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January 5, 2021

**ADDENDUM NUMBER 2
TO
REQUEST FOR PROPOSALS NO. 2020-002
FOR
LOS ANGELES COUNTY HEALTH SURVEY**

On November 2, 2020, the County of Los Angeles (County) Department of Public Health (Public Health) released a Request for Proposals (RFP) for the Los Angeles County Health Survey (LACHS).

Pursuant to RFP, Section 7.0, Proposal Submission Requirements, Subsection 7.4, Proposers' Questions, answers to questions received by the November 30, 2020 deadline are being issued as part of this Addendum. Proposers are advised that the County reserves the right to group similar questions when providing answers.

SECTION 1.0 – INTRODUCTION

- Q1. Methodologies for survey implementation can include but are not limited to address-based sampling or mixed-mode data collection procedures (e.g., telephone-based survey combined with web-based survey). Are you open to in-person surveys?**
- A1. Yes. Public Health will consider any data collection procedure that will achieve a representative sample of the Los Angeles County (LAC) adult and child populations as further described in Appendix A-1 Statement of Work. The Contractor should propose a methodology approach that meets the objectives of the 2022 LACHS. The Contractor is responsible for ensuring the proposed methodological approach adheres to all specified guidelines and requirements stated in the RFP, Statement of Work, and Scope of Work.

Q2. For the 2018 LACHS, the response rate for the landline and cell phone surveys combined was 10.0% for the Adult Survey and 10.2% for the Child Survey. What is the expectation for response rates for 2022 LACHS for the Adult and Child Surveys?

A2. Pursuant to the RFP, Section 7.0, Proposal Submission Requirements, Subsection 7.8.4 Number 5, Proposer's Implementation and Management Plan (LACHS Plan) (Section B), Public Health desires the response rates to be no lower than the response rates from the 2018 LACHS cycle of 10.0% for the Adult Survey and 10.2% for the Child Survey.

Q3. Besides the minimum sample size of n=500 for the 8 Service Planning Area (SPA)s, are there any other requirements or quotas for representation within the 8 SPAs. If so, can you provide demo targets at the SPA level?

A3. Public Health has not set any specific stratification criteria within SPAs. The hope is that the demographic makeup of the 2022 LACHS sample resembles the demographic composition of each SPA. Oversampling of certain SPAs may be necessary. Please refer to RFP, Appendix A-1, Section 9.1, Design the 2022 LACHS and RFP, Section 7.8.4 Proposer's Implementation and Management Plan (LACHS Plan) (Section B), Numbers 3 & 4.

Q4a. We assume the SPAs are defined by sets of zip codes; Will you be providing a comprehensive list of the zips coded for the 8 SPAs?

A4a. SPAs are not defined by a set of zip codes but by census tracts. For respondents who report home address, geographic coordinates of the home address are used to assign SPA. For a small percentage of respondents who do not provide street address, zip codes can be used to determine their SPA. Yes, Public Health will provide a list of LAC zip codes to be used for zip-to-SPA mapping during data collection.

Q4b. Are zip codes fully contained within a SPA or does any one zip code straddle more than one SPA?

A4b. Yes, it is possible for some zip codes to straddle more than one SPA.

Q5. Are there any minimum representation requirements for the 26 HDs?

A5. No, there are no specific stratification criteria or minimum requirements for HDs.

Q6. For the 26 HDs, are zip codes fully within an HD or does any one zip code straddle more than one HD?

A6. Yes, some zip codes do overlap HDs.

Q7. Will we have quotas within SPAs or HDs for language, ethnicity or other demographic? Or adult vs child for HDs?

A7. See A3 and A5 responses. Ideally, the demographic makeup of the sample should align with the demographic composition of each geographic location.

Q8. The LACHS has two components: 1) Adult Survey – a survey of randomly selected adults; and 2) Child Survey - a survey administered to a parent/guardian or another adult in the household sufficiently knowledgeable about the health and daily routines of a randomly selected child under the age of 18 years. Reading over the previous methodology report, we do not see any response rates listed. Can you provide response separately for each of the sample strata utilized?

A8. For the 2018 LACHS, response rates for the landline and cell phone surveys combined was 10.0% for the Adult Survey and 10.2% for the Child Survey. Additional details on response rates can be found on pages 28-29 of the 2018 LACHS methodology report available on our website (<http://www.publichealth.lacounty.gov/ha/hasurveyintro.htm>).

Q9. Which type of stats are most current (and available) for the county?

A9. The American Community Survey (ACS) has population statistics and estimates available for LAC. Internally, Public Health uses Population Estimation and Projection System (PEPS) population estimate data, which are specifically prepared for LAC as a benchmark, and ACS for any data not available in PEPS.

Q10a. Considering that the homeless may participate via cell phone, how are they "coded" to the geographies?

A10a. A small number of individuals experiencing homelessness are included in the survey. For respondents who provide cross-street information, this is used to assign SPA.

Q10b. Or are we only seeking people with residential addresses in the county?

A10b. No, the LACHS seeks to achieve a representative sample of the LAC population. For those who do not provide address information, missing values are imputed.

Q11. Reading over the previous methodology report, we see the number of hours for the Adult Survey and Child Survey, however, can you provide the number of hours separately for each of the sample strata utilized for both the Adult and Child Surveys?

A11. For the 2018 Adult Survey, the average interview lengths by category were: Landline=28:05 and Cell phone=33:22. For the 2018 Child Survey, the average lengths by category were: Landline=19:47 and Cell phone=23:43. Additional details can be found on page 19 of the 2018 LACHS methodology report available on our website (<http://www.publichealth.lacounty.gov/ha/hasurveyintro.htm>).

SECTION 2.0 – CONTRACT FOR LOS ANGELES COUNTY HEALTH SURVEY SERVICES

Q12. The County shall have the sole option to extend the Contract term for up to two additional two-year periods for Cycle 2 and Cycle 3. If awarded and extended, when would Cycle 2 and 3 occur and should we expect response rates to decline further?

A12. The optional 2nd and 3rd cycle will be decided upon completion of the prior cycle(s) and is dependent on availability of funds. Ideally, we would expect no further decrease in response rates.

Q13. The Contractor's rates shall remain firm and fixed for the term of the Contract. Can we add a contingency to the pricing?

A13. No.

SECTION 3.0 – PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS (MMQ)

Q14. Implementing a wide-range of health-related survey techniques (e.g., RDD, dual frame methodology, address-based sampling, multi-mode health-related surveys, etc.), is the requirement for any or all of these survey techniques?

A14. The requirement is for experience implementing any of those and/or similar survey techniques. The survey techniques listed were included as examples of health-related survey techniques.

Q15. Translating health-related surveys into multiple languages, including, but not limited to, Spanish, Cantonese, Mandarin, Korean, and Vietnamese; We typically subcontract translation of the survey document. Is that acceptable?

A15. Yes, that is acceptable. The Contractor must provide all relevant details regarding the subcontractor's capacity and ability to perform the required service(s). Please refer to RFP 7.8.4, Proposer's Implementation and Management Plan (LACHS Plan) (Section B); RFP, 7.8.5, Proposer's Staffing Plan, Technical Abilities, and Organizational Capacity (Section C), Number 6; and RFP, Appendix A-1, Section 3.2.

SECTION 4.0 – COUNTY'S RIGHTS AND RESPONSIBILITIES

Q16a. What staff members do you anticipate being subject to background checks?

A16a. All staff working on this project are considered a designated sensitive position and will require a background check.

Q16b. What are the requirements of a background check?

A16b. Please refer to RFP, Appendix C, Paragraph 23, Subsection D, Background and Security Investigations, for more details.

Q16c. If staff already have them, is that sufficient?

A16c. No.

Q16d. What timeframe would be acceptable?

A16d. The background check must be cleared prior to starting work.

APPENDIX A-1, STATEMENT OF WORK

Q17a. We noted the request that the unweighted sample be representative, can you elaborate on exactly what is meant by this?

A17a. Public Health requests that the demographic breakdown closely reflects the population makeup of LAC.

Q17b. How was this achieved in prior waves of this project?

A17b. In prior waves, Public Health targeted specific subgroups (e.g., Asian Americans, families with children 0-5 years old) to increase the selection probability of hard to reach populations/groups.

Q18a. The LACHS has two components: 1) Adult Survey – a survey of randomly selected adults; and 2) Child Survey - a survey administered to a parent/guardian or another adult in the household sufficiently knowledgeable about the health and daily routines of a randomly selected child under the age of 18 years. Does the county consider this study a point-in-time study or a tracker particularly in relation to reporting?

A18a. The LACHS is a cross-sectional study.

Q18b. Will the county seek to compare results to prior year, despite possible method changes?

A18b. Ideally, Public Health would like to monitor trends in population health indicators across LACHS cycles. Refer to RFP, Section 7.8.4, Proposer's Implementation and Management Plan (LACHS Plan) (Section B), Number 2.

Q19. Historically, telephone surveys have been the gold standard for population-based surveys. We assume "landline and phone" means "landline and cellphone"?

A19. Pursuant to the RFP, Appendix A-1, Section 1.0 Introduction, Number 2., "landline and cell phone" refer to landline telephones and cellular phones.

Q20a. What is the difference between the pretest and pilot? For example, there may be many changes in the pretest to make sure questions and flow make sense, but the pilot is a last check to make sure there are no other issues and to check data before full launch?

A20a. The pretest will help assess and determine revisions to interview length, question wording and/or question order, and general ease of administering the surveys. The pilot test will evaluate the feasibility and effectiveness of survey design, reliability and validity of survey questions, and provide

recommendations for questionnaire and protocol revisions. Please refer to RFP, Appendix A-1, Section 9.3, Design and Conduct the 2022 LACHS Pretest and RFP, Appendix A-1, Section 9.4, Design and Conduct the 2022 LACHS Pilot Test.

Q20b. Is the difference whether the surveys are to be kept as part of the final data set?

A20b. No, neither the pretest nor pilot test data are kept in the final dataset.

Q21a. While various figures were provided for a number of ethnic populations including language spoken at home, what can we assume as a guideline for ethnic representation of LAC?

A21a. The LAC race/ethnic population breakdown presented in the RFP, Appendix A-1, 1.1 LAC Overview, can be used as a guideline for LAC's ethnic representation. More up-to-date population estimates can be obtained from the U.S. Census and the American Community Survey.

Q21b. Language spoken in the household does not necessarily mean the chosen respondent will prefer to speak in-language. Can we assume language of preference for survey administration while monitoring metrics such as primarily speaks in-language at home?

A21b. Yes, the LACHS tracks language data by recording the language the interview is conducted in and by asking respondents which language they most often speak at home. The goal is to include LAC residents not proficient in English or who are more comfortable communicating in a language other than English so that the LACHS sample is representative of the non-English speaking population.

Q22. Regarding language metrics, it can be measured as language spoken in household or individual English proficiency or preference to speak in another language. Which would be used as a guideline for this survey?

A22. The LACHS collects information on language spoken most often at home. Public Health is open to proposals for better capturing respondents' language use and language preference.

Q23. What will the decision be based on to oversample children 0-5? Or what is the minimum desired sample size or error rate?

A23. Oversampling of children 0-5 years old will be decided by Public Health programmatic priorities and by monitoring sample size representativeness during data collection.

Q24a. How many completed Child surveys were recruited from the Adult survey?

A24a. During the 2018 LACHS cycle, a total of 4,986 Child Surveys were completed. Of these completed surveys, 22% (1,117 surveys: Landline=371; Cellphone=746) were completed by respondents recruited from the Adult Survey.

Q24b. Has this "recruit" percentage been consistent throughout the years?

A24b. Yes, 26% of completed Child Surveys were recruited from the Adult Survey during each of the 2015 and 2011 LACHS cycles.

Q25. Contractor may employ alternative method(s) for recruiting respondents for the Child Survey contingent upon approval by DPH. Can we use profile info if we do this with online panel?

A25. Yes. Public Health will consider any data collection procedure that will achieve a representative sample of the LAC adult and child populations as further described in Appendix A-1 Statement of Work. The Contractor should propose a methodology approach that meets the objectives of the 2022 LACHS. The Contractor is responsible for ensuring the proposed methodological approach adheres to all specified guidelines and requirements stated in the RFP, Statement of Work, and Scope of Work.

Q26. Use a "live" geocoding process within the CATI/CAWI system to code respondent-reported residential address (or nearest cross-streets, city of residence and/or zip-code) and assign census tract and SPA. Record the accuracy to which each address is geocoded. Can you elaborate what you mean by "live" geocoding?

A26. "Live" geocoding refers to the process to geocode address, city, zip code, or cross-streets reported by respondents during data collection. A live, real-time approach is used for translating reported address information to latitude and longitude coordinates. The goals of this process are to (1) ensure correct address information and (2) check sample distribution by geography during data collection.

Q27. These data sets are to be delivered after completion of every 1,000 surveys, to allow for batched geocoding. How is this different than the "live" geocoding described in 9.6.4.2?

A27. Ideally, most of the address information from "live" geocoding will be correct. However, this is not always the case. During batched geocoding, incomplete or incorrect address data is cleaned from typos and errors and geocoded to assign final SPA and other relevant geographies.

APPENDIX A-2, SCOPE OF WORK

Q28. To calculate weight or get point estimate on some measures, we could use different external data sources such as decennial census, American Community Survey, and census from Claritas. Is there any preference for these data sources?

A28. For calculating weights, we use Population Estimation and Projection System (PEPS) population estimate data, which are specifically prepared for LAC, and ACS for any data not available in PEPS. Public Health will consider other data sources for weight calculations.

APPENDIX B, BUDGET INSTRUCTIONS

Q29. If we have a subcontractor, can their budget just be a fixed price total with no detail?

A29. Pursuant to the RFP, Appendix B, Budget Instructions, Contractor shall provide a short description of the expense and/or methodology for arriving at the expense amount.

Q30. There is a 15% cap on indirect costs. Would the County be open to a waiver of the 15% cap?

A30. No.

Q31. Are remote interviewers (that work from home) permissible?

A31. Yes. Please note Contractor is responsible for hiring staff and assigning a sufficient number of employees to perform all required work. The Contractor will be responsible for performing all required work while adhering to all specified guidelines and requirements. For example, Contractor must conduct all English-language surveys within Contractor's own organization. Refer to RFP, Appendix A-1, Section 6.0,

Responsibilities and RFP, Section 7.8.5, Proposer's Staffing Plan, Technical Abilities, and Organizational Capacity (Section C).

GENERAL QUESTIONS

Q32. If we are a for profit organization, are we permitted to charge a fee and how do we show that in the budget form?

A32. Yes. Contractor is allowed to include all costs in accordance with the budget instructions.

Q33a. If we have a federally negotiated Overhead rate, may we use that instead in our budget calculations as long as we do not exceed the total budget of \$3.5 million?

A33a. No.

Q33b. If "no" to Q33a, is it permissible to charge 15% on all direct costs not just salaries and fringe benefits?

A33b. No. Pursuant to the RFP, Appendix B, Budget Instructions, Indirect costs should not exceed 15% of total salaries and benefits.

Q34a. We may want to propose an additional, optional objective that will not cause the total budget to exceed \$3.5 million. How do we show that in response description and how do we show the amount in the budget form? And should we show the total project budget two ways? with and without the optional objective or just show without the optional objective?

A34a. Pursuant to the RFP, Section 7.0 Proposal Submission Requirements, Subsection 7.8.7, Proposer's budget must be for a 24-month period and should reflect objectives, activities, and deliverables described in Appendix A-1 (Statement of Work), and Appendix A-2 (Proposer's Scope of Work).

Q34b. Should we show the total project budget with and without the optional objective or just show without the optional objective?

A34b. Public Health will consider discussing optional objectives with the selected Contractor during negotiation.

Q35. In the email below that you sent on Nov 3rd, it states that "Bid has no closing date", but the RFP itself says that proposal is due on Dec 28th. Can you please clarify?

A35. The email blast that was sent on November 3rd had an incorrect closing date. This has been corrected. The due date is now January 19, 2021.

Q36. Can you please clarify if the resultant contract will be a Firm Fixed Price contract or a cost reimbursable contract?

A36. This contract is a Fixed-cost per objective.

Q37. The Contractor shall develop, maintain and operate procedures for receiving, investigating, and responding to complaints. What would the nature of the complaint be? A respondent complaint regarding data collection or with the county itself?

A37. It refers to any complaints or issues with the survey experience. Please refer to RFP, Appendix A-1, Section 6.6 Contractor's Office.

Q38. Default Method of Payment: Direct Deposit or Electronic Funds Transfer (EFT). We are set up to receive ACH payments, please confirm this is the same.

A38. Yes, ACH is a type of EFT.

Q39a. What reference style should we use--author year or a super-scribed number?

A39a. References can be cited using author-date style, like that used for references cited in RFP, Appendix A-1, Section 1.0 Introduction.

Q39b. Where should we put references--In the end of each section or subsection or a different place?

A39b. References can be placed at the end of each pertaining section.

Q40. If COVID-19 pandemic is still going on when the project starts on 7/1/2021, it will have a significant impact on the project. Shall we have a contingency plan to deal with this situation or the proposal should be written in the way that we assume the COVID-19 will be gone by 7/1/2021?

A40. We do not anticipate COVID-19 being a factor in conducting this survey, but if Contractor does, please prepare and submit the proposal accordingly.

Pursuant to RFP, Section 4.0, County's Rights & Responsibilities, Subsection 4.4, County's Right to Amend Request for Proposals, Proposers are reminded that should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal being found non-responsive and not being considered, as determined in the sole discretion of the County. The County is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and 2, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.