promotion
- Task 6 Press, Public Information, Marketing and Media Services
- Task 7 Outreach to Minority/Underserved Populations
- Task 8 Product Development
- Task 9 Graphic Design
- Task 10 Exhibit Services
- Task 12 Database Development/Management

Page Suggestion:

50 pages plus attachments containing budget, samples of related documents produced by the contractor, and CV's from ALL key staff who would work on this contract

Budget Format Suggestion:

This project will have two phases. The time period for Phase I of the project is the contract start date through March 30, 2006. Phase I will be funded at this time. The time period for Phase II is April 1, 2006 to May 14, 2007, and it will be funded when additional funds become available. Deliverables and due dates for Phase II will be provided at that time.

Please provide an itemized budget for Phase I of the project. Within the budget, include a detailed budget by deliverable and for each subcontractor.

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

Type of Pricing Requested: (check one)

- Cost Plus Fixed Fee
- Other (Specify) _____

I. Background:

The National Immunization Program (NIP), Office of Health Communication (OHC) seeks to secure a contractor through the NIH Public Information and Communication Services (PICS) contracts for health communication services in order to promote influenza vaccination to people in the US across the lifespan (children, adolescents, adults, and seniors).

The purpose of this contract is to create, produce, and distribute to targeted media outlets, public health departments, community leaders, and healthcare providers public education information and advertising materials targeted to Spanish-speaking Hispanics, and English-speaking Caucasians, Hispanics, African-Americans and the general public concerning CDC's recommendations about the timing and priority of influenza vaccination.

Additionally the contractor may be asked to promote other immunizations recommended for adolescents and adults such as pneumococcal, HPV and tetanus, as needed.

II. Organizational Responsibility

This project will be managed out of CDC's National Immunization Program (NIP), Office of the Director, Office of Health Communication (OHC).

III. The Disease and Vaccines

Epidemics of influenza typically occur during the winter months and have been responsible for an average of approximately 36,000 deaths per year in the United States. Influenza viruses can also cause pandemics, during which rates of illness and death from influenza-related complications can increase dramatically worldwide. Influenza viruses cause disease among all age groups. Rates of infection are highest among children, but rates of serious illness and death are highest among persons ≥ 65 years of age and persons of any age who have certain medical conditions. More than 90 percent of deaths from complications of influenza occur in individuals over the age of 65. A typical influenza season can result in approximately 200,000 excess hospitalizations resulting in more than \$600 million dollars in direct medical costs. **Racial and ethnic specific data for influenza-associated deaths are not available.**

In the United States, the primary option for reducing the effect of influenza is immunoprophylaxis with vaccine. Inactivated (i.e., killed virus) influenza vaccine and live, attenuated influenza vaccine are available for use in the United States (see [Recommendations for Using Inactivated and Live, Attenuated Influenza Vaccine](#)). Vaccinating persons at high risk for complications and their contacts each year before seasonal increases in influenza virus circulation is the most effective means of reducing the effect of influenza. Vaccination coverage can be increased by administering vaccine to persons during hospitalizations or routine health-care visits before the influenza season, making special visits to physicians' offices or clinics unnecessary. When viral strains in the vaccine are well-matched with circulating epidemic strains, achieving increased vaccination rates among persons living in closed settings (e.g., nursing homes and other chronic-care facilities) and among staff can reduce the risk for outbreaks by inducing herd immunity. Vaccination of health-care workers and other persons in close contact with persons at increased risk for severe influenza illness can also reduce transmission of influenza and subsequent influenza-related complications. Antiviral drugs used for chemoprophylaxis or treatment of influenza are a key adjunct to vaccine (see [Recommendations for Using Antiviral Agents for Influenza](#)). However, antiviral medications are not a substitute for vaccination and are generally not promoted by the National Immunization Program as part of this campaign.

Influenza Vaccination Coverage Among Adults (2004-2005 season)

Among adults, influenza vaccination coverage through January of the 2004--05 season was highest among persons aged ≥ 65 years (62.7%), followed by health-care workers with patient contact (35.7%) and those aged 18--64 years with high-risk conditions (25.5%) ([Table 1](#)). In comparison, the 2003 NHIS indicated coverage of 65.6% for persons aged ≥ 65 years, 40.1% for health-care workers, and 34.2% for adults aged 18--64 years with high-risk conditions. In contrast, influenza vaccination coverage among healthy persons aged 18--64 years who were not health-care workers or contacts of children aged < 6 months was lower than in the previous season (8.8% compared with 17.8%) (CDC, unpublished data, 2005). Among the reasons cited by respondents for not receiving vaccination, was "saving vaccine for people who need it more," cited by 9.3% of those who were not in priority groups and were not vaccinated. This represents approximately 17.5 million doses of vaccine potentially made available to persons in priority groups.

Vaccination uptake was higher in October and November and tapered off during December and January ([Figure](#)). Among the adults in the priority groups established in October, 2% of the vaccinations through January occurred in September, 40% in October, 32% in November, 17% in December, and 9% in January.

Influenza Vaccination Coverage Among Children (2004-2005 season)

Influenza vaccination coverage (≥ 1 doses) among children aged 6--23 months (48.4%) and among children aged 2--17 years with high-risk conditions (34.8%) was substantially higher than among children not in priority groups (12.3%) ([Table 2](#)). Of the vaccinations received through January, 17% occurred in September, 23% in October, 28% in November, 20% in December, and 12% in January ([Figure](#)). In comparison, the 2003 NIS data indicated that coverage among

children aged 6--23 months for the 2002--03 influenza season, before they were recommended for vaccination by the Advisory Committee on Immunization Practices (ACIP), was 7.4% (5).

V. Intervention Activities

The National Immunization Program typically engages in a variety of communications activities, using a variety of formats. Historically, NIP has collaborated with State and Local Health Departments, Center for Medicare and Medicaid Services, Association of State and Territorial Health Officers, National Association of County and City Health Officers, and National Public Health Information Coalition as well as professional medical societies to share our key messages and talking points and to share our print education materials. Partnership development and maintenance activities tend to gear up in the Spring, beginning with the National Influenza Summit, which is co-sponsored by the American Medical Association and CDC. More information on the Summit can be found at: <http://www.ama-assn.org/ama/pub/category/13732.html> The Summit is a collaboration of over 90 organizations from the private and public sector who have an interest in influenza vaccination.

The timing of intervention activities will vary. Typically, however, interventions will begin with the onset of seasonal influenza vaccination activities or shortly before (late September/early October). This may vary if there are delays in the availability of influenza vaccine. Activities should continue throughout the recommended period for seasonal influenza vaccination.

VI. Roles and Responsibilities

CDC

Historically, much of the work on communications and print campaign activities has been accomplished by the staff of the National Immunization Program (NIP), Office of Health Communication (OHC). The content for the print campaign targeting the public is generally developed "in house," and the graphic design for all products targeting the public is generally developed "in house." Materials targeting providers, which may include posters, brochures, and text for newsletters, is generally created by the OHC staff as well. Web content is developed and the building of the website is done by CDC staff. Distribution of any print materials, or CD ROMs containing electronic files of the print campaign, has historically been done by OHC staff, or the print contractor acquired through GPO. OHC and NIP staff have generally been the leads on partnership development, particularly with medical societies, health departments, CMS, and other public health and immunization organizations. OHC has a mechanism to do newspaper media monitoring, and to analyze key themes and frequency and geographic distribution of messages.

Both

OHC Staff shall work in collaboration with the contractor to develop scripts for video news releases (VNRs), audio news releases (ANRs), public service announcements (PSAs), and ads, as well as for any matte articles. OHC staff are involved in the technical/scientific aspect of materials development and in clearance of all content.

Contractor

The contractor has, in the past, played a major role in taping and production of radio and television products, and the placement/promotion of radio and television products, as well as matte articles. The contractor has done minimal graphic design for the print campaign, although ability to do sophisticated graphic design is important. The contractor has been responsible for tracking and monitoring the distribution of media materials and of tracking media impressions.

VII. Challenges to Implementation

Challenges can include delays in vaccine production, and shortages in vaccine supply. Both have occurred in recent seasons and have had a significant effect on the messages and materials developed by CDC and both can cause rapid, sometimes unpredictable changes in the campaign and communications activities. These significant issues necessitate that the communications contractor be flexible and be able to make changes in direction (such as scrapping a VNR and quickly taping a new one) within hours or days.

Influenza vaccine promotion must take place during a short period of time, from September through December, ideally, with some “late season messages” being promoted in January. The optimal months to get vaccinated are October and November. Therefore, any high profile news story on a topic of interest, and the November and December holidays are strong competition for us, and pose risks to our messages being aired, and heard by the public. This project involves a number of parties and complex systems working together on very short deadlines. Therefore, there are several potential challenges to the success of the project that will have to be monitored and addressed to ensure the success of these demonstrations sites. These challenges include any delay in the availability of influenza vaccine, quickly identifying barriers and facilitators to influenza and pneumococcal immunization among the targeted populations, rapidly designing and implementing interventions and communication efforts, and overcoming cultural barriers to immunization.

VIII. Description of work:

1. Formative Research

Additional data need to be collected about the attitudes and behaviors of priority populations for influenza vaccination, as well as messages and materials that will be salient to them. These priority populations could include the following groups: people 18 to 49 years old with conditions that put them at high risk of complications from influenza disease, people 50 to 64 years old, pregnant women, parents of children 2 to 18 years old with conditions that put them at high risk of complications from influenza disease, Caucasian adults age 65 or older, and health care providers. Research for this project could include both qualitative and quantitative methods.

Qualitative research with African American and Hispanic seniors age 65 or older, with 50 to 64 year olds with high risk conditions, and with the parents of 6-23 month olds has been conducted during the past three years.

For the purpose of Phase I of this RFTOP, use the following in your estimates:

- 30 focus groups
- Participants (8-10 per group) recruited from up to 5 cities and one to two of the priority populations listed above
- Develop screening criteria along with CDC but to include at the minimum people who are not allergic to eggs, watch/listen to at least 5 hours of TV/radio/week, Doers and Non doers, but NOT adamant decliners
- Development of Screener and 2 sets of revisions
- Development of Moderator's Guide and 2 sets of revisions
- Rental of facilities in up to 5 locations
- Refreshments and participant incentives
- Remote viewing capabilities during groups
- Audiotapes of groups
- Professional facilitation by a facilitator of the same race as the target group who is familiar with health issues
- Topline report within 7 days of last group
- Final report, including detailed methodology, direct quotes, comparisons of doers and non-doers and summary of comments on all creative materials within 21 days of the last group (Sample of desired format to be supplied by CDC).

2. Production and Distribution of Audio News Releases, Video News Releases, Public Service Announcements, or Radio/TV Advertisements and radio satellite tours

The campaign will contain the following media elements: television public service advertising and paid advertising; recorded and live copy radio public service advertising and paid advertising; video news releases; and radio audio news releases; and 2 satellite radio tours for the public. All advertising and electronic news releases shall have a "call to action," shall be tagged with the national 800 immunization hotline information, and shall provide space/time for State and Local tagging. ALL MATERIALS SHALL BE SUBJECT TO REVIEW AND APPROVAL OF THE PROJECT OFFICER AND HHS.

Broadcast Development

The contractor shall plan, develop and produce television and radio broadcast materials appropriate for the target audiences as indicated below:

Television:

One (1) Spanish-language and one (1) English-language **:30 second advertisement** shall be developed, produced and distributed. These advertisements are to be distributed by October 1 of the contract year, and target people with conditions that put them at high risk of complications should they get influenza. The English-language television advertisement should broadly target a variety of ages and racial/ethnic groups. The advertisements shall be distributed to Spanish-language and English-language TV stations and networks and to other media outlets, including cable networks, appropriate to reach the above mentioned target audiences. The number of cities in which media buys will take place, and the length of the media buys will be dependent on budget and on

vaccine supply. The number of actual stations will depend on the specific distribution strategy designed for the campaign, and the supply of influenza vaccine (supply may vary geographically). If the ad is used in a PSA format (donated air time), it shall be coded for tracking purposes.

Three (3) Spanish-language and three (3) English-language **video news releases (VNRs)** shall be developed. The VNRs shall be distributed in September, October and November of the contract year. Each VNR shall be approximately 1:20 seconds in length and shall be developed and distributed in accordance with standard industry practices. The schedule, target audiences and messages for each stage shall be determined by the amount of vaccine available and other public health concerns at the time of development. It is anticipated that the September and October VNRs will target individuals at high risk of complications from influenza, including those 65 years of age and older, advising them to get a flu shot as soon as the vaccine becomes available. The VNRs to be distributed in November will focus on influenza immunizations efforts for all priority groups, including Hispanics, African-Americans and those 50-64 years of age who are not at high risk and are not household contacts of high risk persons. These VNRs will emphasize the importance of getting influenza vaccine at the appropriate time, based on the status of the vaccine supply.

The three (3) Spanish-language and three (3) English-language VNRs will be targeted to all Spanish-language and English-language television stations and will be distributed via satellite transmission in two stages for the Spanish-language and two stages for the English-language. The VNRs shall be electronically coded for tracking purposes. Contractor shall develop and implement a marketing plan and strategy to stimulate interest among targeted television stations to ensure pick-up and placement of the VNRs.

Radio:

Contractor shall write, produce and distribute to targeted Spanish-language, African-American and general audience radio stations a series of two (2) Spanish-language and two (2) English-language :30 second audio recorded **radio advertising spots** and live copy scripts. The Contractor shall leverage donated time whenever possible.

The radio PSAs shall be developed and distributed as follows: The two Spanish-language radio PSAs shall be distributed in late September and late October, (based on availability of influenza vaccine). The two English-language PSA's shall be distributed in late September and late October as well. Each PSA shall be 30 seconds in length and shall be developed and distributed in accordance with standard industry practices. The schedule, target audiences and messages shall be determined by the amount of vaccine available and other public health concerns at the time of development. It is anticipated that the PSAs to be distributed in September and October will target individuals at high risk of complications from influenza, including those 65 years of age and older and people with chronic health conditions, advising the target audience to get flu shots as soon as the vaccine becomes available.

Four (4) Spanish-language and four (4) English-language **radio ANRs** shall be developed

and distributed in the same manner as the television VNRs. Each ANR shall be approximately 1 minute 30 seconds in length and shall be developed and distributed in accordance with standard industry practices. The schedule, target audiences and messages for each stage shall be the same as with the television VNRs

Two (2) **satellite radio tours** shall be coordinated and produced. CDC will provide the spokespeople. Each radio tour will target local and regional media, depending on vaccine supplies around the country. If supply is good nationally, then national stations can be invited to participate. Each tour will include a minimum of 20 stations.

All electronic media products shall include national tags reflecting CDC/HHS sponsorship, are subject to review and approval of the Government, and shall be reviewed and approved by HHS before release. Talent fee sub-contracts used in production activities shall be on a one-time only basis, to be negotiated initially with the screen actors guild (SAG). Subcontract for extended talent obligations, i.e., annual renewal obligations, will not be approved.

3. Matte Articles

Articles for community and small newspapers, serving African American, Hispanic and Caucasian audiences will need to be written and distributed through a service. OHC staff will review and clear every article. The target audiences should be people at high risk of complications from influenza, including people age 65 or older, those with chronic medical conditions, and parents of 6-23 month olds.

ALL MATERIALS SHALL BE SUBJECT TO REVIEW AND APPROVAL OF THE PROJECT OFFICER AND HHS.

4. Graphic Design

To include design of print materials, such as brochures, posters, press kit items, or a display board for a conference, or photography, as funds allow.

Electronic pre-press files furnished for printing shall be created using Mac OS System 10.0 or later or Microsoft Windows w/XP Professional on a single session Recordable CD or DVD, using the following software: Page Layout- Adobe InDesign or QuarkXpress; Drawing/Illus- Adobe Illustrator - Image Manipulation: Photoshop. The Contractor shall use software in corrected native format, latest version, and without third party extensions/plugins. Also, media shall include all fonts used. Font shall be Post Script ONLY. In addition to CD/DVD, contractor shall furnish laser print (in color as required) hard copy of final file. Files for NIP projects must all be passed through a program such as "Flight Check." Additional guidelines for creation/submission of electronic prepress files for the Government can be found at <http://www.gpo.gov/procurement/ditsg/300.pdf>.

Photographs taken by the contractor shall be digital and high resolution, 300 dpi at 20 inches when possible (poster quality). All photos must be color photos.

When internet files are required, the request shall read: The final print file must be furnished

as a "Re-purposed Deliverable" in Adobe Acrobat Portable Document Format (PDF). The PDF file to be delivered on a separate CD/DVD disk.

The final deliverable becomes property of the Government and falls in the Public Domain therefore it shall be copyright free.

5. Translation and Adaptation Services

The Contractor shall adapt and translate a certain number of flyers and brochures from English into Spanish and shall also provide CDC with English versions of all Spanish-language VNR, ANR and advertisement scripts. See "deliverables" section for specific numbers of items to be adapted/translated.

The Contractor shall create and maintain a "translation memory" which will include a glossary of key Spanish words and phrases, and preferred words learned from qualitative research with Spanish speakers, so as to ensure usage of the most salient terms, from the audience's perspective, and consistency across translators. The contractor shall use a Trados compatible translation memory. Translation must be done by 1 translator per piece, and a second translator must check the accuracy of the translation against the English version and certify the correctness and accuracy of the translation. A record of the 1st and 2nd translator's names and certification of correctness and accuracy must be kept for each piece translated.

It will be critical that the contractor be able to turn around translations very quickly during CDC's peak materials production months, which are July and August, and September. During these months, turnaround time for a 1 page product should be no more than 36 hours. In rare circumstances, translation services may be required over a weekend.

6. Media Spokesperson Training

The Contractor shall provide media spokesperson training for up to 10 CDC staff people. The training should include lecture, discussion, and time for each participant to do mock interviews and be video taped and critiqued. It is estimated that this type of training will need to be done once during Phase I. It will last 1 day and take place in Atlanta. The contractor will need to provide the video equipment, video tapes, and trainer.

7. Process Evaluation

At the End of Phase I

A narrative report shall be furnished to the Technical Monitor and the Project Officer documenting the work accomplished. This should include:

- A description of all items produced, and the dates on which they were completed
- A description of how all items were promoted and distributed and how many stations received them
- Number of media impressions for each item
- List of all radio, TV, and print media contacts, by media market, including all contact information
- A description of any new relationships that were made or contact people

Monthly

Monitoring reports for advertisements, VNRs, ANRs, and matte articles should be provided to CDC monthly during the months of October, November, December, and January, with a final report due in March.

Evaluation questions to be answered:

How many people did we reach and in which markets?

How many materials were distributed to the media?

Were the materials useful to them?

How many organizations agreed to become partners and how many new contacts were made each month?

Do the media seem to have accurate information about flu vaccination?

Do the media need more information or training?

Items from CDC appropriate for preparation of proposals:

- CDC's influenza website www.cdc.gov/flu
 - Preventing the Flu <http://www.cdc.gov/flu/protect/preventing.htm>
 - Key Facts about the Flu <http://www.cdc.gov/flu/keyfacts.htm>
 - Options for Controlling Influenza
<http://www.cdc.gov/flu/professionals/vaccination/options.htm>
 - Questions and Answers: Flu Shot <http://www.cdc.gov/flu/about/qa/flushot.htm>
 - Interim estimates of Populations Targeted for Influenza Vaccination
<http://www.cdc.gov/flu/professionals/vaccination/pdf/targetpopchart.pdf>
- Qualitative Research Report: "Influenza and Pneumococcal Immunization: A Qualitative Assessment of the Beliefs of Physicians and Older Hispanic and African Americans" to be found at http://www.cdc.gov/nip/Flu/flu_qualresearch.htm
- MMWRs dated:
 - April 25, 2003 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm>
 - January 9, 2004 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5253a4.htm>
 - April 1, 2005 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5412a3.htm>
- NIP Annual Report <http://www.cdc.gov/nip/webutil/about/annual-rpts/ar2005/2005annual-rpt.htm#online>

Items from CDC appropriate for task completion:

- Copies of previously used focus group screeners and moderator's guides
- Copies of all reports from qualitative research sponsored by NIP
- Sample report to show desired report format
- Sample press releases, matte articles, talking points, current statistics
- Previously produced ANRs and VNRs, PSAs, and media kit contents
- Sample campaign materials that target both the public and providers
- List of graphic design standards
- List of translation standards

Deliverables:

Item	Description	Quantity	Due Date
Focus Groups (FGs)	<p>Coordination of all focus group logistics and attendance at all groups by at least 1 staff member from the contractor.</p> <p>A separate report for each racial/ethnic group, which includes methods, findings, recommendations, direct quotes, and the moderator's guide, the screener, and samples of all images that were tested (in color).</p>	<p>Travel for 1 person to 5 cities. 3 days, 2 nights</p> <p>30 groups total in up to 5 cities</p> <p>3 reports, provided on CD ROM, along with color images or all products tested</p> <p>10 paper copies of report, bound and containing color images of all products tested</p>	<p>Completed by Aug. 1, 2005</p> <p>Topline report within 7 days of completion of FGs Final report by August. 30, 2005</p>
Campaign Plan	<p>A complete campaign plan for the contractor's portion of the activities. It should include a timeline for production, goals, objectives, strategies for reaching each audience, the general theme(s) for the campaign, and strategies for optimizing donated air time. (NOTE—an overall communications plan has been developed by CDC)</p>	1	Within two weeks of contract being awarded.
TV ad/PSA	Spanish and English television ad/PSA to be produced and distributed in by October 1	1 Spanish 1 English	To be distributed by October 1, 2005

	<p>Final copies for CDC on both BETA and VHS tapes, as appropriate</p> <p>Copies of all B-roll shot as part of this project</p>		
TV VNRs	<p>Spanish and English video news releases to be produced and distributed in September, October, and November</p> <p>Final copies for CDC on both BETA and VHS tapes, as appropriate</p> <p>Copies of all B-roll shot as part of this project</p>	<p>3 Spanish 3 English</p>	<p>To be distributed by September 30, October 31, and November 30, 2005</p>
Radio ads	<p>Spanish and English television radio ads/PSAs to be produced and distributed in September, October, November and December</p> <p>Final copies for CDC as MP3 files on Disk, as appropriate</p>	<p>2 Spanish 2 English</p>	<p>To be distributed in late September and late October 2005</p>
Radio ANRs	<p>Spanish and English audio news releases to be produced and distributed in September, October, November, and December (late season push)</p> <p>Final copies for CDC as MP3 files on Disk, as appropriate</p>	<p>4 Spanish 4 English</p>	<p>To be distributed by September 30, October 31, November 30, and December 15, 2005</p>
Satellite Radio Tours	<p>Coordination and production of radio interviews done over the telephone with a minimum of 20 stations during each of the two satellite radio tours.</p>	<p>2</p>	<p>October 31, 2005 December 20, 2005</p>
Matte articles	<p>Articles written and distributed through a service to small, community newspapers about the severity of influenza disease and the importance of vaccination for those at highest risk of complications and those in priority groups (such as household contacts)</p>	<p>2 Spanish 2 English</p>	<p>September 30, 2005 October 31, 2005</p>
Graphic design	<p>1 day photo shoot, of at least 10 people (non SAG members) . All photos must be high resolution, digital, and color.</p> <p>To include design of print materials, such as press kit items, or a display board for a</p>	<p>1</p>	<p>July 15, 2005 July 30, 2005</p>

	conference, as funds allow		
Translation and Adaptation Services	Create a Translation Memory, using a “Trados-compatible” program; Include a glossary; Maintain the Memory over the entire project period	1	Program must be in place and translation ready to begin by July 1, 2005
	Proof reading and slight changes to 15 1-page flyers or posters (English versions and original Spanish versions will be provided by OHC)	15	Within 36 hours of receipt from CDC during months of July, August and September; Within 72 hours during other months
	Complete translation/adaptation and proofreading of 8 flyers/posters of no more than 1 page in length (English versions will be developed by OHC)	5	
	Complete translation of all scripts for Spanish language audiences that are referenced as deliverables from the contractor	10	See deadlines in this table
	Write 2 matte articles in Spanish, with English translation for CDC to review	2	See deadlines in this table
Media Spokesperson Training	1 day training for up to 10 people in Atlanta. To include lecture as well as videotaping of mock interviews for each participant	1	July 2005
Process Evaluation	List of all radio, TV, and print media contacts, by location, including all contact information Description of materials produced, number distributed, and dates on which they were distributed	5	Provided by the 15 th of each month to report on the prior month. Monitoring reports for advertisements, VNRs, ANRs, and matte articles

			should be provided to CDC monthly during the months of October, November, December, and January, with a final report due in March. They should be received by the 15 th of the month.
Attendance at Conferences/Meetings	<p>1 journalism conference (to promote influenza vaccination a topic for journalists to cover), July 2005</p> <p>National Immunization Conference, March 2006</p> <p>4 visits to CDC in Atlanta for meetings with CDC, video tapings spokesperson training, or satellite radio tours</p>	<p>2 conferences attended by 1 person 2 days 1 night</p> <p>4 trips to Atlanta 1 person 2 days 1 night</p>	<p>July 2005</p> <p>March 2006</p> <p>August 2005 October 2005 December 2005</p>

Period of Performance:

The performance period begins with date of award and the overall end date is May 14, 2007.

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. Technical factors and expertise gained from previous experience will be weighed more strongly than price. 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:

Technical evaluation criteria for this RFTP are as follows:

<u>Criteria</u>	<u>Points or relative Value of criteria</u>
Program Proposal and Plan of Operation	30
Similar Communications/Campaign Development Experience	30
Experience Working with and Creating Communication and Outreach Materials for Racial/Ethnic Minority Audiences, and people of all ages	25
Staffing and Management	15
TOTAL	100

Program Proposal and Plan of Operation:

Contractors are to provide a discussion of their technical approach for providing the services required for this task order. Describe methods (strategies and activities) that will be used to achieve the proposed initiative. Describe the types of technical assistance, consultation, and training that will be provided and the order in which these topics and consultations would take place.

This criteria will be evaluated according to the soundness, practicality, and feasibility of the contractor's program proposal for providing the services required for this task order.

Experience Working with and Creating Communication and Outreach Materials for Racial/Ethnic Minority Audiences and Audiences or All Ages:

Provide information which describes the agency's and assigned staff's experience both working with developing culturally and linguistically appropriate communication plans and campaign materials for Hispanic and African American audiences, as well as for people of all ages. Describe any experience creating communication and outreach materials for people 18 to 49, parents, and people 65 years of age and over, and any experience working to promote influenza vaccination or other adult vaccinations.

This criteria will be evaluated to determine appropriate experience of the agency and assigned personnel.

Similar Communications/Campaign Development Experience:

Provide information which describes assigned staff's experience in immunization promotion, translating complex health information for the public, and in developing and implementing communications research plans and campaigns for the public (of a variety of ages) and for healthcare providers. Describe experience developing and promoting television, radio, and print materials. Additionally applicant should describe experience collaborating with State and Local Health Departments, national non-profit organizations, and the media to promote campaign materials and messages. The applicant should describe its experience developing and adapting materials, including qualitative research expertise. Staff must have public health experience, including epidemiology, behavioral science and public health marketing/communications training and experience. Describe experience of assigned staff that is similar in complexity and size to the anticipated project.

This criteria will be evaluated to determine appropriate experience of assigned personnel.

Staffing and Management:

Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this task order; and (2) a management plan that describes their approach for managing the work, to include subcontract management if applicable.

Staff must have public health experience, including epidemiology, behavioral science and public health marketing/communications training and experience.

This criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror's staffing and management plans for this task order.

C. Evaluation of past performance:

In addition to technical evaluations and business proposal evaluation, past performance will be evaluated and used in award determination as described below:

Program Management:

The Contractor shall demonstrate how the management structure will be flexible and responsive to meeting task order requirements. Contractor shall demonstrate how flexibility is to be maintained in making work assignments in order to make maximum use of available personnel and skill mix. Describe the problems associated with and a proposed approach to managing problems associated with this project. Demonstrate the relationship between the Project Manager, Task Leader and upper management to ensure adequate attention from upper management in resolving problems. The Government will

determine the expected value of proposals by assessing past performance. This assessment will reflect the Government's degree of confidence in the contractor and will be combined with contractor's technical and price evaluation to adjust the evaluation of the contractor's proposal, and may be highly influential in the determination of whether the contractor represented the best overall expected value.

The level of confidence (risk) assessment will be used by the Government to adjust the contractor's promised value score and determine its expected value. Proposals will be given a rating for past performance based on the following scale. This rating combined with technical and price will determine the overall rating of the proposal.

Low	The contractor received an extremely low rating for past performance, based on almost entirely unfavorable reports of past performance. The likelihood of the contractor keeping its promises made in the technical proposal is very unlikely. The contractor assignment of financial and other resources to the work of this task order fall far short of the requirements for success of the project.
Moderate	The contractor's record of past performance was neither predominately favorable nor unfavorable or contractor has no past performance to evaluate. Standard analyses of financial and other resources assigned to this task order indicate that while the contractor's perception appears to be presently stable, and neither especially strong nor weak, its condition could improve or deteriorate dramatically depending on the outcome of certain ongoing contract or in-house projects. The likelihood of the contractor keeping its promises made in the technical proposal is neither favorable nor unfavorable.
Good	The contractor received mostly high ratings for past performance. The likelihood of the contractor keeping its promises made in the technical proposal are good. The contractor's financial and other resources assigned to this task order appear to adequately meet the requirements of the prospective task order.
High	The contractor received the highest possible rating for past performance, based on entirely favorable reports of past performance. The likelihood of the contractor keeping its promises made in the technical proposal is very likely. The contractor's financial and other resources assigned to this task order far exceed the requirements of the prospective task order.

Task Order Evaluation Forms completed for tasks awarded under these multiple award contracts will be used to assess past performance.

Expert Recommendations:

Contractors are to provide ideas and/or suggestions about creative and/or innovative ways to accomplish either the processes or products described in this task.

This criteria will be evaluated by examining the creative ideas offered and the rationale that supports the ideas presented.

- D. Cost Evaluation: A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the contractor's cost proposal.

Proposed Technical Monitor:

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