



CONSULTING SERVICES

INFLUENZA & COVID-19 VACCINATION CAMPAIGN

Bidder's Conference Questions

February 3, 2023, 2:00 p.m. EST

Q. Is this solicitation just for vaccinations?

A. Yes, this solicitation is for COVID-19 and influenza vaccinations. The focus is to identify COVID-19 and flu vaccine hesitancy drivers, influential messengers, and approaches for improving and increasing vaccine awareness, accessibility, and confidence among racial and ethnic minorities.

Q. Can you provide me with any more information about the RFP and the types of bids you're looking for, so we can consider submitting a proposal before the deadline?

A. Our goal is to provide data and insights to CDC detailing barriers to vaccine uptake. Therefore, we are seeking contractors that can successfully assess the community using various data collection tools. It would be beneficial to include any community assessments or evaluations one has completed in the past five years.

If you want to submit your proposal before the deadline, you're perfectly welcome to submit your bid whenever you're ready to submit it.

Q. How many contracts are you looking to award?

A. One contract will be rewarded.

Q. What is the period of performance?

A. The period of performance is September 30, 2022, to September 29, 2023.

Q. Has a budget been established?

A. Yes, there is a budget; however, DCBOH does not announce its' budget, but rather allows interested vendors to submit their proposals at the cost required by each firm to perform the SOW identified.

Q. What is the timeline of the cost proposal that you're looking for? Is that a year or is that seven months?

**A. The timeline should be for the next 7 months.
The program funding ends September 29, 2023.**

Q. Are you looking for any supplemental fee proposals for the possible extension or strictly just a seven-month fee proposal?



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- A. For submitting on February 13th, we are looking for a seven-month fee proposal. We did this last year and the contract was extended for another year. So, there is always the possibility for an extension. If the Funders decide that we will move forward with another year or iteration of the grant, then considerations for cost increases can be submitted with explanation of why a cost increase is requested.

It is also the Bidder's option to interject language in their bid for multiple years should an extension be received.

- Q. Do you have any data on the current vaccination rates for the 5-6 ZIP codes established?

A. Yes, we do have data and that information will be provided to the awarded vendor.

- Q. What actions have taken place thus far from September till now? Did you realize at that a contract was needed?

A. There's a process that must go forward for a solicitation to post for a bid. Unfortunately, there was an internal delay with receiving and posting this solicitation.

- Q. Is there someone or a firm currently doing this work?

A. Currently, the work for this solicitation falls to me (the Public Health Evaluator for the Health Assessment and Promotion Dept.). The new contractor will be brought up to speed on where we are, and what needs to take place in moving forward.

- Q. When are you looking to award?

A. The award announcement will release the week of February 19th, preferably sooner.

- Q. Were there performance issues with the prior contractor?

A. No performance issues, the contract term ended; thus a new solicitation was required.

- Q. What ethnicity are you all noticing that is being reached the least?

A. Our target population or priority population is African Americans, we are looking into incorporating the homeless population. We want to incorporate anyone who's not able to receive a vaccine, who doesn't know where to go to get a vaccine, or who doesn't have the proper resources for a vaccine. We're looking to include all of them.

- Q. From the Scope of Services, it looks like the focus for this contractor is really the research, the evaluation analysis that forms the campaign, and any campaign efforts that have happened to this point, not so much creating campaign materials, and implementing a campaign. Is that correct understanding or anything that you would add to that to further clarify?

A. Yes, that is correct. The campaign is already ongoing. This is more focused on the evaluation including data collection, analysis, report writing, etc. The project is a campaign.

- Q. Did the previous contractor provide data analysis already? Will we be starting over or will we be taking their work and continuing it on?



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A. A lot of the data collection for this iteration will be from survey administration. We will be taking a deeper dive into what we found last year. So, everything will be basically starting over. This is not a continuation from last year, new tools were developed and will be used to assess certain areas of the program. We'll just utilize the reports and data, of course, to inform our efforts moving forward.

Q. Will that data or information be available to the awarded contractor?

A. Yes, everything that's needed will absolutely be given to you.

Q. What tools have been efficient and data collecting? I understand a lot of this is a Community Needs Assessment. So, is that part of the starting-from-scratch bucket, or has there been anything efficient in terms of actually getting to that data?

A. Surveys and assessments were great tools. At least as of now, we will not be doing focus groups or key informant interviews this year. Of course, with an evaluation plan, things can change. It's a working document, but we have the main components we would like to focus on.

When I said starting from scratch, I meant the data collection instruments. Last year, we did focus groups, conducted key informant interviews, and of course, we had a community survey. For this iteration of the grant, we just want to take a closer look at some of the things that we either did not have enough data on or things that weren't as clear to us.

Q. Are there any lessons learned that you could share with the group?

A. In the past, one of the challenges included low vaccination clinic participation numbers as the landscape of COVID-19 continues to improve. However, we were still able to collect a decent amount of data. So now one of the lessons learned is to expand the clinic into providing other health services to the community outside of just the COVID-19 and flu vaccines. We are pivoting into providing services such as conducting blood pressure readings, taking vital signs, and offering program interventions or resources, amongst other services.

Q. Can you share what the previous contractor did, what worked for them, and what you guys found effective in how they disseminated their results to you all?

A. A report was written after analysis and as far as the dissemination is concerned, we utilized the mini grantees and our key stakeholders for them to forward the report to anyone who would be interested in the data. If anyone wanted the full report, they had to request it and we were able to send it off to them.

The report was completed last year, but it was recently approved to be disseminated. So we're still working on more dissemination with the communications and implementation team.

Q. What are the expectations of the consultants as far as time for weekly and biweekly reporting like getting in touch with you all and things like that?

A. Typically, there are biweekly reports, and there is a template that I do give you for you to fill in. It's very straightforward and simple. As far as the meetings, because of the short length of time,



Board of Health

we can change the meetings from monthly to biweekly if needed. During the meetings, I have an agenda set and we go through any updates you may have for me, and I give my updates based on the meetings I've had with my team. I am available for questions regularly.

Q. Are there any myths that can be debunked surrounding the COVID-19 vaccine?

A. Based on the Community Needs Assessment Report, one of the myths mentioned was that the government was placing microchips in individuals through the vaccine. Due to this, respondents stated that they did not trust the government and referred to this vaccine as the new Tuskegee experiment. Another myth was that the vaccine was a way to control the population.

Q. Can you restate the gathering tools that you would like to see used in this iteration and in the previous contract, was digital or broadcast media used for outreach purposes?

A. The data collection will consist of surveys, assessments, and document and record reviews. Surveys will be conducted to incorporate the knowledge, attitudes, beliefs, and behavior changes of COVID-19 and flu vaccinations. One survey will be conducted to understand the communities' thoughts and perceptions about the flu vaccine. Then an assessment will be conducted to determine which media outlets are best suited to communicate messages.

For the surveys we used SurveyMonkey.

Q. So you used SurveyMonkey as the tool, but you got them to those individuals. How? How did you promote that?

A. The external evaluator would go out to the events and present a QR code for guests to scan and take the survey. Also, we would incorporate the mini grantees to do the same during the events that we could not make for them to gather surveys that way as well.

Q. It sounds like you guys already have your surveys already complete with the questions and answers that you guys want to use. Is there anything that you want us to provide as far as additional questions and answer that you guys should come up with or recommendations? Are we just taking the information we get from SurveyMonkey and then evaluating that, putting into information that you can disseminate out to your peers? Or are we going to be needed to be out in the Community as well, helping with the surveys and getting those questions and answers?

A. We are looking for a contractor to be at some of the events. That would be very helpful with boots on the ground to gather and get that demographic data.

You're always welcome to suggest any survey instruments or assessment instruments. We are open to suggestions. Nothing is set in stone. We have not disseminated any of this yet. So, all of this is just a matter of draft form. So, if you have any suggestions, we're open to that. If we need to change anything around, we're open to that as well.

Q. Do you have an idea how often or what would the cadence be or where people were actually going out for the need for the boots on the ground? Was it once a month, was it twice a week?

A. It was typically maybe once per week. It's honestly based on your schedule, so if you can get out there to gather some data, then that would be great. You won't be the only one conducting



surveys. We will also be utilizing some of the implementation team and our stakeholders to be out as well to do the same because there's no way one person can get out and combat all those different events that we have monthly. You will not be expected to be at every single event.

- Q. Do you have a target number of surveys that you want to be completed?
- A. No, we do not have a target number. Typically, we allow you all to propose a sample size to us and as long as it's scientifically sufficient by using the appropriate sampling methods, then we can go with that.
- Q. Inside of the communities you're targeting from the surveys do you think it satisfies what the CDC and you guys are looking for or not really?
- A. Yes, it does because we have specific ZIP codes that were already written into our narrative that was approved. That's typically where a lot of those mobile clinics are set in.
- Q. Do you have any other demographic targets you're looking for beyond what is listed in the RFP, such as household income or education?
- A. What is in the RFP is the standard. That is what we're looking for. We are always open to including others such as the homeless population, that was something we wanted to get a deeper dive into if possible but it's not a requirement.

If you look at the RFP at the target audience that's 2.0 and it also identifies the ZIP code succinctly in target audience 2.0.

- Q. What are the typical events that you all are going to gather this information and what events have you seen have worked the best as far as getting the information that you needed?
- A. Outreach events where we implement the mobile units and as far as success, when we were giving \$100 gift cards, those were where we would see the most participation because individuals wanted to get the incentive. But we will not be giving \$100 into this go around.

Our incentives for this are \$10.00 for survey completion.

- Q. I know you guys use your mobile units. Were you guys going to specific places? Were you guys going to churches or were you going to just different events that were in the county that were around or was there anything else you guys were doing?
- A. There's a calendar with all the outreach events that we have, we have host sites as well for the mobile clinics and these clinics are ongoing and typically host events weekly as specific community organizations that may include faith-based organizations, schools, and other community organizations that are in DeKalb County. What they would have to do is request for the client to be at their location. Anytime that happens, if they get approved, the team will put the event on the calendar and then we'll just go through the calendar as needed to figure out where we should go in order to gather data.
- Q. Are you open to other forms of outreach other than just the events that are currently underway? Obviously within the ZIP codes, but are you open to other events?



- A. Yes, we are absolutely open to other events as long as I know what the event is in advance because I need to share it with our coordinator and our program manager to be sure that is acceptable. I don't see that posing a problem.
- Q. Are you using census data to get the current data?
- A. Census data was used for the project narrative. As far as data that we are using now, we use data from our redcap reports, our DeKalb COVID-19 epidemiology and vaccine reports, staff records, attendance records, and any media channels. And then of course the data we collected last year.
- Q. Are the adults 18 years or older? Do you all talk to anyone younger than 18?
- A. For the evaluation team, we do not talk to anyone younger than 18. It's typically only adults 18 plus. However, that's not to say that the mobile units do not vaccinate individuals that are under 18 because they do, but we do not evaluate them or try to collect data from them.
- Q. Are you open to other forms of outreach than just your events, not other events, but other forms of outreach to get those surveys done? Meaning you'll have the events we provide people at the events. If there are other ways that we can get those surveys done that are not at the events. Are you open to those types of outreach opportunities?
- A. Yes, we are absolutely open to that, and it is stated in the evaluation plan.
- Q. When we're doing our proposal, should we be providing you with ideas of other outreach opportunities or is that something that once the contractor gets in place it's discussed with the team to come up with different ideas?
- A. That is when you all are in place and then we can discuss that further in the proposal.
- Q. For the recommendations and the reports are their specific categories of recommendations required?
- A. No, not specifically the recommendations will definitely derive based on the data, but previously we had recommendations that would alleviate any barriers to vaccine accessibility. We also had recommendations on how to improve both the COVID and the flu vaccine uptake.
- Q. Are there any categories of recommendations you'd like to add?
- A. No, not at this moment.
- Q. Is it possible to see a sample from the current campaign that this contract will evaluate? We're open to whatever is convenient for Asia and the team to provide, such as example campaign messages or assets.
- A. Regarding a sample from the current campaign, we cannot provide that now; however, we will absolutely provide all of this information once the contractor is on board.