



## RFP QUESTIONS AND ANSWERS

RFP Q&A Number:	1036396-RFP-01
Project Title:	Communications Strategy & Asset Development for National Center on Relational Health and Trauma-Informed Care
Application Deadline 11:59 pm CST:	September 11, 2023
Proposals must be emailed to:	385rfp@aap.org
Questions about this RFP must be submitted to the application email address above and will be accepted until:	August 28, 2023
Responses to questions will post on:	August 31, 2023

### QUESTIONS AND ANSWERS

Q1. Is there a budget, budget range, or not to exceed amount for this work?

A1. We are not able to share the amount budgeted for this project.

Q2. May companies from Outside USA apply for this? (Like from India or Canada)

A2. Applicants from outside the USA will not be considered.

Q3. Would the consultant need to travel to the AAP for meetings?

A3. No travel is anticipated as part of this project.

Q4. Can tasks (related to the RFP) be performed outside the USA? (Like from India or Canada)

A4. Tasks related to the RFP should be performed within the USA.

Q5. Can proposals be submitted via email?

A5. Proposals must be submitted via email to 385rfp@aap.org.

Q6. Regarding the digital assets: is there a preference or requirement for one type over another? How many videos do you envision creating?

A6. At this time, we don't prefer one type of digital asset over another - we envision that the 4-6 assets will be a mix of different media. An estimate for the number of videos is 1-3.

Q7. Is there an incumbent contractor for any communications/messaging work pertaining to the National Center on Relational Health and Trauma-Informed Care?

A7. No, there is not an incumbent agency for this work.

Q8. How many agencies do you expect to submit proposals?

A8. The number of proposals submitted in response to similar RFPs from the AAP has varied greatly within the past year.

Q9. The RFP notes that the Centers for Disease Control and Prevention will be working closely with AAP to build the foundation for a National Center on Relational Health and Trauma-Informed Care. How will this center work in relation to the CDC's National Center for Injury Prevention and Control, Division of Violence Prevention which has robust resources on adverse childhood experiences?

A9. The AAP works closely with the CDC National Center for Injury Prevention and Control on all aspects of this broader project. The Center that is being developed at the AAP will support pediatricians and pediatric health care providers. All work related to this project is being coordinated with the CDC, to avoid duplication of efforts or resources.

Q10. Can AAP clarify the scope of the environmental scan since there are several national and regional/local organizations addressing the issue? Also is the sole purpose of the scan to help determine organization of resources and intuitive architecture of content or to also assess current efforts to address the issue by U.S. local/state/national organizations and determine whether there are any new or under-supported areas in which AAP can make a measurable impact?

A10. The scope of the environmental scan would focus on AAP resources as well as other related initiatives from state and national organizations. One of the main purposes of the scan is to help determine organization of resources and intuitive architecture of content. As part of the environmental scan, we may learn about existing related efforts to support trauma-informed care by local/state/national organizations.

Q11. Would the consultant also provide SEO insights on AAP.org?

A11. The consultant would not need to provide SEO insights – there are staff internal to the AAP who can provide this.

Q12. Would the consultant also develop the website architecture?

A12. AAP Public Affairs staff would be responsible for the actual development/build of the website architecture. The consultant would be responsible for providing suggestions and informing the development of the website architecture.

Q13. Would the CDC be included in the review and editing of the key messages and communications strategy?

A13. The CDC would be involved in brainstorming and some initial review around key messages and communications strategies, but formal approval processes will primarily involve AAP staff and a select few subject matter experts.

Q14. Will AAP provide the selected consultant with an estimated budget/resource guidance for the development of the communications strategy and tactics as guidance to inform recommendations based on available resources?

A14. The AAP will provide the selected consultant with a budget and can provide some resource guidance for the development of the communications strategy.

Q15. Which of the targeted audiences – pediatric health care providers, families and caregivers, and the public – are the 4-6 digital assets intended for?

A15. Communications assets will be needed to communicate with each of these audiences. AAP will work with the selected consultant to determine the appropriate mix of digital assets for each audience, for a total of 4-6 assets.

Q16. Are there any cultural affinities or ethnic backgrounds that should be prioritized among the targeted audiences?

A16. Currently, we do not plan to prioritize any one specific cultural or ethnic background over others with our resources or communication strategies. That said, we acknowledge that culture shapes the way that people define and experience trauma, health, wellbeing, relationships, etc. We strive to take an equitable and culturally humble approach to communication, messaging, and resource development.

Q17. Will brand guidelines for the Center be provided to direct the design of the digital assets, or will the consultant need to provide recommended brand standards?

A17. AAP identity/branding guidelines will be provided and will need to be implemented in the design of the digital assets.

Q18. Is there an existing website or page dedicated to the Center, anticipation of creating one, or will the assets sit elsewhere (eg. on an AAP page)?

A18. All resources related to trauma-informed pediatric care are currently housed on [www.AAP.org/TIC](http://www.AAP.org/TIC).

Q19. Will the assets be shared / owned by AAP and/or CDC? Who would be involved in the approval process?

A19. Any assets developed by the consultant as part of this project will be owned by AAP. The approval process would primarily involve AAP staff and a select few subject matter experts. The CDC may be involved in the brainstorming/review process but would likely not be involved in a formal approval process.

Q20. What resources or calls to action would be directed to each of the audiences you identify?

A20. Specific resources and calls to action would vary depending on the audience. For example, for pediatricians, the calls to action might focus on the importance of providing trauma-informed care to all children and families. But, for families, the calls to action might focus on the importance of providing safe, stable, and nurturing relationships and environments for children and adolescents.

Q21. Are AAP spokespeople/experts available to be featured in short videos?

A21. The AAP will facilitate the identification of experts to be featured in short videos, as needed/applicable.

Q22. Are there any existing messaging and communication strategies currently employed by the AAP that they have found to be successful and want to inform and/or apply to the National Center on Relational Health and Trauma-Informed Care?

A22. The AAP regularly communicates with members and the public primarily via AAP social media channels (Facebook, Instagram, Twitter/X, LinkedIn), YouTube, email, texting, and via [AAP.org/HealthyChildren.org](http://AAP.org/HealthyChildren.org). It is likely that those strategies/outlets would continue to be used, but we would like to work with a marketing consultant to help expand the reach of our messaging.

Q23. Does a full brand already exist for the National Center on Relational Health and Trauma-Informed Care, or is this part of the consultation?

A23. A full brand does not exist for the Center and is not included in this RFP. A branding campaign would be a separate/future project.

Q24. Website - would the deliverable for "lead an environmental scan that will focus on reviewing existing content on [AAP.org](http://AAP.org) (and other related sites) to inform organization of resources and intuitive architecture of the content. This would involve helping the team to determine how different pages relate to one another and how we can best organize the information." be a website audit and strategy document?

A24. Yes, the deliverable for this component of the work could be a website audit and a strategy document.

Q25. For "Develop a messaging and communications strategy that would support the future launch of the Center. Audiences should include pediatric health care providers, families and caregivers, and the public." Do you have research on these audiences that will help us inform strategy or will we need to pull this together?

A25. While we have some information regarding the general preferences from pediatrician members of the AAP, we do not have formal or extensive research on these audiences. The consultant can draw upon previously published research, as needed.

Q26. "Provide options for additional digital assets and additional messaging needs as needed, such as via a per-item price list." Are there assets that you are specifically interested in having a price on?

A26. Assets that may be needed include short videos, social media posts, or other digital assets for communicating with the audiences specified above.

Q27. The RFP suggests that the types of digital assets you are looking for are short videos and other smaller-scale graphics and assets suitable for social media. Is that correct? Or would you also like to see prices for grander ideas such as longer videos/ animations; broadcast-quality PSAs; or more complex data visualizations or graphics? In other words, would we be penalized for thinking big and adding higher-cost assets to the "options" section?

A27. Yes, this is correct – the digital assets would likely be smaller-scale graphics, short videos, etc. However, the consultant would not be penalized for providing quotes for other higher cost items that could be considered as optional add-ons.

Q28. Will the consultant develop a new look and feel for the Center and digital assets or would these follow existing brand guidance?

A28. Brand development would be part of a separate/future project. For the assets developed as part of the work outlined in this RFP, the look and feel of the new resources should comply with and complement AAP style guidelines.

Q29. What types of communications assets are often most successful for AAP initiatives like this one? (ex: video vs. infographic, etc)

A29. There is not one type of asset that is best or most successful for AAP initiatives similar to this. Rather, a multimedia approach is preferred to engage audiences in a variety of ways across multiple channels.

Q30. Can you please confirm that in the bid we only quote time related costs not physical media placement buys. Or any out of pocket stock photography/video costs.

A30. Applicants should quote time-related costs and other costs associated with completing the work. While this does not need to include costs for physical media placement buys, it should include any costs for stock photography/video if related to the proposed work.

Q31. Approximately how many pages are the existing and related websites that we will be reviewing?

A31. The number of pages/websites included in the review will be decided upon in collaboration with the selected consultant.

Q32. Is the message and communications strategy a national effort or are their select regions and territories that are a priority?

A32. The messaging and communications strategy as part of this project is a national effort.

Q33. Can you please clarify bid pricing: Creation of digital assets such as graphics, short videos or other assets for social media and other communication outlets | 4-6 EA | provide price \$0.00. Videos will cost more, is this expected to be a range in pricing?

A33. If needed, pricing can be submitted as a range to accommodate different assets.

Q34. Are these assets only to be used on organic social media?

A34. It is likely that the assets will primarily be used on social media but may also be included in other messaging and communication efforts.

Q35. If there is a media buy that may affect pricing based on the number of platforms that creative assets will need to be resized for. Do you have an idea of what digital platforms will be used?

A35. The AAP regularly communicates with members and the public primarily via AAP social media channels (Facebook, Instagram, Twitter/X, LinkedIn), YouTube, email, texting, and via AAP.org and HealthyChildren.org.