



RFP QUESTIONS AND ANSWERS

RFP Number:	1036355 – RFP – 03
Project Title:	Health Equity Communications Project Consultant: Engaging Pediatric Health Care Providers for Effective COVID-19 Vaccine Conversations
Application Deadline 11:59 pm CST:	October 28, 2022
Proposals must be emailed to:	323rfp@aap.org
Questions about this RFP must be submitted to the application email address above and will be accepted until:	October 10, 2022
Responses to questions will post on:	October 14, 2022

QUESTIONS AND ANSWERS

Q1: Whether companies from Outside USA can apply for this? (like, from India or Canada)

A1: Preference will be given to applicants located within the U.S. or U.S. territories.

Q2: Whether we need to come over there for meetings?

A2: No travel is required. The requirements/deliverables for this consultant position require access to a telephone, email, and virtual meeting platforms (eg, WebEx) for communications with AAP staff.

Q3: Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)

A3: Please refer to A1 & A2.

Q4: Can we submit the proposals via email?

A4: Proposals must be emailed to 323rfp@aap.org by the application deadline, October 28, 2022.

Q5: Can you clarify whether AAP is looking for this consultancy to be performed by one individual or a team of consultants?

A5: There is no specification/limitation.

Q6: Does AAP prefer in-person versus online focus groups?

A6: Virtual focus groups are the preference but may be discussed with AAP staff as the strategic process is defined collaboratively.

Q7: Can AAP confirm that the contractor is expected to review but not create materials for providers?

A7: Creating materials for providers is not within the scope of work. Findings from this research will be utilized for AAP staff to construct messages and educational assets at a later phase.

Q8: Relatedly, in the Product Specifications or Scope of Work, #2 reads “Analyze findings to develop recommendations and related strategies to support education around refinement of messaging and communication strategies targeted at these populations by membership and project partners.” Can AAP specify what is meant by “these populations?”

A8: “These populations” as outlined in #2 under Product Specifications or Scope of Work refers to the research groups identified from objective #1 (parents/caregivers/pediatricians from targeted, under-resourced communities).

Q9: Does this mean we will need to develop tailored recommendations and strategies to support all groups? (i.e., pediatric health care clinicians, non-clinical staff within pediatric health care settings, patients, and patients' families and the different memberships of those across historically under-resourced communities)

A9: The primary purpose of this research is to understand effective messaging strategies to increase vaccine confidence and uptake in targeted, under-resourced communities identified by the consultant in collaboration with AAP staff. Messaging strategies relate to key stakeholders involved in children’s vaccination in these targeted communities (eg, parents, caregivers, pediatricians).

Q10: Have you identified specific geographic areas or targeted communities you would like us to survey?

A10: As part of the scope of work, the consultant will conduct initial research (literature search analysis, CDC statistics, etc.) to direct strategic plan with AAP staff regarding targeted communities.

Q11: Focusing on the historically under-resourced communities, can you provide any current research information from these audiences?

A11: As part of the scope of work, the consultant will conduct initial research (literature search analysis, CDC statistics, etc.) to direct strategic plan with AAP staff regarding targeted communities. AAP staff will share available resources as part of the planning process.

Q12: Are you currently conducting any social listening of these audiences? If so, what is the nature of the effort and what tools are currently used?

A12: AAP’s public affairs team tracks COVID-19 vaccine news, messaging, and social media activities [Facebook, Twitter, Instagram, Tik-Tok] broadly on a national level but lacks specific intel in micro-targeted communities. AAP staff will share available resources as part of the planning process.

Q13: Can you provide the sources for the current research to-date?

A13: As part of the scope of work, the consultant will conduct initial research (literature search analysis, CDC statistics, etc.) to direct strategic plan with AAP staff regarding targeted communities. AAP staff will share available resources as part of the planning process.

Q14: Are there other organizations promoting COVID-19 vaccines among under-resourced communities whose communications you admire or wish to emulate?

A14: The AAP collaborates with many local, state and national organizations, including the Center for Disease Control (CDC).

Q15: Can you please provide budget parameters?

A15: There is no guidance regarding the budget range. Please provide a proposed cost estimate that appropriately aligns with completion of the purpose and scope of work included in the RFP.

Q16: The scope of work is to Investigate effective vaccine messaging strategies in historically under-resourced communities. Is the objective to only analyze messaging from AAP, or is the objective to analyze messaging from other organizations/entities promoting COVID-19 vaccines among the target audience? If the latter, could you please provide direction/guidance on how the sources of messaging should be prioritized for analysis?

A16: The primary purpose of this research is to understand effective messaging strategies to increase vaccine confidence and uptake in targeted, under-resourced communities identified by the consultant in collaboration with AAP staff. Messaging strategies relate to key stakeholders involved in children's vaccination in these targeted communities (eg, parents, caregivers, pediatricians).

Q17: Is the goal to explore the role different channels and mediums play in effective vaccine messaging, or is the sole focus on the messaging itself – e.g. language, tone, proof points, reasons to believe, etc.?

A17: There is no limitation. Findings from this research will be utilized by AAP staff to construct messages or educational assets at a later phase.

Q18: Can the Health Equity Project Consultant subcontract out focus recruitment, scheduling and execution?

A18: There is no limitation. Please include any subcontractor cost(s) as part of your budget.

Q19: Should the Health Equity Project Consultant create overarching messaging, or messaging that is targeted to individual audiences?

A19: This research is intended to inform effective messaging strategies specific to each targeted community.

Q20: Among the initiative's audiences, do any take priority for the purpose of focus groups?

A20: Effective messaging strategies for parents/caregivers of children who are eligible to receive COVID-19 vaccines and pediatricians delivering vaccines and education in the targeted communities.

Q21: Can the Health Equity Project Consultant consider focus groups with family members as adequate to gain the perspective of pediatric patients?

A21: Yes. Parents of children who are eligible to receive COVID-19 vaccines in the targeted communities take priority to understand effective messaging strategies to increase COVID-19 vaccination and uptake.

Q22: Should the focus groups be national in scope, or are there target/priority regions?

A22: The primary purpose of this research is to understand effective messaging strategies to increase vaccine confidence and uptake in targeted, under-resourced communities identified by the consultant in collaboration with AAP staff. Messaging strategies relate to key stakeholders involved in children's vaccination in these targeted communities (eg, parents, caregivers, pediatricians).

Q23: Can the payment schedule and project timeline be split? For example, if the Health Equity Project Consultant completes the deliverables prior to the due date.

A23: Deliverables deadlines and payment will be determined with AAP staff at a later date.

Q24: What is the budget for this project?

A24: There is no guidance regarding the budget range. Please provide a proposed cost estimate that appropriately aligns with completion of the purpose and scope of work included in the RFP.

Q25: Is the investigation expected to take place nationwide or centralized to the locale of the consultant?

A25: No travel is required. Please review Q2. Please review questions Q11/Q22 regarding targeted regions.

Q26: Will travel be required?

A26: Travel is not a requirement.

Q27: Regarding the vaccine messages to be tested, will they be generated by the AAP or will the consultant test message they developed themselves?

A27: In collaboration/oversight with AAP staff, the consultant will develop COVID-19 vaccine messaging, scripts, surveys, etc., as required to conduct the research.

Q28: Does the award allow for stipends/incentives to be disbursed to focus group participants?

A28: Please outline respondent stipends/incentives as part of your budget, as necessary.

Q29: Are there predetermined groups/lists the consultant will be expected to recruit from or would the consultant be responsible for coordinating recruitment for focus groups participants?

A29: The consultant will be responsible for the recruitment of focus group participants. AAP will support recruitment of pediatricians, non-pediatricians, and non-clinical pediatric staff through dissemination of outreach materials created by the consultant to AAP members.

Q30: Will the 3-5 focus groups be in person or virtually?

A30: Virtual focus groups are the preference but may be discussed with AAP staff as the strategic process is defined collaboratively.

Q31: Will AAP recruit participants or is that the responsibility of the consultant?

A31: The consultant will be responsible for the recruitment of focus group participants. AAP will support recruitment of pediatricians, non-pediatricians, and non-clinical pediatric staff through dissemination of outreach materials created by the consultant to AAP members.

Q32: Is there compensation for the respondents and is that distributed via AAP or must that out of pocket cost be listed in the proposal?

A32: Please outline respondent stipends/incentives as part of your budget, as necessary.

Q33: Does AAP provide language translation services for focus groups and surveys?

A33: AAP translation services are limited to Spanish and dependent on staff's availability. Please provide a projected estimate for third-party translation services as part of your budget, as necessary.

Q34: The RFP states the scope includes "Identify under-resourced groups most impacted by COVID-19 to direct research focus" is the research focus referring to the focus groups or is there additional research to be executed?

A34: As part of the scope of work, the consultant will conduct initial research (literature search analysis, CDC statistics, etc.) to direct strategic plan with AAP staff regarding targeted communities. AAP staff will share available resources as part of the planning process.

Q35: What information is required upon securing related literature?

A35: The initial research will explore relevant statistics and/or similar research that aids in the strategic direction for this project – identifying under-served communities most impacted by COVID-19, research specific to effective messaging strategies for COVID-19 vaccination in under-resourced communities, etc. AAP staff will assist in sharing resources/intel as part of this process.

Q36: Are you expecting a list of available literature or some type of write-up on the literature?

A36: A literature search analysis/summary in combination with additional, relevant resources (eg, CDC COVID-19 statistics) is the anticipated deliverable so that AAP staff and the consultant may strategize overarching targets/deliverables for this project.

Q37: Are the focus groups held in-person or virtual? Where (rural)?

A37: Virtual focus groups are the preference but may be discussed with AAP staff as the strategic process is defined collaboratively.

Q38: Does the AAP group have a list of recommended participants to extend invitations for the focus groups?

A38: The consultant will be responsible for the recruitment of focus group participants. AAP can support recruitment of pediatricians, non-pediatricians, and non-clinical pediatric staff through dissemination of outreach materials created by the consultant to AAP members.

Q39: What determines the number of focus groups 3 vs. 5?

A39: In combination with available resources, initial research exploring targeted, under-resourced communities most impacted by COVID-19 will direct the number of focus groups and/or research activities to X number of communities.

Q40: Are you offering incentives for participation? i.e. Gift Cards, Cash, Tickets, etc.

A40: Please outline respondent stipends/incentives as part of your budget, as necessary.

Q41: Timelines for conducting the focus group sessions?

A41: Deliverables deadlines will be determined with AAP staff during the initial kick-off meeting. All activities must be completed by July 31, 2023.

Q42: What rural areas (geographic location) is this research focusing on?

A43: As part of the scope of work, the consultant will conduct initial research (literature search analysis, CDC statistics, etc.) to direct strategic plan with AAP staff regarding targeted communities. AAP staff will share available resources as part of the planning process.

Q43: Is the contract with AAP or another government organization?

A43: The contract will be with the AAP. This project is supported by a grant from the CDC.