



Department of Health and Social Services  
Finance and Management Services  
Grants and Contracts Support Team  
350 Main Street, Room 6  
Juneau, Alaska 99801

**RFP #2014-0600-1882**

**TITLE: Campaign to Prevent Childhood Obesity**

**Amendment #1**

**Amendment Issue Date: May 8, 2013**

**Please alter the following language to match the amendment.**

IMPORTANT NOTE TO OFFERORS: Only the following items referenced in this amendment are to be changed. All other sections of the RFP remain the same. This Amendment serves to answer the questions submitted by potential offerors. A copy of the amendment is available on the State's Online Public Notice website.

**Question #1:**

Page 27: In section 5.02 of the RFP; it states that there are "Required attachments and exercises" that have to be demonstrated in the proposal. Where in the proposal do you wish the offeror to demonstrate the "Required Attachments and Exercises"?

**Answer #1:**

The offeror may place the "Required Attachments and Exercises" in their proposal as separate attachments and/or appendices. Please label and identify them clearly. These attachments and/or appendices will be evaluated as noted in RFP Section 7 under the "Evaluation Questions" and calculated into your overall scores.

**Question #2:**

Will the State of Alaska consider out of state proposals?

**Answer #2:**

Yes. Please review RFP Sections for Location of Work, Alaska Business Licenses, Alaska Bidder Preference and all travel required. It is up to the Vendor to ensure these requirements are adequately met and identified in their proposals.

**Question #3:**

Page 23: How does the State measure the 5 year goal of 5% reduction in obesity?

**Answer #3:**

The Department of HSS utilizes a variety of surveillance systems and conducts a variety of analysis to track the prevalence of childhood obesity. The Obesity Prevention and Control Program monitors prevalence trends from the Childhood Understanding

Behaviors Survey (CUBS), Basic Screening Survey (Kindergarten), Alaska Youth Risk Behavior Survey (AK YRBS), and analyzes height and weight information from the Women Infants and Children program and from four Alaska school districts. Current obesity prevalence from these surveillance systems and analysis can be found on our website: <http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/resources.aspx>

**Question #4:**

Page 40: Under “Required attachments and exercises”, it says that the CDC recommends “approximately 10% of the total program budget” for Evaluation Services. The last line in that paragraph reads, “This amount is approximately \$100,000 of this contract budget.” However, ten percent of the “total program budget” is \$300,000 correct? How much are you anticipating being spent on Evaluation Services?

**Answer #4:**

We are considering our maximum annual contract budget when coming up with our recommendation for evaluation services. Given that, 10 percent of the annual maximum contract budget is 10 percent of \$1,000,000, or about \$100,000 each year for evaluation services. As a reminder, the total budget for this entire contract is \$3 million, but no more than \$1 million can be spent each year of the contract. Over the course of those three years, the evaluation services portion of the budget should be about \$300,000, but only \$100,000 each year.

**Question #5:**

Page 40: The proposal indicates a desired allocation of approximately 10% of the total program budget toward Evaluation Services. For our purposes, does the "program budget" mean this media contract specifically?

If so, the maximum amount would total \$100,000 per year. Does this allocation account for other evaluation services the program has in place outside of the media contract, or only evaluation applicable to media?

**Answer #5:**

We are considering our maximum annual contract budget when coming up with our recommendation for evaluation services. Given that, 10 percent of the annual maximum contract budget is 10 percent of \$1,000,000, or about \$100,000 each year for evaluation services. These evaluation services can include focus groups, surveys or other types of research done at the beginning of a project to better understand an audience and their response to communication materials under development. These evaluation services also can include media recall and other evaluation surveys done after the materials have been published and aired. Evaluation services do not include any reports provided for the media buy, such as post-buy reports that account for spots, gross rating points, and other media reporting measures for TV, radio, online and other types of media.

**Question #6:**

Page 52: We are concerned with the way the cost proposal is structured. It appears as if the cost will be evaluated on TOTAL cost, which includes the combination of the media buy, hourly rates and out-buys. Is this correct?

Is there any way this proposal can be evaluated based on a rate comparison alone? This would ensure the Program receives adequate levels of media and an appropriately funded evaluation program.

**Answer #6:**

While 40% of the proposal's overall score is based on the cost, 60% is based on the PEC's determination of understanding, management, methodology and experience. Yes, the cost will be evaluated as total cost when adding the media buy, hourly rates of staff and other costs. The department will be able to use the scoring criteria in the methodology section and the six-month media buy exercise outlined on page 36 of the RFP to score media buy strategies, which could include rate strategies and other strategies to buy the most effective media for Play Every Day.

**Question #7:**

Page 53: One of the costs listed is "the costs of creating and printing communications materials." Do you have an ideal quantity for printed items? Should we provide a recommendation considering this is a statewide campaign?  
Also, on page 35 at the top of the page, "posters, T-shirts and other items" are mentioned. Do you have an ideal quantity for these items?

**Answer #7:**

In your proposal, include recommendations for creating and printing communication materials needed to promote a statewide campaign. In the cost proposal, the estimated cost for these recommendations would be included in the "other costs" line. In FY13, Play Every Day purchased about 2,000 adult and children's T-shirts and printed about 4,500 posters.

**Question #8:**

Page 54: You want the total of media, staff costs, and other costs to equal the campaign budget of \$3,000,000. Is this correct? There is concern with estimating costs for travel, conference fees, printing communication materials and such without having an agreed upon marketing campaign. Should we provide estimates for what we anticipate proposing? And you mention new TV and radio spots. Should we include production costs for those items?

**Answer #8:**

The total budget for 3 years is \$3,000,000; however, no more than \$1 million can be spent each fiscal year. In your proposal, you should provide recommendations for what you anticipate a campaign of this scope and budget would require. You should explain how many TV and radio PSAs and other communications materials you would create for Play Every Day. In the cost proposal, the estimated cost and production costs for these recommendations would be included in the "staff hours" or "other costs" lines.

**Question #9:**

Is there a contractor that is currently in place for the Play Every Day Campaign? If so, what are the terms of that contract?

**Answer #9:**

There is no contractor currently in place to manage the entire Play Every Day campaign. For the past two fiscal years, the campaign has been managed in-house. Communication materials - including TV and radio PSAs and the campaign's website- have been designed and created by the department's in-house Public Information Team.

**Question #10:**

Will the new Campaign to Prevent Childhood Obesity contract replace that existing contract? If not, how will the contractors work together?

**Answer #10:**

See the answer to Number 9 above. The new contractor will work at the direction of the department to oversee and complete all of the deliverables outlined in this RFP. The contractor also will work with other contractors and partners already working with the Department of Health and Social Services, Obesity Prevention and Control Program.

**Question #11:**

Can we receive the research and studies that are referenced on page 24, in particular:

- The CDC states there is strong evidence of effectiveness for community-wide campaigns, which delivery health education messages along with providing on-the-ground services [9] This recommendation for community-wide campaigns followed an examination of 10 studies involving such campaigns.
- Additional focus groups and surveys were done in FY13 to test campaign messages, recall of those messages and to prepare for the creation of new campaign materials.

**Answer #11:**

The CDC Guide to Strategies for Increasing Physical Activity in the Community ([http://www.cdc.gov/obesity/downloads/PA\\_2011\\_WEB.pdf](http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf)) includes this statement:

“The recommendation for community-wide campaigns is based on a review of 10 studies that suggest these campaigns result in a median increase of about 4 % in the percentage of people engaging in physical activity and a 16% increase in energy expenditure.” (5-7)

We suggest reading and referencing the following documents about community-wide campaigns. The government documents are available on-line free of charge.

- Centers for Disease Control and Prevention. Increasing physical activity: a report on recommendations of the Task Force on Community Preventive Services. MMWR Recomm Rep. 2001;50(RR-18):1-14.
- Task Force on Community Preventive Services. Guide to community preventive services. Promoting physical activity. Available at <http://www.thecommunityguide.org/pa/index.html>.
- Kahn EB, Ramsey LT, Brownson RC, et al. The effectiveness of interventions to increase physical activity: a systematic review. Am J Prev Med. 2002;22(4 Suppl):73-107.

However, if you would like to read the source documents, below is a list. Due to copyright laws, we are unable to provide the journal articles.

38. Luepker RV, Murray DM, Jacobs DJ, et al. Community education for cardiovascular disease prevention: risk factor changes in the Minnesota Heart Health Program. *Am J Public Health* 1994;84(9):1383–93.
39. Tudor-Smith C, Nutbeam D, Moore L, Catford J. Effects of the Heartbeat Wales program over five years on behavioral risks for cardiovascular disease: quasi-experimental comparison of results from Wales and a matched reference area. *BMJ* 1998;316(7134):818–22.
40. Meyer AJ. Skills training in a cardiovascular health education campaign. *J Consult Clin Psychol* 1980;48(2):129–42.
41. Osler M, Jespersen NB. The effect of a community-based cardiovascular disease prevention project in a Danish municipality. *Dan Med Bull* 1993;40:485–9.
42. Goodman RM, Wheeler FC, Lee PR. Evaluation of the Heart To Heart Project: lessons from a community-based chronic disease prevention project. *Am J Health Promot* 1995;9(6):443–55.
43. Malmgren S, Andersson G. Who were reached by and participated in a one year newspaper health information campaign? *Scand J Soc Med* 1986;14(3):133–40.
44. Young DR, Haskell WL, Taylor CB, Fortmann SP. Effect of community health education on physical activity knowledge, attitudes, and behavior. The Stanford Five-City Project. *Am J Epidemiol* 1996;144(3):264–74.
45. Jason LA, Greiner BJ, Naylor K, Johnson SP, Van Egeren L. A large-scale, short term, media-based weight loss program. *Am J Health Promot* 1991;5(6):432–7.
46. Owen N, Lee C, Naccarella L, Haag K. Exercise by mail: a mediated behavior change program for aerobic exercise. *J Sport Psychol* 1987;9(4):346–57.
47. Wimbush E, MacGregor A, Fraser E. Impacts of a national mass media campaign on walking in Scotland. *Health Promot Int* 1998;13(1):45–53.

At this time, we can share a **Summary of Results from the 2012 Alaska Survey** (attached). The awarded contractor of this RFP project will have access to other campaign-related research that is still under review.

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