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Description of document: National Institutes of Health (NIH) Documents from Covid-19 Vaccine Marketing Strategy Generated by Fors Marsh LLC, 2020-2021

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Source of document: FOIA Request
Room 6G51
5601 Fishers Lane
Rockville, MD 20892
Fax: 301-480-0904
Email: foia@niaid.nih.gov

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May 16, 2022

Re: NIH FOIA Case No. 55192

This is the final response to your October 1, 2020 Freedom of Information Act (FOIA) request addressed National Institute of Institutes (NIH) FOIA Office. Your requested was determined it resides in Office of Acquisition and Logistics Management (OALM). Your request was transferred to our office for review and processing.

You requested a copy of the following documents:

"A copy of the entire contract file for task order/contract 75N98020F00001 awarded to Fors Marsh LLC on August 31, 2020. As part of this request, I also would like to get copies of any data deliverables and any status reports.

We searched the files of the Office of Acquisition and Logistics Management (OALM) and Office of Logistics and Acquisition Operations (OLAO), NIH's Information Technology Acquisition and Assessment Center (NITAAC) for records responsive to your request. That search produced the enclosed 152 pages of documents responsive of your request (SOW, Task Order, Acquisition plan, Deliverables). It is Department of Health and Human Services (HHS) policy to expunge hourly labor rates, total pricing, unit price, and option year pricing. This information has been removed from the enclosed material [Exemption 4 of the FOIA protects "trade secrets and commercial or financial information obtained from a person [that is] privileged or confidential." (1) This exemption is intended to protect the interests of both the government and submitters of information.]

If you feel that information has been omitted that should have been made available to you, please write to me and I will consult with the NIH FOIA Officer.

Note: Please note regarding deliverables they are pre-decisional and not necessarily what the government will implement.

If you are not satisfied with the processing and handling of this request, you may contact the NIH FOIA Public Liaison:

NIH FOIA Public Liaison
Stephanie Clipper
Public Affairs Specialist

Office of Communications and Public Liaison
Building 1, Room 331
1 Center Drive
Bethesda, MD 20892
301-496-1828 (phone)
301-496-0017 (fax)
nihfoia@mail.nih.gov (email)

In certain circumstances provisions of the FOIA and Department of Health and Human Services FOIA Regulations allow us to recover part of the cost of responding to your request. Enclosed is an invoice for \$46.00 to cover the costs associated with responding to your request. Please note that NIH now accepts electronic payments.

Sincerely,

Margaret Glasford-Clarke
Freedom of Information Liaison,
Office of Acquisition and Logistics Management, (OALM)

HHS ASPA COVID-19 MEDIA CAMPAIGN

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu



Message and Materials Testing Plan

The plan outlined below details the objectives, approach, and timeline for the Message and Materials Testing Task (Task 3).

Objectives

Success hinges on our ability to deliver creative that not only engages a public becoming increasingly numb to new information pertaining to COVID-19 (Axios), but that also:

- Promotes vaccine readiness and uptake (e.g., builds confidence and public trust in vaccines, the COVID-19 vaccine, and Operation Warp Speed);
- Sustains health-promoting behaviors among those who already consistently practice these;
- Increases the frequency of health-promoting behaviors among those who practice these behaviors intermittently or incorrectly (e.g., washing one's hands for less than 20 seconds, wearing a mask that does not cover one's nose);
- Motivates the adoption of health-promoting behaviors among those who rarely perform these acts;
- Empowers the public to feel capable of continuing to engage in health-promoting behaviors that help prevent and treat the spread of both COVID-19 and the flu;
- Rebuts claims that America no longer needs to engage in health-promoting behaviors; and
- Identifies trusted messengers to inform branding.

"Health-promoting behaviors" here refers to the primary COVID-19-related health-promoting behaviors outside vaccine readiness and uptake—namely, handwashing, mask wearing, and social distancing.

Approach—Existing Creative

With existing creative set to hit the market potentially as soon as the week of 28 SEPT 2020, we plan to test these materials as they are running using a quantitative survey.

The survey would assess the creative in market, and insights would be used to make decisions to change what assets are trafficked, pulling any poorly performing assets, which we would

replace with a better performing counterpart. Team FMG assumes that we would be unable to make any alterations to the creative itself.

Consequently, we recommend a 15-minute quantitative survey among 1,000 American adults (18+) nationwide.

Team FMG assumes that each respondent would assess no more than three creative assets. Depending on the number of assets, we may need to increase the sample size to ensure a readable base for each asset as well as the length.

Approach—New Creative

Our iterative approach to creative testing helps us continuously learn and refine assets to maximize the efficacy of the buy.

This plan mirrors an approach Team FMG has used for high-stakes communications campaigns for government agencies, leveraging:

- Theories and models (precaution process adoption model, health belief model, transtheoretical model/stages of change, social cognitive theory, theory of planned behavior, social norms theory, dual process theory, social ecological model).
- Best practices and protocols used in other behavior change initiatives and communications campaigns in public health.
- Secondary and market research, including the science and content to include in public service announcements (PSA) and, in future waves, evaluation insights.

With speed and rigor as our watchwords, we have assembled two cross-functional teams that integrate qualitative researchers, quantitative researchers, strategists, creatives, and multicultural experts.

These teams run on a staggered schedule—when Team 1 is conducting qualitative research, Team 2 is conducting quantitative research, with each team working on testing separate sets of creative assets in order to expedite the delivery of insights and recommendations.

Both the qualitative and quantitative research efforts will leverage eye tracking and facial coding to help identify what aspects of the creative receive the greatest amount of attention as well as the emotions they evoke using facial expression analysis.

Identifying Our Impact

The qualitative and quantitative testing occurring monthly as part of the Message and Materials Testing informs ongoing campaign development and highlight the effectiveness of our campaign messaging.

Our proposed deliverables and key measures of success are presented below.

Monthly Report: Topline Memo Creative Concept Focus Groups

- Key findings
- Creative comprehension
- Resonance
- Relevance
- Eye tracking and facial expression analysis
- Recommendations/optimizations

Monthly Report: Topline Memo Copy Testing Surveys

- Key findings
- Impact of PSA exposure on key attitudes, beliefs, and behavioral intentions
- Perceived message effectiveness
- Eye tracking and facial expression analysis
- Any final recommendations/optimizations

Your day-to-day point of contact for the Message and Materials Testing is Kristin Pondel (kpondel@forsmarshgroup.com).

Secondary Research/Integration with Market Research

The always-on approach to market research planned as part of Task 2 means that Team FMG's fingers remain on the pulse of public opinion/sentiment, literature, and emerging data for the duration of the Campaign. Team FMG will marry what we learn both at the outset from our initial scan and over the course of the Campaign with what we test.

Furthermore, the Message and Materials Testing builds on the quarterly strategic concepts qualitative testing that is part of Task 2. This activity is included in the baseline schedule noted later and helps identify the overarching structure and types of appeals that prompt action so that effective appeals and values underpin new creative.

Qualitative Research

Qualitative research is ideal to delve into topics that evoke a variety of emotions and considerations surrounding COVID-19, especially with the onset of the holiday season. Focus groups facilitate our ability to unpack and explore ambivalence and ascertain the "why" underpinning attitudes and behaviors.

When initially evaluating creative concepts, focus groups also provide the opportunity to learn what resonates with audiences, why it makes an impact, and what could be better.

Specifically, the focus groups will assess:

- Creative comprehension
- Resonance
- Relevance
- Call to action clarity

Each month, we will conduct up to 18 90-minute focus groups (virtually) with four to six participants.

Although insights from the segmentation may refine the audiences among whom we conduct focus groups in subsequent months, for the initial set of groups, we recommend the following:

- Nine focus groups with the general population (mixed gender) who form the movable middle, divided by age range/generation.
 - These are neither the individuals who always follow health-promoting guidelines and practices nor the individuals who consider COVID-19 a hoax and refuse to engage in any health-promoting behaviors.
- Three focus groups with Hispanic/Latinx adults, mixed gender, divided by age range/generation.
- Three focus groups with Black/African American adults, mixed gender, divided by age range/generation.
- Three focus groups with AIAN adults, mixed gender.
 - Given the challenges recruiting this population, we cannot ensure that these groups would be divided by generation.

For this activity, we will develop a master discussion guide that we can use to test new creative each month. By having one round of review and approval of the discussion guide, this will obviate discussion guide reviews in future months, allowing the focus to be on obtaining sign-off on the new creative to test, helping us pick up speed.

Quantitative Research

Following the qualitative testing, we will optimize the creative assets based on the findings, then test the updated versions in a quantitative survey.

For the quantitative survey, we will develop a master questionnaire into which we can slot new creative each month similarly to the qualitative research. Again, by having one round of review and approval of the questionnaire at the outset, it obviates reviews of the instrument in future months in service of striking harder.

The questionnaire will address the following:

- Perceived effectiveness; and
- Relationship with target behaviors, intentions, attitudes, beliefs, and other mutable potential behavioral factors.

The online survey would reach a minimum of 1,000 American adults nationwide, running approximately 20 minutes in length. Sampling considerations would be made to ensure readable bases for all creative tested for key audience groups identified—a minimum of $N = 100$ per creative asset each for Hispanic/Latinx and Black/African American respondents and a minimum of $N = 50$ AIAN respondents per creative asset. A respondent would react to and evaluate up to five creative assets. Any group oversampled to ensure a readable base will be weighted to reflect its actual proportion.

Assumptions

Below, we have outlined assumptions that apply to both the qualitative and quantitative testing.

- **Creative tested.** We recognize that creative assets will be distributed via a variety of channels—television, radio, digital, etc. For testing purposes, we recommend testing a static image with a recorded talk track (“scratch track”) that is up to 60 seconds in length.
 - The crossover that each of these components has is why we recommend that assets take this form.
 - The scratch track applies to radio, television, and could be used to inform the caption of a social media post.
 - The visual would help inform television, digital, social.
 - Most of the assets we will develop will not exceed 60 seconds in length.
- **Number of assets tested.** A survey respondent or focus group will respond to up to five creative assets.
- **Language.** Both research efforts and all creative assets developed and tested as part of these initial efforts will be in English.

Timeline

Because the Message and Materials Testing is a key component in the plan to launch new creative in market, the timeline below corresponds to and expounds upon what we have outlined in the expedited schedule.

Message and Materials Testing Activities	Corresponding Week in the Expedited Schedule
Develop qualitative screener	Week 2
ASPA reviews and signs off on the qualitative screener	End of Week 2
Recruiting for the focus groups	Weeks 3–4
Develop master qualitative discussion guide	Weeks 2–3
Develop master quantitative questionnaire	Weeks 2–3
ASPA reviews and signs off on master discussion guide and master quantitative questionnaire	Early Week 4
IRB/OMB approval on the qualitative	By late Week 4
Qualitative testing	Week 5
IRB/OMB approval on the quantitative	By early Week 5
Programming/testing of the master quantitative questionnaire	Week 5
Qualitative readout and suggested optimizations	Week 6
Field survey, clean, and weight data	Week 7
Readout of the quantitative research	Week 8

TOUCHPOINTS AND DEPENDENCIES

Key touchpoints include the following, as we will require approval to proceed with the Message and Materials Testing at these junctures. To proceed as anticipated, we depend on moving ahead with recruiting upon receiving approval from ASPA on the screener at the end of Week 2. We would include the screener in the IRB/OMB package for review and approval with the discussion guide during Week 4.

- Week 2: Sign-off on the master focus group screeners (applies to the first wave only).

- Week 4: Sign-off on the master focus group discussion guide and questionnaire (applies to the first wave only).
- Week 6: Readout on the qualitative findings, sign-off on the updated creative assets.
- Week 8: Readout on quantitative findings.

Executing against this timeline hinges on the following. For any delays in sign-off/approval, the timeline will shift forward by that number of business days.

- Sign-offs noted above: 2 days
- IRB/OMB approval: 3 days

We have structured the review process to ensure a complete, expedited review of materials, and will only have to complete this process once for the first batch of creative tested.

OMB Reviews		
Deliverable	Delivered for Review	To be Approved no Later Than
Master qualitative discussion guide	Mid-Week 4	End of Week 4
Master quantitative survey questionnaire	Mid-Week 4	Early Week 5

Department of Health and Human Services Acquisition Strategy (AS)

Acquisition Title: Portfolio of Strategic NIH-Wide Service Contract Vehicles

Agency: NIH

NIH Divisions and Centers: OD - Office of the Director

Acquisition Year: 2017

Author:

1. Introduction and Background

Goal 3.1.1 of the NIH Strategic Plan was to establish a strategic sourcing office. The Category Management, Strategic Sourcing, and Data Analysis Branch (CMSSDA) was created within the Office of Logistics and Acquisition Operations (OLAO) and under the Office of Acquisition Management (OALM) led by the NIH Head of Contracting Activity. OLAO's plan is to coordinate NIH-Wide Indefinite Delivery Indefinite Quantity (IDIQ) vehicles managed out of a single branch of OLAO's Acquisition Office (AO) into a portfolio of service contract offerings available to all of NIH to help accomplish NIH's mission. The wide array of services would range from administrative support, conference support, communications support, equipment maintenance support, all the way to professional business support to meet any number of customer needs.

The Category Management, Strategic Sourcing, and Data Analysis (CMSSDA) branch's mission is to represent the NIH's interest on the Category Management Leadership Council (CMLC) and common government spend working groups. By encouraging the utilization of Government wide contract solutions, CMSSDA advocates for smarter leveraged buying. CMSSDA empowers the NIH community to eliminate redundancies, increase efficiency, deliver value, and realize savings by buying as part of a larger single US government enterprise. In the rare instances when buying as part of a single enterprise is not possible, CMSSDA will encourage consolidation at either the departmental (HHS) or operating division (NIH) level.

The total projected costs for the program =

2. Requirement -- Define Mission/Business Need and Strategy

In order for NIH to better accomplish its mission of seeking fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability, it needs resources to conduct research and a means for exchanging knowledge with the scientific community.

The NIH is the prime Federal agency for conducting and supporting medical research. It is comprised of 27 Institutes and Centers (ICs) through which it conducts research on a wide range of issues, the goal of NIH research is to acquire new knowledge to help prevent, detect, diagnose, and treat disease and disability, from the rarest genetic disorder to the common cold. The NIH mission is to uncover new knowledge that will lead to better health for everyone. NIH works toward that mission by conducting research in its own laboratories; supporting the research of non-Federal scientist in universities, medical schools, hospitals, and research institutions throughout the country and abroad; helping in the training of research investigators; and fostering communication of medical and health sciences information.

NIH is subject to the terms of the Federal Activities Inventory Reform (FAIR) Act. Under the provisions of the FAIR act, the agency must undergo a "Competitive Sourcing" process which simply describes a systematic effort to have all commercial activities in the Federal Government periodically go through a process of competition.

In NIH's negotiations with HHS and the Office of Management and Budget (OMB) regarding the competitive sourcing process, a number of administrative support positions were identified to be transitioned from government full time equivalent (FTE) to long-term contract as the positions are vacated by the current Federal employees. In addition to the positions to be filled as a result of the FAIR Act, NIH requires a vehicle to obtain other long-term administrative support services that are not inherently governmental.

With the challenges of hiring additional federal full time employees, offices are often left struggling with administrative burdens rather than focusing on achieving scientific goals. Long Term Administrative Services Contract II (LTASCI) provides offices a means of bringing on additional contractor support to help assist with the day to day duties and responsibilities of offices and labs across the NIH freeing up government staff to tend to other priorities. Similarly, with the constraints on the federal budget, NIH, like other agencies, is left with finding ways of doing more with less. NIH Business and Professional Support Services (NIHBPS) provides Institutes and Centers (ICs) access to professional resources capable of identifying and supporting business process improvements that help NIH save resources while improving its efficiency.

The NIH Conference Administrative and Travel services Contracts are considered to be part of the Department's strategic sourcing effort to leverage HHS-wide spend, reduce contract duplication, increase purchasing efficiencies, and reduce the total cost of conferences held by HHS. NIH ICs are required to use these, or other multiple-award contracts that have been established by the ICs specifically for the logistical and administrative aspects of conference support, unless there is a sufficient justification to acquire these services using another acquisition strategy. Such justifications shall be maintained in the contract/award file with other conference approval documents.

To meet its goals of fostering fundamental creative discoveries and innovative research strategies, NIH must engage with the scientific community. NIH Conference, Administrative, and Travel Services II (NIHCATS II) provides NIH ICs a means to coordinate large conferences anywhere in the US and abroad. These conferences can be fully supported by the NIHCATS II contractors allowing NIH staff to focus on the science. The Public Information and Communications (PICS) contract, developed as a result from a need of the NIH communications community, complements NIHCATS II in that it provides a means for NIH to conduct outreach and develop communication campaigns to further the awareness and effectiveness of the research being conducted.

The portfolio of contract vehicles is being used by nearly every IC at the NIH (25 out of 27). Interest in the contract vehicles has been shown by other agencies and HHS OPDIVS including HHS Office of the Secretary, ACF, HRSA, ASPR, CDC, FDA, NASA, IHS, and the Commerce Department among others.

OLAO's plan is to offer this portfolio of tailored IDIQ contract vehicles that directly impacts the agency's mission as strategic resources that can effectively be competed, maintained, and managed out of a single acquisition office so that benefits can be reaped from shared resources and lessons learned. IDIQ type contracts streamline access to important services that are equally available across NIH affording customers the ability to quickly order services after requirements materialize, providing NIH with flexibility in both quantities and delivery scheduling.

3. Management Approach



Though each contract vehicle offers unique services to the NIH, the team will apply consistent procedures and

resources to all the contracts for a simplified customer experience, easier cross training of OLAO staff, and the application of lessons learned across vehicles. A standard task order process will be used so once a customer is familiar with how to place an order under one vehicle, they can easily place an order for services under any of the others. Each will have a similarly formatted website providing consistent information, tools, and templates. Again this will allow the users to know where to find the information they need on any of the websites. The team will manage the websites so content is current and tools updated to reflect customer feedback and other improvements. The consistency allows the Special Contracting Branch to cross train its staff to help manage against personnel turnover and transitions as well as handle holiday and vacation schedules so customers continue to be supported by OLAO.

The program will track all the task order requests including but not limited to the requesting IC/OPDIV, key dates, key stakeholders, awarded contractor, and dollar value. These data points will be used to monitor usage, average award times, and dollars obligated. Meetings will be held with the contractors of the vehicles periodically (e.g., quarterly, twice a year) to keep them aware of changes in policies and procedures while continuing to share NIH's performance expectations.

4. Business Strategy

It is anticipated that the program will involve multiple award, NIH-Wide, Indefinite Delivery Indefinite Quantity (IDIQ) type contract vehicles. However, other vehicles may be included in the future if a strategic need is identified in the NIH community. The team will work with the small business office and where possible set aside the vehicles to small businesses helping not only to meet NIH's small business goals but also to support the small business community. The majority of the contract vehicles are small business set asides. The program intends to utilize small businesses as much as possible. The history of the vehicles demonstrates that we have exceeded our small business goals and we plan to continue this trend in the future. Being that all are IDIQ contracts, funding will be applied at the task order level from the requesting IC. The master contract will be responsible for the contract minimum which is anticipated to be approximately \$250 per awarded contractor. All IDIQ solicitations will be for commercial services and released publicly on FedBizOpps so that all offerors have an opportunity to compete for the opportunities. Task Orders will be competed either via email or through the use of an electronic procurement system.

Officer Representative (COR). Each task order will have its own task order CO and COR. The PM is responsible for effectively managing all business and technical risks of the program to insure effective systems and services are delivered to the end user on schedule, within budget and at the required levels of performance.

See below for a summary of key contract information for each of the anticipated contract vehicles.

1. NIH Business and Professional Support Services (NIHBPSS) - The NIHBPSS Contract is open to large and small businesses and has a ceiling of [REDACTED] a base plus two option years. Task orders will be fixed price or time and materials type awards. The services are professional services that should fall under the T&M and FP type of contracts to adequately account for labor hours and other direct costs (ODCs) used. There are too many unknown variables including level of service to offer a fixed price solution.

2. NIH Long-Term Administrative Support Contract II (LTASC II) - LTASC II is a small business set aside and has a ceiling of [REDACTED] for a base plus four option years. Task orders will be either fixed price or labor hour type awards. Some task orders are so adequately defined that they can easily fit into a fixed price task order while others have too many unknown variables to offer a fixed price solution. Labor hours is proposed for those circumstances. T&M was not considered as no ODCs are anticipated.

3. NIH Conference, Administrative, and Travel Services III (NIHCATS III) Contract - NIHCATS III is anticipated to be a small business set aside with a ceiling of [REDACTED] for a base plus four option years. Task orders will be either fixed price or time and materials type awards. This is a hybrid contract due to the nature of the conference support services. Many of the task orders offer components of both fixed price and T&M depending on the scope of the work.

4. NIH Public Information and Communications (PICS) Contract - PICS is a small business set aside and has a ceiling of [REDACTED] for a base plus four option years. Task orders are either fixed price or time and materials type awards. This is a hybrid contract due to the nature of the communication support services.

Many of the task orders offer components of both fixed price and T&M depending on the scope of the work.

5. NIH Wide Beckman Maintenance Contract - Will be open to large and small businesses and will be for a base plus four option years. Tasks/delivery orders will be fixed price type awards.

Source Selection plan and Team Responsibilities:

The Technical Evaluation Panel (TEP) is to evaluate the technical proposals and prepare the TEP report. The responsibility of the CO is to evaluate past performance, price analysis, and prepare rationale documentation. The responsibilities of the SSA are to review the rationale documentation and provide decision documentation using the trade-off techniques.

The Contracting Officer solicits the RFP and serves as the point of contact for the proposals. The contract specialist will review all proposals for responsiveness before distributing them to the TEP members. This will prevent the evaluation team from reading a proposal that cannot be considered for award. An offeror that submits a proposal, is considered "responsive" if their proposal has been prepared in full compliance with the requirements of the Request for Proposal (RFP). The TEP cannot evaluate proposals deemed not responsive.

The Contracting Officer solicits the RFP and serves as the point of contact for the proposals. The TEP is to evaluate the technical proposals and prepare the TEP report. The responsibility of the CO is to evaluate past performance, price analysis, and prepare rationale documentation. The responsibilities of the SSA are to review the rationale documentation and provide decision documentation using the trade-off techniques.

The evaluation and selection process for this requirement involves a three-tier approach consisting of the Source Selection Authority (SSA), Source Selection Advisory Council (SSAC), and Source Selection Evaluation Board (SSEB).

5. Risks Management

Risk 1 - OLAO staff turnover; Mitigation - Cross training OLAO staff and contractor support will help ensure consistent support to the NIH customer.

Risk 2 - Contractor performance; Mitigation - It is anticipated that each IDIQ will be multiple awards with ramp on/off clauses will allow OLAO to better manage contractor performance. In addition, quarterly meetings with the contractors will help set NIH expectations and address concerns.

Risk 3 - Changes to the NIH customer requirements; Mitigation - Through contract overview trainings and marketing events, the team will be able to identify changes in customer needs and trends. The team will determine the voice of the customer and adjust the contract vehicles as necessary.

Risk 4 - Changes to the political environment; Mitigation - The program will try to stay up on all the new policies that may come or the changes to old policy. The program will train the customers on the good and bad that may come out of the policy changes.

Risk 5 - Funding for program contractor support; Mitigation - Continue to market the contract to increase usage that feeds into the funding supplied through the Service Level Agreements (SLA) with the Institutes and Centers

6. Technology

The program will leverage informational websites hosted by NIH for each of the contract vehicles. No information is collected from users or stored. In addition, as stated earlier, the program will use an electronic Government Ordering System (eGOS) tailored for each contract vehicle to facilitate the task order process.

Outside of the existing ordering system, the program does not anticipate developing, accessing, maintaining,

collecting and/or hosting a Federal Information System.

7. Stability and Resources

The Institutes and Centers at NIH will serve as the principal source of funding for this requirement. This will be done by having Service Level Agreements (SLA) with the Institutes and Centers at NIH. For non NIH customers using the vehicles, the required Interagency Agreement will be used. See Appendix A for Resources and Associated Costs.

8. Procurement Forecasting

The anticipated procurement opportunities for this program are listed below. The team will work with the small business office and where possible set aside the vehicles to small businesses helping not only to meet NIH's small business goals but also to support the small business community. The majority of the contract vehicles are small business set asides. The program intends to utilize small businesses as much as possible. The history of the vehicles demonstrates that we have exceeded our small business goals and we plan to continue this trend in the future.

1. NIH Conference, Administrative, and Travel Services III (NIHCATS III) Contract - NIHCATS III is anticipated to be awarded in May 2017. It will be a small business set aside.

2. NIH Public Information and Communications (PICSII) Contract - PICSII will be a small business set aside with an anticipated award date of September 2017.

3. NIH Business and Professional Support Services (NIHBPSS) - The current NIHBPSS Contract was full and open available to both large and small businesses. The re-compete is also anticipated to be full and open with an award date of September 2018.

4. NIH Long-Term Administrative Support Contract II (LTASC II) - LTASC II is a small business set aside. LTASC III is anticipated to also be a small business set aside with an award date of January 2021.

5. NIH Wide Beckman Maintenance Contract - Will be open to large and small businesses and will be for a base plus four option years. tasks/delivery orders will be fixed price type awards. The re-compete will hopefully be extended to other types of equipment and other levels of maintenance.

9. Testing

No large scale IT implementation is anticipated for this program. Any developments and or changes related to the electronic Government Ordering System is tested by the program staff before use with customers.

Usage of the portfolio of contract vehicles will be monitored and customer feedback surveys reviewed to determine the effectiveness and success of the program.

10. Milestone Schedules

11. AS Execution Phases

See Chapter 4 follow the criteria and provide the required documents.

12. Reviews and Approvals of Acquisition Strategy

Program Manager - Recommend Approval

Name:			
Signature:		Date:	Jan 5, 2017

Contracting Officer			
Name:			
Signature:		Date:	Jan 5, 2017

Division Chief Information Officer (IT Goods/Services Required) - Concur with Recommendation			
Name:	N/A		
Signature:		Date:	

Division Head or Designee - Approve Recommendation			
Name:			
Signature:		Date:	2/14/2017

Division Office of Small and Disadvantaged Business Utilization Representative - Concur with Recommendation			
Name:	J		
Signature:	J	Date:	Jan 6, 2017

Head of Contracting Activity		<input checked="" type="radio"/> Approve Acquisition Strategy (< \$20M) <input type="radio"/> Concur with Recommendation (>=> \$20M or High Risk)	
Name:			
Signature:		Date:	10/5/17

Chief Information Officer (IT Goods/Services Required) - Concur with Recommendation			
HHS Implementation of FITARA May Provide Additional Guidance			
Name:	N/A		
Signature:		Date:	

Director, Office of Small and Disadvantaged Business Utilization Representative - Approve Acquisition Strategy			
Name:	N/A		
Signature:		Date:	

Senior Procurement Executive - Approve Acquisition Strategy			
Name:	N/A		
Signature:		Date:	

Appendix A - Resources and Associated Costs

Resource	Quantity	2015	2016	2017	2018	2019	Total
Associate Dir OLAO	1	\$153,733.00	\$153,733.00	\$153,733.00	\$153,733.00	\$153,733.00	\$768,665.00
Director, OLAO, OA	1	\$149,339.00	\$149,339.00	\$149,339.00	\$149,339.00	\$149,339.00	\$746,695.00
Deputy Dir, OLAO, OA	1	\$144,946.00	\$144,946.00	\$144,946.00	\$144,946.00	\$144,946.00	\$724,730.00
Branch Chief, SCB	1	\$130,692.00	\$130,692.00	\$130,692.00	\$130,692.00	\$130,692.00	\$653,460.00
Contract Spec GS-13	3	\$331,800.00	\$331,800.00	\$331,800.00	\$331,800.00	\$331,800.00	\$1,659,000.00
Contract Spec GS-12	2	\$186,014.00	\$186,014.00	\$186,014.00	\$186,014.00	\$186,014.00	\$930,070.00
Branch Chief, CMSSDA	1	\$130,692.00	\$130,692.00	\$130,692.00	\$130,692.00	\$130,692.00	\$653,460.00
Contract Spec GS-13	1	\$110,600.00	\$110,600.00	\$110,600.00	\$110,600.00	\$110,600.00	\$553,000.00
Contract Spec GS-9	1	\$56,805.00	\$56,805.00	\$56,805.00	\$56,805.00	\$56,805.00	\$284,025.00
Research Anal GS-12	1	\$93,007.00	\$93,007.00	\$93,007.00	\$93,007.00	\$93,007.00	\$465,035.00
Program Anal/COR	1	\$123,241.00	\$123,241.00	\$123,241.00	\$123,241.00	\$123,241.00	\$616,205.00
Contractor Sup/PWC	5	\$706,845.00	\$720,122.00	\$734,524.00	\$749,240.00	\$763,540.00	\$3,674,271.00
Resource Totals:		\$2,317,714.00	\$2,330,991.00	\$2,345,393.00	\$2,360,109.00	\$2,374,409.00	11,728,616

Add Resource

Appendix B - Milestones

Acquisition Milestone	Target Date	Revised Date	Completion Date
NIHCATS III Acquisition Plan (AP) Approved by CO	Feb 4, 2016		
NIHCATS III Solicitation Issued	Mar 16, 2016	Jul 15, 2016	
NIHCATS III Proposals Received	Apr 29, 2016	Aug 30, 2016	
NIHCATS III Technical Review Completed	Jun 30, 2016	Nov 16, 2016	
NIHCATS III Source Selection Approved	Aug 15, 2016	Dec 15, 2016	
NIHCATS III Awards Issued	Aug 16, 2016	Jan 25, 2017	
Recompete of PICS Start	Sep 1, 2016		
Recompete of PICS End	Sep 7, 2017		
Recompete of NIHBPSS Start	Sep 1, 2017		
Recompete of NIHBPSS End	Sep 15, 2018		
Recompete of LTASC II Start	Jan 1, 2021		
Recompete of LTASC II End	Jan 11, 2021		
Recompete of Beckman Maintenance Contract Start	Oct 1, 2016		
Recompete of Beckman Maintenance Contract	Sep 30, 2017		



National Institutes of Health
Office of Acquisitions, OLAO
6011 Executive Blvd.,
Bethesda, Maryland 20892-7663
Rockville, MD 20852 (courier service)

8.31.20

To: Ben Garthwaite, Chief Executive Officer, Fors Marsh Group

FR: Sharmaine Fagan Kerr, Contracting Officer, Branch Chief, NIH/OD/OLAO

CC: Darnese M. Wilkerson, CPCM, Director, Office of Acquisitions, OLAO

RE: AWARD NOTICE for TORP 2041

***PROJECT TITLE: COVID 19 PUBLIC HEALTH AND REOPENING AMERICA: PUBLIC SERVICE
ANNOUNCEMENTS AND ADVERTISING CAMPAIGN.***

Congratulations! Fors Marsh Group is the successful awardee for TORP 2041. Please see Q347 Form attached.

The mutual obligations of the Government and Fors Marsh Group - the contractor, are established by and limited to the written stipulations found in the master contract and task order performance work statement.

Ms. April Brubach April.Brubach@fda.hhs.gov and Ms. Danielle Johnson Danielle.Johnson@hhs.gov are the designated Contracting Officers' Technical Representatives. Ms. Heidi Holly heidi.holley@nih.gov is the designated Contract Specialist.

Please let us know if you have any questions.

HHS ASPA COVID-19 MEDIA CAMPAIGN

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu



CAMPAIGN WORK PLAN

Overview

The unprecedented public health emergency and financial instability created by the COVID-19 pandemic have elevated the need for credible and up-to-date health and safety information, accessible to the vast majority of Americans, into an urgent requirement for the Department of Health and Human Services (HHS). On behalf of the Office of the Assistant Secretary for Public Affairs (ASPA), Team FMG has developed this comprehensive work plan for the HHS ASPA COVID-19 Media Campaign (the Campaign) as an iterative document that will guide Team FMG and ASPA staff through all aspects of the contract. The work plan reflects our commitment to evidence-based communications driven by research, testing, and continuous evaluation. Upon ASPA approval of the work plan, Team FMG will populate a comprehensive tracking system, using the Smartsheet platform, with tabs for each of six individual action plans attached herein. The Smartsheet tabs will identify all individual tasks, their timelines, responsible staff, and associated documents/emails. ASPA and Team FMG will use the Smartsheet platform throughout the contract lifecycle to ensure that campaign goals and objectives are being met and that deliverables are properly staffed and cleared on time for distribution and placement.

Environment

As of September 21, 2020, more than 6.5 million confirmed cases of COVID-19 had been reported in the United States, with deaths from the disease approaching 200,000.¹ U.S. case numbers are doubling about every four months and 16 states are seeing their cases double in half that time or less.² Based on current trends, the Institute for Health Metrics and Evaluation projects 415,090 U.S. deaths from COVID-19 by January 1, 2021.³

The pandemic has exposed serious gaps in health care infrastructure over time and in measurements as diverse as number of available hospital beds,⁴ lab capacity,⁵ supplies of medical and personal protective equipment (PPE),⁶ and data reporting and informatics.⁷ At the same time, extraordinary resources are being committed to control the spread of the disease, identify and map COVID-19 biological processes that may lead to successful treatments, and develop, test, and field a vaccine that proves to be both safe and effective. According to the World Health Organization, there are at least 169 COVID-19 vaccines in development globally and 26 of those are in human trial phases.⁸

Even with universal availability of verifiable data on the coronavirus, however, communication about COVID-19 remains complex and sometimes unclear for the American public. Malicious medical hoaxes related to the coronavirus are prolific on the internet and misinformation, as well as deliberate disinformation, clog the media landscape and complicate medical, policy, and political action. This situation breeds confusion and distrust, contributing to unacceptably low adoption of public health recommendations for slowing the spread of the disease. In addition, many health-related messages are drowned out by other high-visibility news stories, further weakening their impact. This work plan includes specific steps Team FMG will take to mitigate the current media environment, including through robust partnerships with agents that can reach and influence skeptical audiences and well-researched and tested materials that will increase information saturation for multi-cultural populations and other groups that have been disproportionately affected by COVID-19.

ASPA Priorities

ASPA's media campaign will focus on aspects of three priorities over the next year: COVID-19, seasonal flu, and safe reopening. Given the current public health emergency, Team FMG will begin immediately upon approval of this work plan to execute the First Project Period of the Campaign (September 2020-January 2021). Our team, comprising more than 100 highly experienced experts with years of work across the full spectrum of research, campaign development and execution, and evaluation disciplines, is ready to go to work on day one. We will employ public health and communications best practices, verified research, and engaging creative materials to achieve the following goals:

- Develop a public service advertising/announcement campaign designed help Americans make informed decisions about the prevention and treatment of COVID-19 and flu.
- Provide critically important public health, therapeutic, and vaccine information that will be relevant across the country throughout the process of reopening.
- Give Americans the information they need to know as their cities and communities move through each of the phases of reopening and achieve recovery.
- Share best practices for businesses to operate in the new normal and instill confidence to return to work and restart the economy.
- Reach communities across the nation by building a coalition of spokespeople who will resonate with various audiences.

We will maximize exposure to campaign messaging through the most effective and cost-efficient channels possible by drilling down to small-population outreach and employing thousands of small vendors for highly targeted ad placement. This tactic will have the added benefit of

increasing potential for desired response by getting specific messages to the exact population segments most likely to be influenced by them.

As we enter fall and winter months, it appears likely that the incidence of COVID-19 will remain fairly stable or increase. Immediate priorities to enable rapid and thorough media saturation with relevant and compelling *COVID-19 messaging* are:

- An environmental scan to determine what COVID-19 messages are already appearing, who is sourcing them, and their credibility and accuracy
- A resources inventory to determine what COVID-19 related products are available from HHS and HHS agencies for possible adaptation and expedited placement
- An assessment of COVID-19 communication initiatives on the horizon or in the works, who is sourcing them, and issues the initiatives will address
- Identification and preparation of select spokesmen and spokeswoman for media interviews or public statements to clarify, correct, or release information related to COVID-19
- Fast-tracked development of communication products focusing on some or all of these themes:
 - Vaccine readiness, vaccine development and testing, vaccine safety, vaccine effectiveness, vaccine options (injections, inhalation, dosage, etc.), and vaccine availability and cost to consumers
 - Steps to reduce risk of getting COVID-19 (being vaccinated, hand washing, mask wearing, social distancing)
 - Safe holiday practices (Halloween, Thanksgiving, December holidays, New Year's)
 - What to do if you have symptoms of COVID or flu

At the same time we are expediting placement of COVID-19 messaging, seasonal influenza will begin to spread. Although CDC reports decreased influenza activity so far this season,⁹ a strong flu season can have a significant impact on the nation's ability to manage the pandemic. During the 2017-2018 flu season, which was especially severe, 45 million Americans contracted flu, 21 million visited health care providers (HCPs) for flu, 810,000 were hospitalized for flu, and there were 61,000 flu-related deaths.¹⁰ Since many early symptoms of flu and COVID-19 are similar, even half of those numbers this flu season can strain COVID-19 testing capability and place significant burdens on a health care system already stretched by the pandemic. Accordingly, Team FMG may also prioritize the following actions to ensure that we are ready when the need arises for rapid deployment of *seasonal flu messaging* as part of the Campaign:

- An environmental scan to determine what flu messages are already appearing, sources, and accuracy

- A resources inventory to determine what flu materials are available from HHS and its agencies and might be adaptable for this flu season
- An assessment of flu communication initiatives on the horizon or in the works, sources, and issues to be addressed
- Development as needed of communication products focusing on some or all of these themes:
 - Where, when, and why to get a flu shot
 - How seasonal flu and COVID-19 can affect individuals, communities, and health care resources
 - What to do if you have symptoms of flu or COVID-19

In addition to addressing issues related to COVID-19 and flu, the Campaign will field materials and communication activities to support safe reopening of the nation's businesses, schools, and places of worship and the return of a robust economy as soon as possible. To that end, during the First Project Period of performance we will take similar steps to those outlined above to enable timely deployment of high-quality materials and initiatives on *reopening*. Key messages will include some or all of the following:

- How to protect your customers and employees when reopening
- How to protect your community from the spread of COVID-19 when you're at work, school, worship, medical appointments, etc. (getting a vaccine, hand washing, mask wearing, social distancing)
- How to protect yourself and your family when returning home from work, school, worship, medical appointments, etc. (hand washing, social distancing, disinfecting surfaces)

Work Flow

Although public health and behavior change campaigns typically operate in phased cycles of tasks, the urgent public health crisis resulting from the COVID-19 pandemic requires that this Campaign operate in concurrent cycles of tasks, especially at the outset. FMG will employ multiple work groups executing multiple tasks in different phases of the Campaign concurrently. Upon ASPA approval of the timelines included in each individual work plan, Team FMG will populate a comprehensive tracking system on the Smartsheet platform with tabs for the six action plans attached herein. Smartsheet tabs will be organized by individual tasks and will include timelines, responsible staff, and associated documents/emails. ASPA and Team FMG will use the Smartsheet tracking system throughout the contract lifecycle to ensure that the Campaign is meeting all goals and objectives and that deliverables are properly cleared and deployed in a timely manner.

Individual Action Plans

The following action plans contain details on tasks, processes, priorities, rationales, dependencies, and timelines for key elements of the work plan:

- Market Research Plan
- Message and Materials Testing Plan
- Evaluation Plan
- Partnerships Plan
- Paid Media Plan
- Earned Media Plan/Issues Management Plan

¹<https://covid19.who.int>

²<https://www.cnn.com/interactive/2020/health/coronavirus-us-maps-and-cases>

³ <https://covid19.healthdata.org/united-states-of-america?view=total-deaths&tab=trend>

⁴<https://protect-public.hhs.gov/pages/hospital-capacity>

⁵Slabodkin, Greg. Labs warn COVID-19 testing demand will soon top capacity as new hotspots emerge. *MedTechDive* June 30, 2020: <https://www.medtechdive.com/news/labs-warn-covid-19-testing-demand-will-top-capacity-hotspots-new-surge/580690/>

⁶Ranney ML, Griffeth V, Jha AK. Critical Supply Shortages — The Need for Ventilators and Personal Protective Equipment during the Covid-19 Pandemic. *N Engl J Med* 2020; 382:e41
DOI: 10.1056/NEJMp2006141

⁷O'Reilly-Shah VN, Gentry KR, Van Cleve W, Kendale SM, Jabaley CS, Long DR. The COVID-19 Pandemic Highlights Shortcomings in US Health Care Informatics Infrastructure: A Call to Action. *Anesth Analg.* 2020;131(2):340-344. doi:10.1213/ANE.0000000000004945

⁸ https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines?gclid=EAlaIqobChMIpr6itKzx6wIVUPDACH3m9g9MEAAAYASAAEgJS9PD_BwE

⁹ Olsen SJ, Azziz-Baumgartner E, Budd AP, Brammer L, Sullivan S, Pineda RF, Cohen C, Fry AM. Decreased Influenza Activity During the COVID-19 Pandemic – United States, Australia, Chile, and South Africa, 2020. *MMWR/* September 18, 2020/69(37):1305-1309. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6937a6.htm>

¹⁰ <https://www.cdc.gov/flu/about/burden/2017-2018.htm#:~:text=The%20overall%20burden%20of%20influenza,%E2%80%94%20United%20States%2C%202010%2D11>

HHS ASPA COVID-19 MEDIA CAMPAIGN

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu



MONTHLY PROGRESS REPORT – SEPTEMBER 2020

Contract Number: 75N98019D00007/75N98020F00001

PICS II TORP 2041

Submitted to:
Office of the Assistant Secretary for Public Affairs (ASPA), U.S. Department of Health and Human Services (HHS)

And

Office of Logistics and Acquisition Operations (OLAO), National Institutes of Health (NIH)

October 7, 2020

Monthly Report – September 2020 (August 31 – September 30, 2020)

1.1 Program Management, Strategy, & Planning

Accomplishments

Team FMG successfully started up the PICS 2041 contract by completing the first few program management deliverables. The first month of the contract included activities to establish communication processes and activities in order to complete the initial work plans for each task area. Strategy development began with the preparation of Strategy Week.

Completed and In-Progress Deliverables

Completed:

- Held kickoff meeting on 9/10
- Submitted work plans on 9/21
- Held twice a week team calls with ASPA

1.2 Partnerships

Accomplishments

Team FMG developed the partnership plan and presented it to ASPA. We have identified and submitted the list of preliminary partners across four categories: federal agencies; state, county, city, and tribal agencies; organizations serving harder-to-reach/harder-to-persuade at-risk groups; and major corporations and foundations. We have also developed and submitted criteria for selecting partners, an introductory email to partners, an online partnership inquiry form to gauge potential partner interest, a script to use when conducting follow-up with partners, and a list of recommended materials for development in Q4 CY20.

Completed and In-Progress Deliverables

Completed:

- Submitted partnership outreach plan on 9/21 and prepared to review with ASPA in October to address their questions.

- Submitted outreach letter, criteria for selecting partners, script to use in follow-up calls, and online form to send to potential partners.

In Progress:

- Development of Q4 materials
- Outreach to begin in October to Groups 1 & 2
- Development of database tool for managing partnership list
- Planning for development of microsite for partners

1.3 Evaluation Planning & Reporting

Accomplishments

This month Team FMG laid the groundwork for all campaign evaluation activities. We submitted our initial work plan to ASPA on September 21, which outlined our approach to measuring campaign success early and often. We began developing instruments for monthly and longitudinal **outcome surveys** by assessing the campaign's objectives and reviewing external literature to identify important covariates related to the campaign's key target behaviors. We also began a **literature review** and **analysis plan** for the end-of-campaign **cost benefit analysis**. To prepare for the **ongoing process evaluation**, we began identifying key data streams that we will leverage to test underlying relationships in the logic model. Finally, Team FMG began drafting necessary forms for obtaining **IRB clearance and OMB generic clearance** for both the monthly and longitudinal outcome surveys.

Completed and In-Progress Deliverables

Completed:

- Submitted Evaluation Plan on 9/21 (Task 1g) and met with ASPA on 9/28 to address their questions

In Progress:

- Monthly Campaign Report
- Monthly Outcome Survey Instrument
- Monthly Outcome Survey Report Template
- Monthly Outcome Survey IRB Package
- Monthly Outcome Survey OMB Package
- Longitudinal Outcome Survey Instrument

- Longitudinal Outcome Survey Email Communications
- Longitudinal Outcome Survey Report Template
- Longitudinal Outcome Survey IRB Package
- Longitudinal Outcome Survey OMB Package
- Final Campaign Report Template

2.1 Market Research

Accomplishments

Team FMG prepared the Market Research Plan and delivered it to ASPA on September 21. We began preparing for multiple market research activities by **identifying key research questions** that we can address in primary data collection and by cataloging secondary data resources that we can synthesize and pull into our reporting to help build foundational knowledge related to COVID-19 and related topics and issues. We purchased a **Brandwatch subscription for social listening, media monitoring, and news monitoring** and established initial queries. We also identified key variables available in the Claritas PRIZM data that will allow us to quickly **identify audience segments** to prioritize for the first set of creative development and media planning activities.

Completed and In-Progress Deliverables

Completed:

- Submitted Market Research Plan on 9/21 (Task 2a) and met with ASPA on 9/28 to address their questions

In Progress:

- Weekly Situation Briefing
- Weekly Tracker Instrument
- Foundational Focus Group Discussion Guide

3.1 Message & Materials Development & Production

Accomplishments

This month Team FMG completed a multi-day strategy workshop with participation of all multicultural agency partners. Based on existing evidence, we developed **taglines, creative platforms, and draft messages** related to vaccine readiness to be tested.

Team FMG has made rapid progress in development of an **HHS COVID-19 web hub** that provides a central online presence that meets public needs for COVID-19 resources in one authoritative place. Initial focus is on building a one-stop web hub that will lay out pathways available to the public in order to accelerate enrollment across all clinical trials and plasma and blood donations. FMG has completed and submitted a justification paper for the site, timeline, and web copy for ASPA Review.

Completed and In-Progress Deliverables

Completed:

- Submitted website justification paper on 9/18
- Submitted website timeline for Phase I development on 9/30

In Progress:

- Team FMG began conceptualizing ad concepts for reinforcement of risk-reduction behaviors (three W's*) to deploy in market ASAP. Concepts will be presented to ASPA the week of 10/12.
- We also are developing test stimuli covering the vaccine readiness topic in order to be tested across all audience groups.
- Website production and deployment by 10/26:
 - Development of content for five- English/Spanish pages
 - Incorporation of content edits and feedback from ASPA and OWS teams
 - Development of wireframes, including sample photography, layout options and designs elements for ASPA review
 - Conceptualization of URLs
 - Completion of front end and back end development
 - Quality, functional and load testing, as well as UAT and 508 compliance
 - Website deployment for Sprint 1
 - Initiation of Sprint 2 content

3.2 Message & Materials Testing

Accomplishments

Team FMG prepared the Message and Materials Testing plan and delivered it to ASPA on September 21. In line with our work plan, we began developing the master **qualitative discussion guide** and screeners as well as the master **survey instrument** to be used across multiple rounds of testing. Team FMG also began drafting report templates to use for these efforts.

Completed and In-Progress Deliverables

Completed:

- Submitted Message and Materials Testing Plan on 9/21 (Task 3a) and met with ASPA on 9/28 to address their questions

In Progress:

- Creative Testing Focus Group Screeners
- Creative Testing Focus Group Discussion Guide
- Creative Testing Focus Group Briefing Template
- Creative Testing Survey Instrument
- Creative Testing Briefing Template

4.1 Paid Media

Accomplishments

Team FMG prepared the Paid Media plan and delivered it to ASPA on September 21. This plan incorporated budget and channel allocations as well as estimated weekly delivery and flighting. We also held **integration meetings** across all of the buying agencies to ensure we are working closely together for a seamless integrated paid media approach. We also kicked off work on the **media dose dashboard** and determining what paid media inputs should be included.

Completed and In-Progress Deliverables

Completed:

- Submitted Paid Media Plan on 9/21 (Task 4.1) and met with ASPA on 9/28 to address their questions
- Developed media channel mix and budget allocation to maximize reach and frequency with available budget.
- Developed plan to promote risk-reduction behaviors, (handwashing, mask-wearing, social distancing) and vaccine readiness to put into market to launch ASAP.
- Dedicated 45% of paid media budget to support AI/AN, Black/African American, and Hispanic audiences to address disproportionate effect of COVID-19.
- Developed initial channel recommendation to support the Fred Hutchinson vaccine trial recruitments in key markets.

In Progress:

- Develop fast-tracked media plan to launch radio/digital.
- Finalize trafficking process between agencies.
- Finalize media inputs needs for media dose dashboard.

4.2 Earned Media

Accomplishments

Team FMG developed the Earned Media plan and issues management playbook and delivered them to ASPA on September 21. Upon execution, the earned media plan will create a steady drumbeat of coverage of Q4 media hooks including back-to-school, Halloween, the holidays, and New Year's Eve. We have created a **message platform** that includes the most salient and compelling points about the Campaign to be reinforced as part of our outreach efforts and a **key spokesperson list** that includes HHS leaders and influencers to support widespread and diverse media opportunities. On the influencer side, iHeartMedia has provided a first wave of **weighted target influencer recommendations** as well as iHeart talent targets and is awaiting feedback and guidance to make outreach.

We also developed a vaccine announcement plan that outlines media outreach opportunities to support vaccine readiness and health-promoting behavior messaging. The plan includes specific tactics to reach policymakers, hospital and health system leaders, business leaders, consumers, and stakeholders.

Completed and In-Progress Deliverables

Completed:

- Submitted media plan on 9/21 and are awaiting ASPA approval.
- Submitted issues management plan on 9/21 and are awaiting ASPA approval.
- Developed vaccine announcement plan for submission to ASPA.
- Provided preventive messaging around the 3Ws nationally via the iHeartRadio Music Festival broadcast delivered by influencer Elvis Duran across the national pop platform.
- Provided a first wave of weighted target influencer recommendations as well as iHeart talent targets for submission to ASPA.

In-Progress:

- Vetting of the influencer list based on initial feedback from client.
- Finalizing weekly interview slot across National Public Affairs Programming for campaign use.

Risks

FMG is in the process of assessing all project risks through discussions with key team members and stakeholders.

PERFORMANCE WORK STATEMENT

COVID 19 PUBLIC HEALTH AND REOPENING AMERICA: PUBLIC SERVICE ANNOUNCEMENTS AND ADVERTISING CAMPAIGN

BACKGROUND and NEED

As state and local officials continue to protect American lives and reopen their economies, there is important public health and economic information to share with the American public during each phase of recovery from the COVID-19 (coronavirus) pandemic.

By harnessing the power of traditional, digital and social media, the sports and entertainment industries, public health associations, and other creative partners to deliver important public health and economic information the administration can defeat despair, inspire hope and achieve national recovery.

GOALS

- Provide critically important public health, therapeutic and vaccine information that will be relevant across the country throughout the process of reopening.
- Defeat despair and inspire hope, sharing best practices for businesses to operate in the new normal and instill confidence to return to work and restart the economy.
- Give Americans the information they need to know as their cities and communities move through each of the phases of reopening and achieve recovery.
- Reach communities across the nation by building a coalition of spokespeople who will resonate with various audiences.

APPROACH

Given the COVID-19 pandemic and the fact that the seasonal influenza (flu) virus is also widespread, coordinating public outreach efforts will maximize the use of communications channels and resources available.

As therapeutics and ultimately vaccines are developed for COVID-19 messaging will rapidly evolve to include the latest scientific information. The ability to build on and create a dynamic relationship with the public health infrastructure and messaging already established to inform and protect individuals, families and communities is expected to improve the potential for and increase the speed of adoption of COVID-19 and flu risk reduction behaviors and acceptance of COVID-19 vaccine when available.

To maximize effectiveness of COVID-19 and flu messages, market research will be used to segment the American market place and target specific audiences with tailored communications. Targets within each segment will be chosen based on size, objectives and

resources. Communication strategies should be tailored to audience segment wants, needs, and information channels

To reach targeted audiences with appropriate health messages and measure the reach, awareness and utilization of the messages, the Office of the Assistant Secretary for Public Affairs (ASPA) requires contractual support. The contractor will rapidly bring together and establish a coalition of organizations and individuals that can reach Americans through traditional, digital and social media in a meaningful way with information needed to make informed decisions about the prevention and treatment of COVID-19 and flu.

The contractor will propose a strategic, goal-oriented plan to defeat despair, inspire hope, and achieve recovery by conveying personal and public health practices to individuals; as well as providing needed information to businesses and workplaces; child care, schools, and youth serving programs; colleges and universities; faith-based organizations; parks and recreational facilities; and first responders, law enforcement and other public services.

Under HHS leadership and the guidance of scientific expertise, the contractor will develop a proposed messaging approach and outcome measures based on market segmentation, target audiences and communications channels consistent with the latest available market research. The contractor will propose a strategic alliance plan that includes but is not limited to clinicians, businesses and business groups, educators, faith-based leaders, public service provider, media, entertainment and sports figures, and federal grantees and programs.

DESCRIPTION OF WORK

Public Service Advertisements (PSA), also known as public services announcements, are designed to persuade consumers to engage in behavior that actively promote health behaviors or good citizenship. The PSAs developed for this campaign will be disseminated through an appropriate marketing mix of traditional, digital and social media and are expected to create consistent messages and calls to action across multiple platforms with an expected emphasis on radio. This PSA campaign intends to inform and motivate targeted audiences to make informed decisions about the prevention and treatment of COVID-19 and flu.

The campaign will have four main components:

- 1) Program management/strategy and evaluation;
- 2) Market research;
- 3) Message and material (PSAs) production; and
- 4) Paid and earned media distribution.

Given the rapidly evolving nature of the COVID-19 pandemic each campaign component will be performed simultaneously and coordinated by HHS leadership and the contractor's program management/strategy and evaluation team. The vast majority of the funds are expected to be invested in the first project period (August 2020 – January 2021) given the current public health

emergency. Work performed by the contractor will build on work already initiated by ASPA and HHS Agencies/Offices. Percentage level-of-efforts are provided as estimates only to help offerors prepare their proposals to this RFQ.

- Program management/strategy and evaluation - 10%
- Market research - 10%
- Message and material (PSAs) production - 15%
- Paid and earned media distribution - 65%

For the campaign to be effective, ASPA leadership and the contractors must design a strategy with an understanding of the target audiences, their fears and concerns, their risk perceptions, the health behaviors promoted, and the barriers and motivators for the target audiences to take action. Current and future understanding will inform message and material production. Work plans, messages and materials will evolve based on new and emerging information about the prevention and treatment of COVID-19 and flu and target audiences.

The campaign's messages and materials will build on and add to HHS communication work available to the public or in development. The campaign will complement and coordinate with, but not duplicate or replace other HHS research, media work, and partnerships existing, ongoing, or planned related to COVID-19 and flu.

TASK #1. PROGRAM MANAGEMENT/STRATEGY AND EVALUATION

The contractor will develop a written work plan, minimally including all essential interim and final deliverables, key staff responsible for tasks (including contractors, HHS or other partners), schedule of key deadlines (including review cycles and absolute No Later Than (NLT) dates for key activities and deliverables) and clarifications or updates specific to each task in greater detail than may have been included in the original proposals. The work plan must contain:

- a series of specific reports and activities proposed by the contractor, to be developed by the contractor during the course of the project, inclusive of the contractor's plan for ongoing monitoring and evaluation of services to assure highly quality performance and customer satisfaction.
- hours of operation,
- contractor plan for employee management including how the contractor will avoid any appearances of personal services by the HHS, and
- the contractor's plan to maintain services during emergencies, such as government shutdown, building closure, inclement weather, telework, etc. or similar (infrequent) surge efforts for peak room usage for large scale events.

1a. Kickoff meeting.

The contractor must schedule a kick-off meeting with the Contracting Officer's Representative (COR) and other relevant ASPA staff within 5 business days after award. The contractor's project director must attend in-person (virtually is acceptable), and ASPA prefers other key personnel attend in-person if feasible (virtually is acceptable). The contractor will review their proposed approach and timeline, clarify expectations, and discuss initial campaign activities. The contractor must provide written meeting notes within 2 business days of the meeting.

1b. Deliver workplan.

The work plan is a document ASPA will share with key HHS management/staff impacted by this project, as needed. The work plan is due no later than 7 work days following the initial meeting. The work plan (and any schedule of interim deliverables) may be revised according to ASPA acceptance of the updated work plan by the COR during the project with the restriction that these changes must not impact the overall period of performance, scope, or specifications of the award, or otherwise impinge on the authority of the contracting officer. It is the responsibility of the contractor to fully understand what changes require contracting officer approval.

The work plan will guide the contractor and ASPA staff, acting as a road map with all aspects of the campaign including concrete goals, objectives, and timelines and ensuring that ASPA is aware of upcoming activities and progress. ASPA may and is expected to ask the contractor to revise the plan as goals change or needs fluctuate in different areas. The contractor and ASPA COR will re-visit the plan monthly to make sure that new information (*e.g.*, results from market research, therapeutic and/or vaccine developments, an acute media event) are reflected and the plan adjusted accordingly.

1c. Twice a week team calls.

Given the urgency of this effort, the contractor must schedule twice a week conference calls with the ASPA COR and other relevant ASPA staff. The contractor must provide agendas, meeting notes, and after-call summaries within 2 business days. The calls will cover progress, problems, possible solutions, deadlines, and next steps.

1d. Monthly reporting.

The contractor must provide a monthly report for the prior month including updates on the specific plans and deliverables as described in the work plan expressly broken out. The monthly report must be considered a substantial deliverable of the project, for review by key ASPA leadership as well as the project contracting officer representative, and used as 1) a tracking tool for success of this project, 2) documentation of effort/services as invoiced in the matching monthly invoice, and 3) support for need for additional incremental funding in the 2nd through 4th periods of performance. The contractor must develop the monthly report format for review and approval by the COR. The monthly report is due NLT than the 5th business day of each month.

1e. Provide a partner outreach plan.

As part of the strategy, the contractor's campaign management/strategy and evaluation plan must include strategic partnership outreach and engagement activities that includes federal, state, tribal, community, faith-based, non-profit, business, media outreach, entertainment industry and non-traditional partners.

The purpose of the partner outreach is to make sure partners have accurate COVID-19 information and recommendations; extending the reach of government information and recommendations; and deliver government information and recommendations to target audiences that partners reach more effectively than ASPA. In the plan the contractor must recommend priority partners with whom APSA should engage and propose strategies and activities for engaging with them on a regular basis. The ASPA COR will approve the partners.

1f. Implement partner outreach plan.

The contractor must work with ASPA staff to build on existing HHS outreach/partnership work related to COVID-19 and flu. The contractor must provide a partnership outreach approach that complements and enhances this work and recommend proactive partner engagement and events (e.g. webinars, telebriefings, documentary, awards).

Targeted organizations may include, but are not limited to the following:

- Existing HHS partners (internal and external)
- Federal agencies
- Not for profit organizations
- Private-sector companies,
- National and local media
- State departments of health and education
- Community-based organizations and their national affiliates
- Faith-based organizations
- Entertainment industry
- Health care provider organizations

1g. Create evaluation plan (process and outcome).

For evaluation, ASPA is interested in the following and encourages offerors to use these or revise or add others that they project will better measure the reach, awareness and utilization of the campaign's messages and materials related to COVID-19 and flu.

Process questions:

- How many COVID-19 messages and materials are the contractors distributing?
- How many and which channels are messages and materials being sent through or placed in?
- How many partner organizations are distributing government messages and materials?
- Is the campaign being implemented according to the plan and goals?
- What proportion of the target audiences is the campaign reaching and is the proportion increasing over time?

Outcome questions:

- Do target audiences report receiving government COVID-19 information?
- Do target audiences report reading, listening to or watching government COVID-19 information?
- Do target audiences report that government information corrected misinformation or rumors they'd heard about COVID-19 prevention and treatment?
- Do target audiences report that government COVID-19 information reduced their fears or concerns?
- Do target audiences report sharing government COVID-19 information with others?
- Do target audiences report that government COVID-19 information gave them steps they could take to protect themselves?
- Do target audiences report their intention to take recommended protective actions?
- Do target audiences report taking recommended protective actions?

The contractor's campaign plan must include process and outcome evaluation measures and targets. In their proposals, offerors must briefly outline their evaluation plans and describe measures and targets for the major campaign activities.

1h. Conduct evaluation.

The contractor must implement the approved evaluation plan for process and outcome measures. The contractor must monitor and track placement and distribution of all messages, materials, and advertisements associated with the campaign(s) (including both the paid and earned media portions), through all channels, including partners. The contractor must recommend necessary mid-course corrections or strategy shifts in monthly traditional and digital media reports.

1i. Provide monthly traditional and digital media evaluation reports.

The contractor must report all media contacts, by location, including contact information, description of materials placed, number distributed, and dates on which they were distributed, as well as the estimated number of media impressions beginning after product distribution and continuing until the end of the campaign. The monthly report must also include digital metrics that show reach and influence of the digital component of the campaign.

1j. Provide campaign evaluation reports.

At the end of the each campaign period (6 months), the contractor must provide the ASPA COR a written report of the evaluation with recommendations for the next campaign wave; the results of this evaluation will be used to inform the next wave of the campaign. These reports can be included in the final campaign report.

1k. Final report.

The contractor must provide a final report of all campaign activities and electronic files of all messages and materials. The report must summarize all campaign activities; market research, process, and outcome results; include copies of any evaluation instruments used; and recommend next steps for the campaign. The report must provide an overall campaign summary and conclusions about how well the campaign met its stated goals.

The contractor must provide ASPA a draft report at least 21 business days before the end of the contract and allow 10 business days for ASPA review. The contractor will revise the draft using ASPA comments and provide a final report before the end of the contract.

TASK #2. MARKET RESEARCH PLAN AND EXECUTION

Recommended individual and community health behaviors that prevent and contain the spread of COVID-19 must be repeated regularly and precisely. New information about therapeutics and vaccines must be conveyed in a way that motivates recommended action.

The contractor must recommend the methods used for market research with the target audiences. Market research can include primary data collection, secondary data analysis, and review of the literature, including marketing and media reports. Market research methods may include but are not limited to interviews, focus groups, participant observations, surveys, community listening sessions, usability studies, participatory design sessions, literature reviews, and mass and social media monitoring.

2a. Create and submit market research plan.

Considering the campaign goals, the contractor's plan must specify the following:

- Type of research and amount (for example, a review of 5 reports on target audience media habits; 20 in-depth interviews; 1 online survey)
- Audience for the market research
- Expected results of the research
- How the results will be applied to messages and communication products

The contractor's plan for market research must show how it will contribute to ASPA's ability to address the complexities of COVID-19 risk, knowledge, beliefs, and behaviors. Research must

determine the dominant barriers to completing the recommended health behaviors and identify ways to counter them. Given the COVID-19 pandemic and the flu virus is also widespread, research must examine coordinating public outreach efforts to maximize the use of communications channels and resources available.

In addition to paid and earned media distribution the contractor must provide recommendations and strategies, based upon the market research, on how to reach members of the target audience who may be reached through other channels and approaches. The contractor must anticipate the need to adapt or tailor messages in response to currently unknown information, emerging science, and disease trends in terms of affected populations or geographic distribution of the disease.

2b. Implement approved market research plan.

The contractor must handle all aspects of recruitment, execution, IRB mechanisms (per the Contractor's own regulations; ASPA may request assistance preparing internal IRB documents), OMB mechanisms, analysis and reporting.

All market research must account for the health literacy skills of individuals and communities (what people and communities understand and can do about the prevention and treatment of COVID-19 and flu) and reflect the target audience in gender, age, ethnicity/race, and education.

2c. Submit reports of results and recommendations from market research.

After conducting market research, the contractor must include a written topline report of the results and recommendations for how to use the results for ASPA's COVID-19 and flu messages, materials, partnership, and distribution as part of the required monthly reporting.

TASK #3. MESSAGE AND MATERIAL (PSAS) PLAN AND PRODUCTION

The contractor will design and supply to ASPA draft PSA testing plan. The contractor must test and produce final messages and materials for all target audiences. The contractor must test all messages and materials in the formats intended for the relevant distribution channels (mass media, digital, or other channels, based on the best information available and emerging market research) and in target audiences' preferred language. The contractor is responsible for all message and material translation.

The contractor must use government approved information about COVID-19 and flu and health behaviors in all messages and materials.

3a. Provide message and material testing plan.

Prior to message and material testing, the contractor will provide ASPA a draft testing plan and copies of all draft or government approved messages and materials proposed for testing. Once

ASPA approves the plan and test messages and materials, the contractor will conduct all testing.

The contractor's testing must evaluate at a minimum: the target audiences' perceived relevance and comprehension of the information; the extent to which the risk messages and behavioral recommendations address fears and concerns and motivate protective behaviors; and message effectiveness in correcting misinformation and sharing of accurate information. For bidding purposes, offerors can assume producing and testing a minimum of 10 PSAs and associated advertising materials (multiple formats – ad package) per month.

3b. Conduct message and materials testing.

For testing, the contractor may use existing HHS messages and materials or draft materials from HHS staff, and the contractor can propose and draft additional messages and materials based on formative research results and HHS messages and materials documents.

Final campaign messages and materials

- must be in the preferred languages of the target audience. The primary campaign languages will be English and Spanish; other languages as indicated by formative research, affected geographic regions, and travel patterns.
- match the health literacy skills of the target audiences.
- comply with all federal mandates, including Federal Plain Language Guidelines, printing requirements, and Section 508 requirements.

3c. Provide written report of testing results and recommendations.

After testing is finished, the contractor will provide ASPA a topline written report of the testing results and recommendations for message and material revisions and final messages and materials.

3d. Final message and materials production.

Once ASPA approves the message and material concepts and drafts, the contractor must produce final messages and materials. The contractor, for bidding purposes, can assume producing for final distribution a total of 10 new PSAs and associated advertising materials (multiple formats - ad package) per month for at least the first project period. All content must be 508 compliant, follow HHS branding requirements and other communications policies and procedures, including clearance.

The contractor may develop ad packages based on the target audiences. For the purposes of this contract, an ad package refers to the comprehensive development of an ad concept, with executions in these mediums (multiple languages):

- Television (:15 :30 and :60 second versions)
- Radio (:30 and :60 second versions)

- Vignettes
- Print, out of home (billboards, mass transit, theaters, point of purchase, etc.)
- Online executions/digital
- Public service announcement
- Audio Podcasts

The contractor must provide graphic design, copy-writing, editing, and other services for video, radio and digital applications, channels, and materials. All content must be Section 508 compliant and designed to optimize the user's experience across all platforms. The contractor must require all talent and images to be able to be used across multiple media platforms. All created materials must belong to HHS following their development royalty-free. Messages and materials must be in the preferred languages of the target audience. This could be English and Spanish and other languages indicated by affected geographic regions and travel patterns.

TASK #4. PAID AND EARNED MEDIA DISTRIBUTION PLAN AND EXECUTION

4a. Provide a traditional and digital media plan.

The contractor must create a mass and digital media plan to reach residents of the U.S. The plan must describe how the contractor will use media to deliver accurate, plain language information needed to make informed decisions about the prevention and treatment of COVID-19 and flu.

In the proposal, the contractor must briefly outline their proposed media plan, their experience and success using media to reach the U.S. public. The contractor must work with a professional media buyer or have appropriate in-house expertise. The plan must include comprehensive paid and earned media strategies that include an appropriate mix of traditional, digital and social media and is expected to create consistent messages and call-to action across multiple platforms with an expected emphasis on radio. As the work progresses, the contractor shall revise the plan as the campaign proceeds to reflect the current disease trends, in terms of affected populations and geography.

The media plan must include a digital component that incorporates and leverages existing government digital assets and strategies to include but not limited to web, social media, mobile, online collaborators and partners, and other channels/outlets. The plan is expected to evolve based on new and emerging information about the prevention and treatment of COVID-19 and flu and target audiences. The digital component of the plan must demonstrate integration with other media strategies to present a cohesive, comprehensive digital/traditional media approach.

The media plan should include Google and YouTube paid search as well as paid targeted advertising on social media platforms. The plan should demonstrate an understanding of the digital media landscape and describe special considerations and opportunities to reach the target audience(s). The plan should include recommendations on engaging audiences

traditionally viewed as “hard to reach” due to their varying levels of health literacy and access to health information.

The contractor should include recommendations for video and graphics for specific use on social media and digital channels (mobile apps, web, other).

As noted above, while the campaign is expected to have a large paid traditional and digital media component, the contractor, based upon the results of current understanding, must propose additional campaign strategies and channels, as needed, to reach target audiences.

Earned Media - For donated/earned mass media, the contractor must promote, pitch, secure, and place/distribute donated media for digital media, print, and radio and television PSAs products. Bonus impressions must be identified separately from purchased media. Donated media placement can be at a local, regional, or national level. Existing ASPA broadcast infrastructure maybe leveraged when feasible.

Digital and Social Media - The plan must identify proactive digital media opportunities, which could include but are not limited to engaging with bloggers and other online influencers to pitch opportunities to share content; identifying opportunities for HHS subject matter experts to participate in social media events (e.g. Facebook, Twitter chats); assisting in the development and execution of HHS-led social media events. Existing ASPA digital and social media infrastructure maybe leveraged when feasible.

Paid Media - Media buys must be a cost-effective mix of local, regional, and national media buys with demonstrated reach to the target audiences, and may include a mix of TV, radio, print, out-of-home channels, and digital and social media platforms in multiple languages. The contractor must work with ASPA in the purchase and placement of target media ads and similar efforts in selected markets across the U.S., as appropriate.

4b. Execute paid and earned media distribution plan.

The contractor must have the ability to finance and handle all aspects of purchase and placement of targeted media ads and similar efforts in selected markets across the U.S., as appropriate and according to approved plans.

Deliverables

All task order deliverables intended for communication to the public must comply with Public Law 111–274, the Plain Writing Act of 2010. For Plain Language information and the Federal Plain Language Guidelines see www.plainlanguage.gov.

Item	Quantity	Delivery Method	Deliver To	Due Date
TASK 1a. Kickoff Meeting	1	In person	In person	5 days after award
TASK 1b. Program Work plan	2 per year	Electronically via E-mail	COR and ASPA team	Initial 7 business days following the kickoff meeting every 6 months after
TASK 1c. Twice a week calls	104 (per year)	Teleconference	COR and ASPA team	Twice a week from date of kickoff meeting
TASK 1d. Monthly Report – Including Plan, Production and Execution Updates	12 (per year)	Electronically via E-mail	COR and ASPA team	By the 5 th business day of each month
TASK 1e. Partner Outreach Plan	1 initial plan with continuous updates based on new information	Electronically via E-mail	COR and ASPA team	7 business days following the kickoff meeting
TASK 1f. Partner Outreach Plan Execution	As per ASPA approved plan	As per ASPA approved plan	As per ASPA approved plan	Initiate within 5 days of plan approval
TASK 1g.	1 initial plan with	Electronically via E-mail	COR and ASPA team	7 business days following the kickoff meeting

Evaluation Plan	continuous updates based on new information			
TASK 1h. Evaluation Plan Execution	As per ASPA approved plan	As per ASPA approved plan	As per ASPA approved plan	Initiate within 5 days of plan approval
TASK 1i. Monthly Traditional and Digital Media Evaluation reports	12 (per year)	Electronically via E-mail	COR and ASPA team	Submit by the 7th business day of each month timed to duration of campaign
TASK 1j. Campaign Evaluation Report	2 (per year)	Electronically via E-mail	COR and ASPA team	By the 5 th business day of last month in the performance period
TASK 1k. Final Campaign Report	1	Electronically via E-mail	COR and ASPA team	Submit draft report at least 21 business days before the end of the contract; final report provided by end of contract.
TASK 2a. Market Research plan	1 initial plan with continuous updates based on new information	Electronically via E-mail	COR and ASPA team	7 business days following the kickoff meeting
TASK 2b. Market Research Plan Execution	As per ASPA approved plan	As per ASPA approved plan	As per ASPA approved plan	Initiate within 5 days of plan approval
TASK 2c. Market Research Report	As per ASPA approved plan	Electronically via E-mail	COR and ASPA team	As per ASPA approved plan

TASK 3a. Message and Material Testing Plan	1 initial plan with continuous updates based on new information	Electronically via E-mail	COR and ASPA team	7 business days following the kickoff meeting
TASK 3b. Conduct Message and Material Testing	As per ASPA approved plan	As per ASPA approved plan	As per ASPA approved plan	Initiate within 5 days of plan approval
TASK 3c. Message and Material Testing Report	As per ASPA approved plan	Electronically via E-mail	COR and ASPA team	As per ASPA approved plan
TASK 3d. Message and Material Production	As per ASPA approved plan	As per ASPA approved plan	As per ASPA approved plan	Initiate within 5 days of plan approval
TASK 4a. Traditional and Digital Media Plan	1 initial plan with continuous updates based on new information	Electronically via E-mail	COR and ASPA team	7 business days following the kickoff meeting
TASK 4b. Media Distribution Plan Execution	As per ASPA approved plan	As per ASPA approved plan	As per ASPA approved plan	Initiate within 5 days of plan approval

All materials will be submitted electronically in MS compatible format that meets ASPA standards and is readily available at ASPA (e.g. MS Office (Word, Excel, PowerPoint) or Adobe Acrobat. All reporting requirements and written deliverables as part of this contract will be supplied to the project COR. Acceptance of any written deliverables is pending COR review and correction to any resulting comments, to be confirmed in writing and documented in the closest following monthly report. Any schedule of interim deliverables may be revised

according to ASPA acceptance of an updated written work plan by the COR during the project with the restriction that these changes must not impact the overall period of performance, scope, or specifications of the award, or otherwise impinge on the authority of the contracting officer. It is the responsibility of the contractor to fully understand what changes require contracting officer approval.

Period of Performance:

August 2020 – July 2022 – base year plus one option year.

Place of Performance:

During all years, contractors will be located offsite. Travel will be required. All travel shall be in accordance with the Federal Travel Regulations (FTR) and the Joint Travel Regulations (JTR) and adhere to FAR 31.205-46. The contractor shall ensure that the requested travel costs will not exceed the amount authorized in this task order. Travel must be submitted to COR in an official request with anticipated expenses and justification.

Prior Approval: Requests for travel approval shall:

- Be prepared in a legible manner
- Include a description of the purpose of the trip
- Be summarized by traveler
- Identify the task order number
- Identify the task order CLIN
- Be submitted in advance of the travel with sufficient time to permit review and approval

All travel must be authorized by the COR and be in compliance with the task order and all other applicable requirements.

The contractor shall use only the minimum number of travelers and rental cars needed to accomplish the trip purpose. Travel shall be scheduled during normal duty hours whenever possible. Airfare will be reimbursed for actual common carrier fares which are obtained by the most reasonable and economical means.

The contractor shall provide a Trip Report for each trip associated with a travel approval. The contractor shall maintain a summary of all approved travel, to include at a minimum, the name of the traveler, location of travel, duration of trip, total cost of trip.

Government Furnished Materials, Facilities and Property:

HHS will provide access to expertise and communication work available from on-line Government resources, as needed. Government property and facilities/work space will not be provided.

INSTRUCTIONS TO OFFERORS

A. Award

This task order will be awarded to the contractor whose quote is considered to be the most advantageous to the Government, price and other factors identified below considered. Technical factors will be more important in the evaluation than price. The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior technical performance.

The award decision will be determined through an assessment comparing the differences in the value of the technical factors with the differences in the prices proposed. The degree of equality between offerors quotes will be measured by the quantity, significance, and applicability of superior features quoted and not by the total scores achieved. When Part 1. Technical merit portion of quotes are considered technically equal, price will then become the significant factor.

B. Quote Part I. – Technical

These instructions establish the acceptable minimum requirements for the format and content of offerors' quotes. **The technical quote must not contain reference to cost; however, resource information, such as data concerning labor hours and categories, material, subcontracts, etc. must be contained in the technical quotation so that the offerors' understanding of the requirement can be evaluated.** The technical quotation must be limited to no more than **15** pages of text. Cover pages, tables of contents, appendices, resumes, or the budget spreadsheets are not counted in the number of pages limitation. A page is defined as an 8 ½ inch by 11 inch sheet of paper with one inch margins on all four sides. Text must be in 12 point font Times New Roman with single space between lines. Text pages should use portrait orientation. Page formatting can alter for illustrations and tables but must be easily readable. Fold-outs will be counted as the appropriate number of pages based upon an 8 ½ inch by 11 inch sheet of paper. The offeror must number each page in order to eliminate any confusion. In the event that the offeror creates an ambiguity in the numbering of pages, the Government will exercise its own discretion in the counting of pages. Pages in excess of the above limitation will not be evaluated.

Offerors submitting any restrictive data must mark it as such. The Government assumes no liability for disclosure of unmarked data and may use/disclose the unmarked data for any purpose. *Unless restricted, information submitted in response to this request may become*

subject to disclosure to the public pursuant to the provisions of the Freedom of Information Act (5 U.S.C 552)

Technical review for this RFQ is as follows:

Evaluation Criteria	Maximum Points
Technical Approach	70
Staffing and Management Plan	30
Total Points Possible:	100

Each criterion will be evaluated according to the extent that it reflects a clear understanding of the subject areas to be accomplished and on the soundness, practicality, and feasibility of the contractor's technical approach for providing the services required for this task order.

Technical Approach:

The Offeror must provide an analysis of the task requirements to indicate their understanding of the task requirements, operating environment and the task order objectives for COVID-19 and flu communication with the primary audiences to achieve the stated public health goal. The Offeror must provide a description of the performance techniques and methodology they propose in performance of this task order. The Offeror must provide a draft Campaign Plan describing the process and approach they propose to use and the timing of activities in successfully completing each task outlined in the contract work breakdown structure. The draft Campaign Plan must include all proposed activities and will be finalized and incorporated into the project work plan as part of Task 1. The project plan should correlate to the Offeror's price/cost proposal.

The Offeror must specifically address aspects such as technical understanding, methodology and approach, along with the sub-factors listed below:

- a. Provide a detailed and comprehensive statement of the problem, scope, and purpose of the project to demonstrate complete understanding of the intent and requirements of the task order and potential problems that may be encountered. The Campaign Plan must build on existing and ongoing COVID-19 and flu communications and materials created or funded by the Federal Government. This campaign is intended to complement and support existing efforts.
- b. Describe the proposed technical approach to comply with each of the requirements specified in the task order statement of work. The proposal must be consistent with the stated goals and objectives. The proposed approach must ensure the achievement of timely and acceptable performance and will include a milestone and/or phasing charts to illustrate a logical sequence of proposed events.
- c. Describe a plan that includes solutions for overcoming difficulties involved with performing the work requirements under quick deadlines, tight resources, and evolving scientific knowledge about the prevention and treatment of COVID-19 and flu.

The Offeror's plan must describe and demonstrate an understanding of and the challenges in applying risk communication principles to a COVID-19 and flu campaign; the qualities of effective messages for a the campaign; and an understanding of and sound approach to match the message, source, and channel preferences of the target audiences outlined in the statement of work.

ASPA estimates the following timetable, and the Offeror's proposal must respond to and provide additional detail:

Estimated Timetable (from contract award):	
August 2020 – January 2021	Immediately initiate all campaign components based on known information with emerging information, market research and evaluation informing immediate course corrections.
February 2021 – July 2021	Emerging information, market research and evaluation continues to inform message and materials development and distribution
August 2021 – January 2022	Emerging information, market research and evaluation continues to inform message and materials development and distribution
February 2022 – July 2022	Emerging information, market research and evaluation continues to inform message and materials development and distribution. Outcome evaluation, final report, close out.

In the technical approach, the Offeror must describe three (3) projects completed within the past three years that clearly demonstrates the Offeror's experience in performing projects of similar scope, size and complexity to the requirements described in the PWS. The following information must be provided for each project reference:

- a. Contract number, customer/agency name and contract title;
- b. Brief narrative description of the work performed for each of those contracts, including a discussion of any problems encountered/corrective actions and significant accomplishments;
- c. Dollar value, contract type, period of performance, place of performance, and the number and types of personnel used in the performance of the contract; and
- d. Name, address and phone number of at least two (2) customer contacts (Contracting Officer and COR) for each of the identified contracts.

Staffing and Management Plan:

The Offeror must demonstrate an overall understanding of the project and adequacy and feasibility of plans to address all items in the task order statement of work. This includes the

detailed description of specific tasks to be performed, methods and resources to be used, including staffing, and a discussion of problems likely to occur and plans for addressing them.

- a. The Offeror must describe their organizational structure and how they propose to manage this task, including a discussion of potential issues.
- b. The Offeror must provide rationale for their management approach.
- c. The Offeror must specify its approach for maintaining control of all contract change management issues.
- d. The Offeror must describe how conflicts are managed with the COR or sub-contractors, and how they will ensure client and sub-contractor satisfaction and fiscal responsibility and accountability.
- e. The Offeror must provide a staffing matrix showing type and number of staffing resources readily available for the base effort, including breakdowns by skill sets. The matrix of proposed personnel must also include their experience, education, skills, and qualifications to do the job. The backgrounds of the personnel will reflect the length and variety of experience and expertise in tasks similar to the tasks required by this project and any relevant training. The project director must have experience doing media and community campaigns and have regular contact with the COR.
- f. The Offeror must identify the percentage of time each staff member will contribute to the effort. The extent to which outside consultants or specialists will be used and evidence of availability must be indicated.
- g. The Offeror must describe its approach to rapidly obtain and/or replace qualified staffing resources to support existing and new task order work and to meet changing workload requirements, including a table showing employee turnover rates for each of the past three years; and resumes for proposed Key Personnel (limited to two (2) pages per resume).
- h. If subcontractors are proposed, provide information to support their qualifications and how the Offeror will ensure quality deliverables. The Offeror must identify any portions of the task that will be performed by subcontractors. This information must include the subcontracting firm and the specific duties and labor categories that will be performed by the subcontractor. The Offeror must also furnish a written copy of the draft subcontracting agreement. The Offeror must provide copies of any Service Level Agreements.

PRICE

The total estimated value of this task order is in expected to be in excess of \$250 Million. Percentage level-of-efforts are provided as estimates only to help Offerors prepare their proposals to this RFQ.

- Program management/strategy and evaluation - 10%
- Market research - 10%
- Message and material (PSAs) production - 15%

- Paid and earned media distribution - 65%

Offerors should propose in accordance with their technical approach, the Performance Work Statement requirements and established PIC II labor rates.

The Price Quote shall at minimum consist of the following: Introduction, table of contents, overview, and description of estimating and/or accounting practices acceptable by Government standards. Offerors shall include proposed elements of total price broken down by each task. The Offeror must complete a Pricing Table giving a detailed cost breakdown of the total cost or NTE amount by task or labor categories, labor hours, and labor rates used, and then calculating the total amount for the base year and the option year. A price analysis of the quote will be conducted to determine the reasonableness of the Contractor's price quote.

Adam Howley

Subject: Media Campaign Monday Check-in w/ASPA
Location: Microsoft Teams Meeting

Start: Mon 9/14/2020 3:30 PM
End: Mon 9/14/2020 4:30 PM

Recurrence: Weekly
Recurrence Pattern: every Monday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (OS); Monica J Vines (CENSUS/CNMP FED); Jimenez-Donovan, Karina; Elizabeth Goodman; Dragoiu, Georgeta N (NIH); Walsh, Sheila

I may at times have others joining me depending on our agenda/needs.

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(844) 878-3187 United States (Toll-free)

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Adam Howley

Subject: Media Campaign Wednesday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Wed 9/16/2020 3:30 PM

End: Wed 9/16/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Wednesday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees: Ronne Ostby; Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (HHS/ASPA)

Optional Attendees: Doherty, Brian

For today, please see below proposed agenda items. Am asking Brian Doherty, DPD from VMLY&R to join for the first item:

- Proposed Creative Development & Testing Process/Timeline
 - OMB
 - ASPA+Reviews
- Media Buy Plan
 - Existing--Assets
 - New--Puerto Rico
- Campaign Brand
- HHS Thursday Meeting
- Plan Delivery/Presentations

We can add additional items as needed. Looking forward to catching up. RO

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Adam Howley

Subject: Media Campaign Monday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Mon 9/21/2020 3:30 PM

End: Mon 9/21/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Monday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (OS); Monica J Vines (CENSUS/CNMP FED)

Some agenda items for today:

- Omnibus Survey Feedback/Questions
- Single Site Recommendations Feedback/Questions
- Advisory Group List + Intro Email Feedback/Questions
- Strategy Week Activities + ASPA Involvement
- Plans Submission + Wednesday Presentations
- Influencers List/Vetting—coming Thursday a.m.

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Adam Howley

Subject: Media Campaign Wednesday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Wed 9/23/2020 3:30 PM

End: Wed 9/23/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Wednesday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (HHS/ASPA); Monica J Vines (CENSUS/CNMP FED); Lindsey Strausser; Leah Hoffman; Kristin Pondel; Scott Vanderbilt; Alexandra Cameron; Sharon Reis; Natalie Adler; Doherty, Brian; Brian Griepentrog

I may at times have others joining me depending on our agenda/needs.

Join Microsoft Teams Meeting

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Adam Howley

Subject: Media Campaign Monday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Mon 9/28/2020 4:00 PM

End: Mon 9/28/2020 5:00 PM

Recurrence: Weekly

Recurrence Pattern: every Monday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (OS); Monica J Vines (CENSUS/CNMP FED)

Today's agenda includes:

Theoretical approach/Creative development process

- a) Vaccine readiness and Uptake (Maximum; Stages of Change)
- b) 3Ws + Mental Health (Standard to Expedited)

Phase I Week of Nov 9

- iHeart + Paid Social + Paid Search driving to Website

Phase II Week of Dec 7, 14, 21

- Print, Radio, TV

Meetings & Deliveries this week (going forward these will be in a morning update email)

- Earned Media Plans Meeting—Tuesday
- Web Development Plan—Wednesday delivery
- Partnerships Meeting—Time Request for Thursday
- Revised Paid Plan—delivery by end of week; pending approach + schedule confirmations
- Expanded Talent List—delivery by end of week; possible meeting to discuss
- AI/AN vetting—TBD

--ASPA Dues/Feedback/Approvals

- Media Partners List
- Kitchen Cabinet

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Adam Howley

Subject: Media Campaign Wednesday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Wed 9/30/2020 3:30 PM

End: Wed 9/30/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Wednesday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees: Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (HHS/ASPA); Monica J Vines (CENSUS/CNMP FED)

Optional Attendees: Ronne Ostby

I may at times have others joining me depending on our agenda/needs.

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Adam Howley

Subject: Media Campaign Monday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Mon 10/5/2020 3:30 PM

End: Mon 10/5/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Monday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (OS); Monica J Vines (CENSUS/CNMP FED)

Draft Deck Attached. For our workshopping together today.

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Adam Howley

Subject: Media Campaign Wednesday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Wed 10/7/2020 3:30 PM

End: Wed 10/7/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Wednesday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees: Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (HHS/ASPA); Monica J Vines (CENSUS/CNMP FED)

Optional Attendees: Lindsey Strausser

Today I'm going to run down highlights/requests/needs by task.

- 1.1 Program Management, Strategy, & Planning
- 1.2 Partnerships
- 1.3 Evaluation Planning & Reporting
- 2.1 Market Research
- 3.1 Message & Materials Development & Production (includes website)
- 3.2 Message & Materials Testing
- 4.1 Paid Media
- 4.2 Earned Media

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Adam Howley

Subject: Media Campaign Wednesday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Wed 10/14/2020 3:30 PM

End: Wed 10/14/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Wednesday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (HHS/ASPA); Monica J Vines (CENSUS/CNMP FED); Elizabeth Goodman; Jimenez-Donovan, Karina; Jason Marsh

Adding Monica, Karina and Elizabeth to our 2X Weekly Calls!

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Adam Howley

Subject: 3Ws Fast-Track Campaign Strategy & Creative Review

Location: Microsoft Teams Meeting

Start: Thu 10/15/2020 11:00 AM

End: Thu 10/15/2020 12:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Elizabeth Goodman

Required Attendees: Brubach, April (OS); april.brubach@fda.hhs.gov; Weber, Mark (HHS/ASPA); Monica J Vines (CENSUS/CNMP FED); Muhammad, Janell (HHS/ASPA); Ronne Ostby; Deborah Burnette; Kristin Pondel; alison.rodgen; Jose.lopez; David Bowles; Ray; paulfragua; michael gray; Doherty, Brian; Howell, Marco; Frank, Belle; Goodman, Whitney; jim thompson; Alcazar, Isabella; Karina.Jimenez-Donovan@fda.hhs.gov; Hagedorn, Sam

Optional Attendees: Lem, Judy; Thompson, Jim

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Adam Howley

Subject: Media Campaign Monday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Mon 10/19/2020 3:30 PM

End: Mon 10/19/2020 4:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (OS); Monica J Vines (CENSUS/CNMP FED); Jimenez-Donovan, Karina; Elizabeth Goodman; Dragoiu, Georgeta N (NIH); Walsh, Sheila

I may at times have others joining me depending on our agenda/needs.

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Adam Howley

Subject: 3Ws Fast-Track Print Ads
Location: Microsoft Teams Meeting

Start: Thu 10/22/2020 2:00 PM
End: Thu 10/22/2020 3:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Elizabeth Goodman

Required Attendees Weber, Mark (HHS/ASPA); Muhammad, Janell (HHS/ASPA); Brubach, April (FDA/CTP); Jimenez-Donovan, Karina (FDA/CDRH); Monica J Vines (CENSUS/CNMP FED); Deborah Burnette; Doherty, Brian; Goodman, Whitney; alison.rodgen; Jose.lopez; David Bowles; Ray; paulfragua; michael gray; Howell, Marco; Frank, Belle; Thompson, Jim; Lem, Judy; Alcazar, Isabella; Ronne Ostby

Optional Attendees: anasarai.pena@hcnmedia.com

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Adam Howley

Subject: Media Campaign Monday Check-in w/ASPA

Location: Microsoft Teams Meeting

Start: Mon 10/26/2020 3:30 PM

End: Mon 10/26/2020 4:30 PM

Recurrence: Weekly

Recurrence Pattern: every Monday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (OS); Monica J Vines (CENSUS/CNMP FED); Jimenez-Donovan, Karina; Elizabeth Goodman

- *Contract status updates*
- *New Team FMG Core Staff updates*
- *Update on 3Ws creative and timeline discussion; talking points*
 - *CDC*
 - *Addl audiences*
- *Brief discussion on briefing deck and visual*
- *Wednesday Vaccine Communication Meeting*
 - *Reschedule Wednesday Check-in*
- *Friday Multicultural Briefing*

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Adam Howley

Subject: COVID-19 Vaccine Communication Discussion with ASPA

Location: Microsoft Teams Meeting

Start: Wed 10/28/2020 3:00 PM

End: Wed 10/28/2020 5:00 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Weber, Mark (OS); Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Monica J Vines (CENSUS/CNMP FED); Giulliana Ratti; Lauren Radice; Jimenez-Donovan, Karina; Glen J Nowak; bruce.gellin@sabin.org; Hall, Bill (OS); Elizabeth Goodman; Deborah Burnette; Doherty, Brian; Sharon Reis

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Adam Howley

Subject: Media Campaign Monday Check-in w/ASPA
Location: Microsoft Teams Meeting

Start: Mon 11/2/2020 3:30 PM
End: Mon 11/2/2020 4:30 PM

Recurrence: Weekly
Recurrence Pattern: every Monday from 3:30 PM to 4:30 PM

Meeting Status: Meeting organizer

Organizer: Ronne Ostby

Required Attendees Brubach, April; Brubach, April (OS); Muhammad, Janell M (OS); Weber, Mark (OS); Monica J Vines (CENSUS/CNMP FED); Jimenez-Donovan, Karina; Elizabeth Goodman; Dragoiu, Georgeta N (NIH)

Draft agenda (no particular order)

- Support for briefing and media activities this week
- Debrief on vaccine expert meeting + takeaways/to-dos
- Defining our “Movable Middle” + Goal (Developing our Overarching Campaign Strategy or North Star)
- Debrief on multicultural team meeting
- SG Meeting/plan follow-ups
- Evaluation Presentation?
- ACIP notes/CDC Collaboration
- Status of website materials and Sheila’s requests (Heuristic testing)
- CDC paid social plan for flu
- Revised 3Ws schedule

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ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

3

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 08/31/2020		2. CONTRACT NO. (If any) 75N98019D00007		6. SHIP TO: a. NAME OF CONSIGNEE 6100 Executive Blvd, Rockville	
3. ORDER NO. 75N98020F00001		4. REQUISITION/REFERENCE NO. See Schedule		b. STREET ADDRESS 6100 Executive Blvd	
5. ISSUING OFFICE (Address correspondence to) National Institutes of Health Office of Logistics and Office of Administration 6011 Executive Blvd Rockville, MD 20852-3804				c. CITY Rockville	e. ZIP CODE 20852
7. TO: a. NAME OF CONTRACTOR FORS MARSH GROUP LLC:1297068				f. SHIP VIA	
b. COMPANY NAME				8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 1010 N GLEBE ROAD SUITE 510				REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY ARLINGTON		e. STATE VA	f. ZIP CODE 222015761	Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE National Institutes of Health	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB				12. F.O.B. POINT	
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.	
				15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/02/2020	
16. DISCOUNT TERMS					

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	COVID 19 Public Health Re opening America: Public Service Announcements and Advertising (PSA) Campaign TORP 2041 This task order adds \$250,023,797.18 for Continued ...					
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:					
	a. NAME	Office of Financial Management				(b) (4), (b) (5)
	b. STREET ADDRESS (or P.O. Box)	2115 E Jefferson St MSC 8500 Suite 4B 432				(b) (4), (b) (5)
c. CITY	d. STATE	e. ZIP CODE				
	Bethesda	MD	20892-8500		17(i) GRAND TOTAL	

22. UNITED STATES OF
AMERICA BY (Signature)

Darnese M. Wilkerson
-SDigitally signed by Darnese M.
Wilkerson -S
Date: 2020.09.01 00:52:11 -04'00'23. NAME (Typed)
DARNESE M. WILKERSON
TITLE: CONTRACTING/ORDERING OFFICER

ORDER FOR SUPPLIES OR SERVICES

PAGE NO

SCHEDULE - CONTINUATION

2

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DATE OF ORDER	CONTRACT NO.	ORDER NO.
08/31/2020	75N98019D00007	75N98020F00001

ITEM NO. (a)	SUPPL ES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>COVID 19 Public Health Re-opening America PSA and Advertising Campaign forHHS/Office of the Assistant Secretary for Public Affairs ASPA. Period of Performance: Base: 8/31/20 - 8/30/21 Option 1: 8/31/21 - 8/30/22</p> <p>The contractor shall complete tasks in accordance with the Performance Work Statement. All contract/task order terms and conditions remain in effect. Admin Office: National Institutes of Health OD - Office of Logistics and Acquisition Operations Bethesda, MD 20892-7511 Period of Performance: 08/31/2020 to 08/30/2021</p>					
1	<p>COVID 19 Public Health Re opening America: Public Service Announcements and Advertising Campaign Delivery To: 6011/5th floor Product/Service Code: R499 Product/Service Description: SUPPORT- PROFESSIONAL: OTHER Requisition No: 5809229</p> <p>Project Data: 151868.2020.500.COVID-19.HNAM27 OD OM OALM OLAO OFFICE OF LOGISTICS AND ACQUISITION.25235 ALL OTHER NON-FED SERVCS.08/31/2020 Accounting Info: 08000420200RAD.2020.06.A100.HNAM270000 C.R.00501.902.9999.25235.61000001.9999 .9999.XOD20100001 Funded: (b) (4), (b) (5)</p>				(b) (4), (b) (5)	
2	<p>COVID 19 Public Health Re opening America: Public Service Announcements and Advertising Campaign Continued ...</p>				(b) (4), (b) (5)	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

(b) (4), (b) (5)

ORDER FOR SUPPLIES OR SERVICES

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SCHEDULE - CONTINUATION

3

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER

CONTRACT NO.

ORDER NO.

08/31/2020

75N98019D00007

75N98020F00001

ITEM NO. (a)	SUPPL ES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Delivery To: 6011/5th floor Product/Service Code: R499 Product/Service Description: SUPPORT- PROFESSIONAL: OTHER Requisition No: 5809661 Project Data: 151868.2020.500.COVID-19.HNAM27 OD OM OALM OLAO OFFICE OF LOGISTICS AND ACQUISITION.25235 ALL OTHER NON-FED SERVCS.08/31/2020 Accounting Info: 08000420200RAD.2020.06.A100.HNAM270000 C.R.00501.902.9999.25235.61000001.9999 .9999.XOD20100001 Funded: (b) (4), (b) (5)					
3	COVID 19 Public Health Re opening America: Public Service Announcements and Advertising Campaign Delivery To: 6011/5th floor Product/Service Code: R499 Product/Service Description: SUPPORT- PROFESSIONAL: OTHER Requisition No: 5809662 Project Data: 151868.2020.500.COVID-19.HNAM27 OD OM OALM OLAO OFFICE OF LOGISTICS AND ACQUISITION.25235 ALL OTHER NON-FED SERVCS.08/31/2020 Accounting Info: 08000420200RAD.2020.06.A100.HNAM270000 C.R.00501.902.9999.25235.61000001.9999 .9999.XOD20100001 Funded: (b) (4), (b) (5)				(b) (4), (b) (5)	

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Prescribed by GSA FAR (48 CFR) 53.213(f)

HHS ASPA COVID-19 MEDIA CAMPAIGN

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu



Earned Engagement Overview

The American public is starving for reliable and reputable information on the COVID-19 pandemic, preventing the spread of the virus, and the impending vaccine. An earned media campaign that results in high-quality stories in influential media outlets will set the stage for the dissemination of critically important public health information, including the role that vaccines, social distancing, mask wearing, and handwashing play in keeping people healthy and able to live safely with a greater degree of normalcy.

The goal of the earned media campaign is to *deliver campaign messages via authentic and credible stories using information sources Americans regularly view and rely on in their daily lives*. The earned engagement approach complements other parts of the Campaign, reinforcing paid messaging and partnership engagement, as well as providing fodder for social media amplification, to create a comprehensive, integrated campaign.

Our social media efforts will result in messages that can be shared across official HHS platforms as well as other government-owned media and partner social media accounts. Recommended channels include the Department's official [@HHSGov](#) Twitter, [Facebook](#), and [Instagram](#) feeds until an official campaign platform is established. We will also engage a set of diverse social media influencers with each paid advertising flight and as new activations are planned.

Woven throughout all earned media strategies will be a particular focus on reaching people of color and other audiences who are disproportionately impacted by COVID-19 to ensure they are receiving the critical public health information in culturally competent, in-language formats.

The Campaign's "earned engine" component, in conjunction with the other campaign tactics, will create more impact and ensure as many Americans as possible are seeing critical Campaign information across multiple channels.

Media Strategies:

It is vital to equip consumers, health care and business leaders, patient advocates, medical societies, and policymakers with accurate, evidence-based information to help guide, promote, and implement activities that support vaccine readiness and health-promoting behavior messages.

Our “earned engine” approach will:

- Create a cadre of spokespeople who can reach the broadest range of Americans possible with health-promoting and vaccine readiness messages.
- Pursue a steady drumbeat of earned media coverage, capitalizing on timely media hooks, music events, influencer engagement, and specialty media, including Spanish-language media.
- Use social channels to amplify earned media coverage and disseminate visually appealing content.
- Conduct rapid-response media outreach by working with key spokespeople on high-level, national media opportunities. (Note: Rapid response opportunities are outlined in the Issues Management section of the plan.)

Spokespeople and Digital Influencers

The gravity of the COVID-19 response demands that we have a cadre of spokespeople that includes HHS leaders and influencers to support widespread and diverse media opportunities.

HHS Leaders

Authentic and trustworthy messengers are critical to the Campaign’s success and impact. HHS spokespeople will be key for top-tier coverage and providing the proven knowledge, expertise, and credibility for the Campaign’s messages.

- Level 1: General audience; broadest reach; most critical message delivery (i.e., national, top-tier media and trades)
- Level 2: Priority audience; niche focus; requires targeted messages and delivery (i.e., regional and non-priority trade media)
- Level 3: Other publications that are important for broad message delivery and sustained communication, but can be fulfilled by a broader team of spokespeople (i.e., parenting and women’s outlets, online magazines)

Trusted voices outside of government such as promotores de salud (community health workers) will also be important messengers with key vulnerable and higher-risk populations to address and build confidence in public health messages, and a COVID-19 vaccine specifically.

Campaign Spokespersons

Name	Title	Message Focus	Media Focus Level
Alex Azar, M.D.	Secretary of Health and Human Services	Vaccine availability and dissemination	Level 1
Robert R. Redfield Jr., M.D.	Director of the Centers for Disease Control and Prevention	Infectious disease containment, public health, surveillance, COVID-19 vaccine	Level 1
Vice Admiral Jerome M. Adams, M.D., M.P.H.	Surgeon General of the United States	"3 W's," preventing community transmission, routine vaccination	Level 1
Stephen Hahn, M.D.	Commissioner of Food and Drugs, FDA	Vaccine development and approval process	Level 1
Brett Giroir, M.D.	Assistant Secretary for Health at the U.S. Department of Health and Human Services	Importance of widespread testing, impact of the pandemic on children's mental and physical health	Level 1
Robert Kadlec, M.D.	Assistant Secretary for Preparedness	National stockpile of PPE, matters related to supply chain	Level 2

Name	Title	Message Focus	Media Focus Level
	and Response (ASPR)		
Lance Robertson	Assistant Secretary for Aging and administrator of Administration for Community Living	Impact of COVID-19 on older Americans, routine vaccination	Level 2
Spanish-proficient subject matter experts (SME)	SMEs	Impact on Latinx communities	Level 2
Additional Level 3 spokespeople needed	Non-govt B/AA spokesperson—from Morehouse or another AA med school	What Black/African American audiences need to know about vaccines and other ways to avoid COVID-19 and flu	
Additional Level 3 spokespeople needed	Non-govt spokeswoman	The “3 W’s” (<u>W</u> ash your hands, <u>W</u> ear a mask, <u>W</u> atch Your distance) and how they keep you safe	

Digital Influencers

For some outlets that reach key segments of our audience, digital influencers will help communicate health-promotion messaging, including the “3 W’s.” An online influencer is someone who has a highly engaged, trusted follower base and may use their platform to promote an array of topics, such as lifestyle, parenting, health, and more. As a first step, we will

develop a directory that identifies influencers who model behaviors and attitudes that are consistent with HHS's public health guidance around COVID-19 and vaccines. The directory will include at least 30 social media influencers and reflect a representative mix of race and ethnicities, including Spanish-speaking or bicultural/bilingual influencers. A centralized database will ensure that we meet criteria established for selecting influencers, including diversity, and allow for seamless updates around future events as well as metrics tracking.

Influencer Engagement

Influencer engagement across the spectrum of audiences, genres, and geography will exponentially grow the reach of the Campaign's health-promotion and vaccine readiness messages. Working with influencers is a highly nuanced process that requires vetting.

The first step is to establish criteria with HHS ASPA that includes:

- Relevant connection to the messaging/authenticity
- Publicly wearing a mask
- Have individuals been personally affected by COVID-19 (directly or indirectly)?
- Has the influencer received negative press around COVID-19 or things associated with the pandemic?
- Is there a good fit within the Campaign composition/phase?
- Availability and timeline plotting with potential media moments, including album releases, scheduled interviews, etc.

We will engage influencers through iHeartRadio shows and leverage special events such as Jingle Ball and Fiesta Latina. Over the next week, we will cultivate and share a list of influencers for consideration. Below are samples of talent targets:

- Kelly Clarkson
- DJ Khaled
- Alicia Keys
- Mario Lopez
- Sean Hannity
- Enrique Santos
- Jennifer Lopez
- Ariana Grande
- Carrie Underwood

- Jason Aldean

Key Messages

COVID-19 has dramatically heightened attention to the need for disease prevention and the crucial role and development process of vaccines. At the same time, the race to create a vaccine has created concerns among many Americans. In fact, a growing group of “vaccine-hesitant” Americans presents a real obstacle to widespread acceptance of COVID-19 vaccination, which could help bring an end to the pandemic. Our messaging needs to be heard within a chaotic and often conflicting earned and social media environment.

From daily monitoring of key health care issues, we know the following:

- In a turbulent media environment, the voices against vaccination are few but loud, and therefore misinformation continues to drive confusion, leading to under-vaccination and vaccine hesitancy in pockets of the population. Primary arguments promoted by vaccination opposition forces include (1) lack of studies on vaccinated versus unvaccinated populations, (2) claims that vaccines cause disease, infant deaths, and health problems, (3) allegations that doctors are paid to promote vaccines despite the risks, (4) accusations that harmful ingredients are put into vaccines, and (5) claims that vaccines aren’t effective.
- With the measles outbreak in 2019, many states began hotly debating this issue, and although some states remained committed to vaccination requirements, increasing rates of vaccine exemptions for religious, personal, or philosophical reasons are a serious threat. Leading health organizations, online platforms, and government officials have taken steps to curb the spread of misinformation.
- The federal government is spearheading efforts to encourage Americans to get the flu vaccine to prevent unnecessary infections this season. Some states such as Massachusetts require the flu vaccine for children 6 months of age or older who are attending pre-school, K-12, and college.
- On the bright side, YouTube, Pinterest, Facebook, and Mailchimp have taken steps to reduce the spread of misinformation around vaccines.

Message Platform

Below are draft messages for your consideration. We have listened to testimonies, reviewed media coverage, and compiled the most salient and compelling points.

COVID-19 affects everyone.

- The pandemic has affected every household and almost every facet of our lives and livelihoods.
- We can protect and preserve health and health care resources if we work together now.
- Despite the challenges, we must use lessons learned during COVID-19 as an opportunity to make our communities healthier, more resilient, and more just.
 - Increasing vaccination rates for children and adults is a key part of that opportunity.

We can stop COVID-19 in its tracks.

- We should all practice the “3 W’s” right now to protect ourselves and each other: Wash our hands, Wear a mask, and Watch our distance by staying 6 feet away from others.

Note: our team suggests a cultural transcreation of the “3 W’s” into Los Tres Ojos (the 3 “eyes”—that is, things to watch out for/pay attention): Ojo: usa la mascarilla (use the mask). Ojo: guarda la distancia (keep your distance). Ojo: lávate las manos (wash your hands). We should also continue to avoid large gatherings as COVID-19 spreads quickly when large numbers of people are together in close spaces, especially indoors.

Vaccines are safe and effective and are more important now than ever.

- Vaccines save lives.
 - Vaccines prevent disease, keeping people out of hospitals and clinics and keeping parents and employees in the workplace.
 - One of the most powerful actions that Americans of every age can take is to be up-to-date on their immunizations.
- The U.S. vaccine supply is the safest in history and in the world.
- The pace of discovery around COVID-19 is enabling the United States to respond in record time.
- Safety for a COVID-19 vaccination will not be compromised.

Vaccines are the quickest way for people of color to protect their health.

- Vaccines are crucial to achieving health equity and social justice.
- Missing or delaying vaccines puts our communities at risk of having to fight outbreaks of preventable disease and could take precious resources away from COVID-19 response in communities across America, especially communities of color.
- All ages, races, and ethnicities should receive vaccinations.
- Equitable vaccination of America's children and adults is safe, smart, good for the economy, and crucial in our fight against COVID-19.

Q4 Earned Integrated Media Coverage

In Q4 of 2020 and at the start of 2021, our earned media objective will be to create a steady drumbeat of coverage, integrated with other tactics to capitalize on timely media hooks, music events, and specialty media.

Back-to-School

As schools across the country are back in session, both virtually and in person, there is a need to reinforce safe community practices. We will engage audiences—especially health care decision makers within families—in multiple languages to meet this need through radio outreach, targeted reporter outreach, and a social media influencer campaign.

Timing: September/October

Audience: General public; parents; Latinx community

Spokesperson(s): Brett Giroir, MD, Spanish-proficient HHS SME

Media Outreach: It is crucial to communicate to families and the general public the connection between community spread and the ability to remain or return to in-person learning.

Although this message is applicable to the general public and parents at large, research has shown that members of the Latinx community are less likely to get routine vaccinations and more likely to be affected by COVID-19. This places them at high risk. To ensure message resonance with this specific audience, we recommend culturally appropriate and targeted messaging to help blunt community transmission.

To reach these audiences, we recommend deploying English- and Spanish-language audio news releases (ANR) as radio is a cost-effective channel for reaching our target audience.

Social Media: We will deploy a social media strategy that reaches parents or caregivers of children and teens by engaging social media influencers from the aforementioned directory. We will identify influencers that focus on parenting or education-related topics such as Joyce Marrero of My Stay at Home Adventures—a Latina mom of four who has over 80,000 followers across her social platforms—or Alison Wood of Pint Sized Treasures and MaryAnne of Mama Smiles, who each have young children and write about safe activities and homeschooling tips. Each influencer will discuss the safe behavior practices their family has implemented, whether they are back at school in person or virtually. In order to incorporate a component of exclusivity as a non-monetary incentive for partnering with the Campaign, we propose developing a social media badge for bloggers and influencers to include on their website. We would brand the badge with the Campaign hashtag or visual element and only partner influencers will be provided the badge once they participate in activities that promote the Campaign.

Halloween

As Americans experience increasing levels of pandemic fatigue, upcoming holidays like Halloween pose a serious threat to increased COVID-19 transmission. We will incorporate campaign messages into Halloween-themed engagement conducted via a radio media tour, press release, social media influencer engagement, and focused media outreach, ultimately reaching parents, essential workers, and college students.

Timing: October

Audience: Parents/health care decision makers (women 35–55), families, youth/young adults; essential workers in the Latinx community (Hispanic adults 18–65)

Spokesperson(s): Robert Redfield, MD; Jerome Adams, MD; Spanish-proficient SME

Media Outreach: Some media outlets have already started perpetuating the myth that Halloween will be canceled this year, disappointing many children, their families, and other adults. It is important to send clear messages to the American public about how to celebrate Halloween safely. HHS can play a role in offering evidence-based advice for Halloween trick-or-treating to reduce transmission, encourage mask wearing, and emphasize the importance of small outdoor gatherings.

We will also plan to develop a press release that communicates our key points to distribute across PR Newswire's US 1 national newswire to ensure our messaging reaches the widest

possible audience. Additionally, we will conduct pitching among specific reporters at parenting outlets and softer news outlets that reach the younger generation.

Social Media: Our social amplification effort will specifically focus on a #MaskUp or #Enmascárate hashtag that encourages mask wearing for a safe Halloween. As part of this effort, we will expand our influencer outreach to college and university students who may be at risk for exposure during Halloween, especially given that the holiday is on a Saturday this year.

To reach essential workers, we will use broadcast media messaging together with social media channels used by key groups, particularly Spanish-preferring agricultural workers, meatpacking, construction, domestic, and service workers.

Holidays

The 2020 holiday season will be unlike those in previous years, but it can still be satisfying and bring families together safely through adoption of personal protection practices. Satellite media tours, outreach to national media outlets and community newspapers, and social engagement will be used to deliver messages in English and Spanish on enjoying the holiday season safely.

Timing: November/December

Audience: General public, target populations in virus hot spots

Spokesperson(s): Jerome Adams, MD; Spanish-proficient SME

Earned media outreach: Moving into the holiday season, the American public will need to reimagine and adapt traditions to keep their families healthy while maintaining close social connections. Earned media outreach will highlight ideas and suggestions for joyful and safe holiday traditions this year and will reinforce and integrate with messages from paid media buys.

We will reach audiences through English- and Spanish-language satellite media tours featuring credible spokespeople on television, radio, online, and podcasts in several major cities and regional markets. We will also pitch our spokespeople and key messages to broadcast morning shows, talk shows, and news programs on the local level across the United States in areas hardest hit by the pandemic, as well as those with the highest population concentration.

In early November, we will promote Día de los Muertos, a major celebration for U.S. Latinx communities, and provide campaign messaging to local community news publishers and outlets.

Social Media: The social media approach will center on promoting healthy behaviors and highlight opportunities for giving back.

During the December holidays, we will work with faith-based organizations with a large social media presence or influencers with faith backgrounds to discuss and share tips on congregating safely or virtually.

New Year's Eve

To ensure Americans start the new year with accurate information about preventing the spread of COVID-19, we will focus on vaccines, targeting older Americans, health care workers, and people disproportionately affected through a satellite media tour, press release, and targeted outreach to television morning shows, health care trades, and outlets that reach seniors and Spanish speakers.

Timing: January

Audience: General public, older Americans, parents/health care decision makers (women 35–55), young adults, health care providers

Spokesperson(s): Alex Azar, MD; Stephen Hahn, MD; Lance Robertson, ACL; Spanish-proficient HHS SME

Media Outreach: Next year, 2021, will be a time for new beginnings, especially for the fight against COVID-19. To ensure the successful and widespread use of COVID-19 vaccines when they are available, we need to build the culture of acceptance around vaccination by correcting misinformation, dispelling myths, bolstering the benefits of the vaccines, and communicating factual information about the development process, testing, safety, and effectiveness of vaccines. Outreach will focus first on priority populations that are most at risk for COVID-19 and will be eligible for earliest access to the vaccine. This segment of the campaign will also focus heavily on monitoring and correcting vaccine misinformation.

We will reach these audiences through a satellite media tour, a general distribution press release, and a separate Spanish-language release that can be distributed on the Hispanic PR Wire. To broaden our reach, we will pitch mainstream news outlets, national networks' morning shows, health care trade publications, and publications that reach older Americans, as well as Spanish-language outlets reaching U.S. Hispanic/Latinx consumers.

Social Media:

Social media messaging will focus on the personal connection to protecting your community in the new year both by following safe practices and getting vaccinated against flu and COVID-19. Potential partners include local chapters of youth organizations, assisted living facilities, local diabetic or cancer groups, local Meals on Wheels chapters, or faith-based groups active in community support.

Evaluation

We will track earned media impact using the analytics listed below. These metrics will be extracted using Muck Rack for online and print placements and Kinetiq for broadcast (TV/radio) coverage.

- Total number of articles
- Total media impressions of coverage (e.g., unique visitors per month of web-based articles, outlet circulation of print-based articles, viewership/listenership of broadcast airings, etc.)
- Total number of articles by outlet type (e.g., online, broadcast, print)
- Date of publication
- Byline
- Total social engagement of article (e.g., pulling article shares and engagement for public Facebook, Pinterest, and Twitter posts)
- Geographic location of placements (e.g., media markets, national, and international markets where earned media coverage was published)

For social media, we will use Brandwatch to track every Campaign post for the following components:

- Reach/impressions
- Influencer engagement will also be tracked by Brandwatch and Kinetiq.

For more information on how this component fits into the larger evaluation component, please see the Evaluation Plan.

Timeline

Earned Media	Corresponding Week in the Expedited Schedule
Provide feedback on planned waves of outreach and story angles.	Week of 9/21
Confirm spokespeople and their availability.	Week of 9/21
Refine messaging for September and October media opportunities.	Week of 9/21
Media train spokespeople.	Week of 9/28
Begin outreach.	Week of 9/28

Issues Management/Rapid Response Plan

We are living in a COVID-19-dominated media environment at a time when science-based recommendations are embraced in some communities and met with skepticism in others. Crisis mode can seem like the new normal, and members of the public are not sure who to trust. As HHS increases the presence of its messages through paid placements that reach 90% of the nation's adult population, complementary paid and earned media efforts are likely to draw scrutiny. An issues management plan is an essential part of the Campaign to effectively prepare and proactively manage the expected scrutiny and criticisms that are a predicted byproduct of any media campaign.

Such issues have the potential to distract from the main messages or even threaten the credibility of the Campaign, its sponsoring agency, and its partners. Other potential issues management scenarios, when handled appropriately, represent important opportunities to further advance our message through a rapid response process that puts our spokespeople front and center in media interviews to accurately shape the national dialogue, correct misinformation, and effectively deliver campaign messages to a broad, attentive audience.

The scenarios outlined in this document are presented on a continuum from topics presented in the news of the day that could provide a platform to tie in and deliver our message in the immediate news cycle, to more severe threats that could jeopardize the Campaign's credibility.

In the event of these severe issues becoming a reality, the issues management plan will be implemented by (per direction on the soon-to-be-developed Decision Tree).

Issues Management

The range of responses to negative news stories can go from no response to multiple options, depending on the specific scenario and the reach of the story. This progression and specific trigger points will continue to be fleshed out as we participate in more detailed discussions with the HHS team.

Rapid Response Opportunities

Many stories in the news cycle can be considered opportunities to insert campaign messages and spokespeople into the conversation rather than issues to manage. Media coverage can be anticipated with certain seasonal or annual events, like Halloween and holiday travel. In addition, constant monitoring of the news provides opportunities to predict what journalists will be covering next, providing opportunity to insert campaign spokespeople into the cycle with timely outreach around COVID-19-related topics.

Rapid Response Scenarios

Scenario 1: Outbreak

- An outbreak associated with a community, school setting, or large public event is garnering national media attention.

Scenario 2: Travel-related or seasonal event occurs or is anticipated

- Holiday or vacation travel season is approaching. For example, reporters will begin writing about whether children should be allowed to trick-or-treat; or questions are bubbling in the media about the safety of travel over Thanksgiving and Christmas holidays.
- Travel recommendations are changed by national, state, regional, or international agencies.

Scenario 3: Milestones in COVID-19 spread or vaccine development/dissemination

- Vaccine is approved by the FDA for emergency use only.
- Vaccine is fully approved by the FDA.
- Threshold for positive tests reaches a new low in a state, region, or nationally.

- State or region that has had high COVID-19 numbers reaches a level of containment.
- Deaths reach a new milestone.

Scenario 4: Key meetings/convenings

- Committee Hearing: COVID-19: An update on the Federal Response (9/23)
- FDA advisory committee meeting on vaccines (10/2)
- American Public Health Association (APHA) Annual Meeting: Creating the Healthiest Nation: Preventing Violence (10/25)
- STAT Summit (11/16)
- Forbes Healthcare Virtual Summit (12/2)
- AcademyHealth: 13th Annual Conference on the Science of Dissemination and Implementation in Health (12/15)
- J.P. Morgan 39th Annual Healthcare Conference (1/11)

Rapid Response Action Menu

- First:
 - Identify opportunity and agree to proceed with outreach efforts.
- Then consider the following actions:
 - Offer spokespeople to a variety of news outlets, including national, regional, online, and broadcast, for interviews.
 - Issue a spokesperson quote or brief statement to insert the campaign/campaign spokespeople into breaking news.
 - Hold a virtual press conference to reach large number of journalists.

Crisis Scenarios

A crisis is any sudden and unpredictable event that invites external scrutiny and has the potential to negatively impact the reputation of HHS, the credibility of the Campaign's public health messages, and overall trust in the vaccine development and distribution process. One of the most difficult challenges, yet key elements of success, in issues management can be determining when a situation warrants a response. The initial preparation and dialogue among campaign leaders to agree on a plan sets the stage for a timely and appropriate response.

Scenario 1: Negative story about the Campaign

- Questions are raised about the use of federal funds for the vaccine-readiness Campaign.

- Questions are raised about motivations behind the Campaign, including accusations of using a public health campaign to promote a political message, instead of a scientific one.
- Campaign spokesperson steps down or is removed from position.
- Negative news about a high-profile person involved with the Campaign, including a influencer spokesperson, comes to light (e.g., they become ill with COVID-19 or from a vaccine or say something counter to the Campaign's messages).

Scenario 2: Lack of confidence in vaccine development

- Scientists and health professionals express concern that vaccine trials were ended too soon to provide reliable data.
- Clinical trial for vaccine did not include diversity in participants and questions are raised about safety and effectiveness for specific populations.
- Vaccination is criticized in media as a boon for pharmaceutical companies, creating skepticism about the public good.

Scenario 3: Chaotic rollout of vaccine

- Rollout of vaccine is chaotic with complaints that some areas have plenty and others none; or large quantities of vaccine are mishandled (e.g., temperature issues).
- Requirements and/or process for receiving a vaccine evolve or are not well communicated, creating a confusing and/or frustrating process.
- General lack of interest in receiving a vaccine creates an unused product and continued community transmission.

Scenario 4: Adverse events/lack of effectiveness

- News coverage or social media posts highlight anecdotal reports of adverse events after receiving the vaccine.
- News coverage highlights people who contracted COVID-19 despite the vaccine.

Issues Management Action Menu

- First:
 - Evaluate the impact of the event on campaign credibility and messaging.
 - Evaluate credibility and reach of news source and opposition.
 - Monitor social media channels for viral pick-up.
- Then, determine if a response is necessary based on initial evaluation.
 - If a response is deemed necessary, then:

- Issue a statement and distribute widely through appropriate communications channels, as well as post to relevant campaign communications channels.
 - Arrange interviews with relevant spokesperson (see Spokesperson Chart below).
 - Reinforce messaging on social channels.
 - Activate allies to speak on behalf of the campaign.
- If a response is not deemed necessary, then:
 - Do nothing and continue to monitor for escalation.
- Regardless of response action, review messaging and all other aspects of the campaign—paid and earned—to ensure they remain appropriate in light of issue.
 - Immediately halt components of the Campaign that are not a fit in the current environment.
 - Change or refocus messages and components of the Campaign that are counterproductive to better support Campaign goals.

SPOKESPERSON CHART

Many of the spokespeople for crisis communications are also in the earned media spokesperson chart. Additional contacts for crisis communications are listed below.

Name/Title	Areas of Expertise	Contact Information
Francis S. Collins, M.D., Ph.D., director of the National Institutes of Health	Vaccine, clinical trials science	e: o: m:
State and local health department officials	State and local outbreaks and recommendations	e: o: m:
Spanish-proficient SMEs at the federal, regional, state, county, local levels	Public health	e: o: m:

Timeline

Issues Management and Rapid Response Plan Activities	Corresponding Week
Obtain feedback on and finalize rapid response and crisis scenarios.	Week of 9/21
Agree on spokesperson list and levels. Gather contact information.	Week of 9/21
Refine campaign messages, talking points, and finish FAQs.	Week of 9/21
Determine and agree on triggers for rapid response and crisis response mode.	Week of 9/21
Obtain information about decision tree for reporting issues and activating the crisis communications plan.	Week of 9/21
Agree on issues monitoring and tracking plan.	Week of 9/21
Obtain approval on final messaging, talking points, and FAQs.	By 9/30
Develop stakeholder/third party alliance list.	Start week of 9/30
Begin implementation of rapid response/issues management plan.	10/1

Dependencies

- The paid media plan begins on October 1. We need to have an approved decision tree, spokesperson, messages, talking points, and FAQs ready to implement the rapid response and crisis scenarios.
- For the back-to-school media push to be effective, outreach needs to launch on the week of September 28. Otherwise, we should pivot directly to Halloween.
- For the rapid response outreach to be effective, we need to move quickly and try to stay ahead of the critics. This will require regular access to key spokespeople and knowledge of their daily availability.

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu.



Media Communications Plan

“Strike Harder” Oct 2020 - Jan 2021

HHS ASPA COVID-19 MEDIA CAMPAIGN

Team FMG

9.21.20





Wavemaker®



Overview

- Highlights
- Budget Allocation by Audience
- Planning Assumptions
- Team FMG Media Approach by Channel
 - Television
 - Radio
 - Print
 - Digital
 - Social
- Appendix- Social details

For internal communications only



Wavemaker



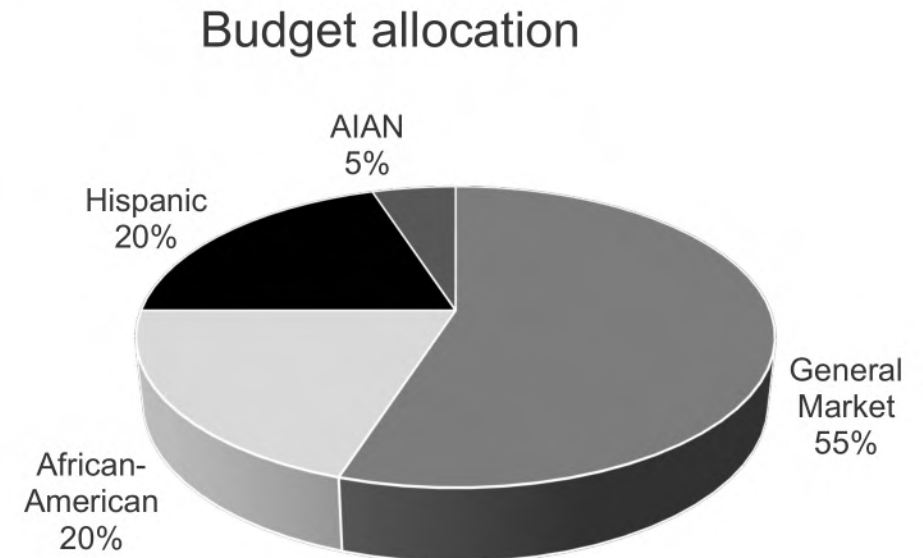
Media Plan Highlights

- Optimized plan to reach as many people as possible—as many times as possible— by incorporating all channels across broadcast media, print, OOH, digital, and social, with flexibility to target to discrete audiences.
- This full spectrum of media opportunities includes using national, local, or hyperlocal media. Team FMG will work with 7,500–10,000+ small/medium vendors.
- Team FMG includes largest buyer of paid media in the world, providing ASPA access to the most efficient media rates, first-to-market opportunities, and first-class knowledge of media planning principles.
- Radio will utilize 130 broadcast groups ensuring a fair and balanced approach yet leveraging the scale, scope and pop culture dominance of iHeartMedia's total portfolio.
- Reserve budget for sponsorships, integrations, and other media provides flexibility to capitalize on relevant opportunities that may arise within the year.
- Plan can be evolved and optimized throughout as necessary, based on emerging information about prevention and treatment of COVID-19 and flu to general or targeted audiences.

Media Plan Delivers Against All Audiences

Initial allocations based on size and media consumption of each target

- General Market: \$77 million
 - African-American: \$28 million
 - Hispanic: \$28 million
 - AIAN: \$7 million
-
- **Total: \$140 Million**



Media Plan Assumptions

- Planning calendar based on broadcast months (Mon- Sun)
- Local TV, Radio, Print and OOH levels were estimated based on activity from similar industries. Final weeks on air and budgets will be updated once markets are confirmed.
- Programmatic, Site Direct and Search impressions estimated based on similar campaigns. CPMs will fluctuate pending final partner selections and optimizations.
- Social channels allocated based on initial usage by audience types. Budgets may fluctuate as team optimizes toward better performing channels.
- 10/5 used as initial launch date. Start dates by channel and audience may be pushed back based on creative availability. Budgets will be revised accordingly.

Our Approach: National Television

- African-American and Hispanic TV maintain consistent presence throughout campaign
 - Levels based on similar campaign planning for Census in March 2020
 - Hiatus election week (w/o 11/2)
 - 100% :30s to allow more time for message delivery and greater impact
- General Market TV planned keeping in mind 800 GRPs/quarter CDC recommendation
 - Campaign could launch 10/5 with 100% :30s for greater impact of our message in October. Switches to 75% :30s / 25% :15s for Nov- Jan to allow for greater frequency
 - Hiatus election week (w/o 11/2)
 - Higher GRP levels for launch in Oct and Nov, with lower levels Dec and Jan to maximize spend and budgets

Our Approach: National+ Local Radio

- Wavemaker and iHeart will work together to ensure presence across all top syndicated national radio programs
 - Levels based on similar campaign planning for government client in March 2020
 - Mix of :60s, :30s and :15s to allow for flexibility based on program format
 - Initial budget allocation of 60/20/20 for GM/AA/Hisp
 - Amount does not include digital audio*
- Local Radio delivery will vary with markets
 - Initial spend levels based on historical levels from similar campaigns within Wavemaker and iHeart
 - Will launch 10/5 in some markets, with rolling launches based on when negotiations are finalized

Our Approach: Digital Overview*

- ASPA will have ability to lean on creative services if needed for more high impact/high visibility type placements
- Will lean heavier weight on video to extend those key creatives to quickly educate for the PSAs
- For a quick and purposeful launch, we'll lean on more upper funnel metrics for success such as viewability/completion rates metrics. More detailed analysis and evaluation will follow
- Flexibility to shift between programmatic and site direct budgets pending what is shared from site direct partners during RFP process

Our Approach: Digital Details (GM)

- Site Direct includes coverage for masthead type takeover, other prominent middle of the ground publisher HPTOs around flu/vaccination week
- Coverage for custom CTV/OTT type activations are included as well, purchased within programmatic marketplace

Search:

- Will be a breakdown between National flu related terms and vaccine related terms as two separate in platform campaigns
- Leveraged key in-market phase trends from similar industry client to estimate daily spend
- Search volumes will dictate the trajectory of spend

Our Approach: Digital Details (AA)

African-American

- Site Direct will leverage our preferred partner list including: Essence, Blavity, TheGrio, TheRoot, BET, working closely with CMR on final proposals
- Programmatic campaign will target consumers at more efficient CPMs utilizing inclusion lists. Native advertising units will be used to seamlessly integrate into their browsing behaviors
- We predict AA search terms will be covered under the GM campaign and did not set aside separate budget. We will work closely with CMR to determine dedicated keywords that could arise requiring separate campaign

Our Approach: Digital Details (Hisp)

Hispanic

- Site Direct includes coverage for a handful of partners both Spanish-language and English-dominant. Ideally between 5-10 total partners. Examples include; Telemundo, Univision, Orange Network. We will work closely with HCN to optimize and evaluate partners
- Programmatic campaign may have large aspect of YouTube or CTV native, based on the media consumption trends of this audience
- Search campaign includes baseline levels using proxies from similar government clients' paid search. This will be for Spanish keywords. Search volumes between in-language and English will dictate the trajectory of spend once campaign is live.

Our Approach: Paid Social

- Paid social will deliver 2.3B impressions, at a minimum. Daily optimizations will be made to drive incremental reach
- The Audience breakout was developed based on Census Data population sizes: African Americans (13.4%) and Hispanics (18.5%). The remaining budget will go towards supporting General Market audiences
- The General Market campaign will also have spillover into these two audiences

Our Approach: Paid Social

- Facebook, Instagram, Twitter, Snapchat, Pinterest and Reddit have been selected for this campaign
 - Facebook offers the most expansive reach and penetration amongst all audience segments, 50% of the budget has been allocated to this platform
 - Snapchat and Twitter's popularity amongst African-American and Hispanic Audiences make them the second highest budgets at 15% each
 - Reddit and Pinterest allow for contextual alignment and incremental reach of users who maintain a minimal presence across the other platforms

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu.

Appendix

HHS ASPA COVID-19 MEDIA CAMPAIGN

For internal communications only



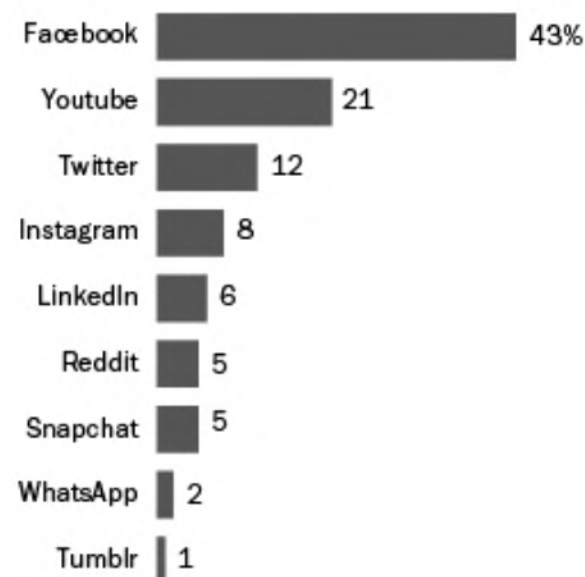
Overview

- Why Social?
- Platform Overview
- Audience Overview
- Measurement

40% of US Adults Get Their News on Social Media

Facebook is a pathway to news for around four-in-ten U.S. adults

*% of U.S. adults who get news on each social
media site*



Source: Survey conducted July 30-Aug. 12, 2018.

PEW RESEARCH CENTER

Social Media News Consumers are less Informed about COVID-19

Those who turn to social media for news are least likely to be following the coronavirus very closely

% of U.S. adults who say they have been following news about the coronavirus outbreak ...

Among those who say ____ is the most common way they get political news

	Very closely	Fairly closely	NET
Network TV	50%	42%	92%
Cable TV	50	39	89
Print	45	47	92
News website/app	44	46	90
Radio	37	50	87
Local TV	32	47	79
Social media	23	56	79

Source: Survey of U.S. adults conducted June 4-10, 2020.

"Americans Who Mainly Get Their News on Social Media Are Less Engaged, Less Knowledgeable"

PEW RESEARCH CENTER

Americans who get most news on social media less likely to be following most national-level news topics about the coronavirus

Among U.S. adults who say ____ is the most common way they get political and election news, % who say they are following news and information about each national topic relating to the coronavirus outbreak very closely






	The economic impact of the outbreak	Advice from national health orgs. such as the CDC	The health impact on people like me	The number of confirmed cases and deaths in the U.S.	Actions/statements by the federal govt.	The ability of hospitals across the country to treat patients
Cable TV	58%	46%	52%	46%	43%	43%
Network TV	55	48	49	45	45	41
Print	53	46	46	39	31	36
News website/app	46	43	36	37	34	32
Radio	44	35	29	28	29	27
Local TV	41	36	41	37	29	34
Social media	31	33	30	29	25	21

Source: Survey of U.S. adults conducted April 20-26, 2020.

"Americans Who Mainly Get Their News on Social Media Are Less Engaged, Less Knowledgeable"

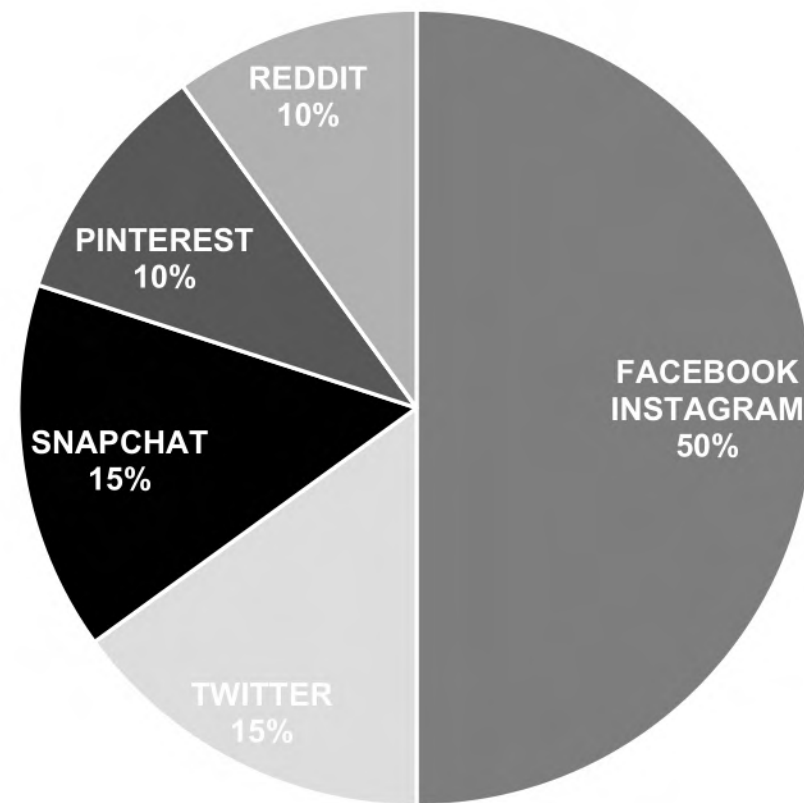
PEW RESEARCH CENTER

Platform Selection

 Facebook & Instagram	Facebook and Instagram combine to reach over 70% of the US population. This is a great platform to cast a wide net enabling the campaign to reach a large set of the US Population.
 Snapchat	People use Snapchat to connect with friends, build relationships, play games, and learn new skills. Young adults look to Snapchat as a source for news allowing ASPA to reach these users with timely and relevant messaging regarding COVID-19.
 Pinterest	People will be on Pinterest planning their holidays and New Years activities, timely COVID related updates will resonate well here.
 Twitter	Twitter is another key source of News for its users allowing for fact-based updates will be effective in increasing message awareness.
 Reddit	With constantly updated original content and a limitless number of communities dedicated to unique topics, Redditors use the platform as a means of entertainment, education, and public forum.

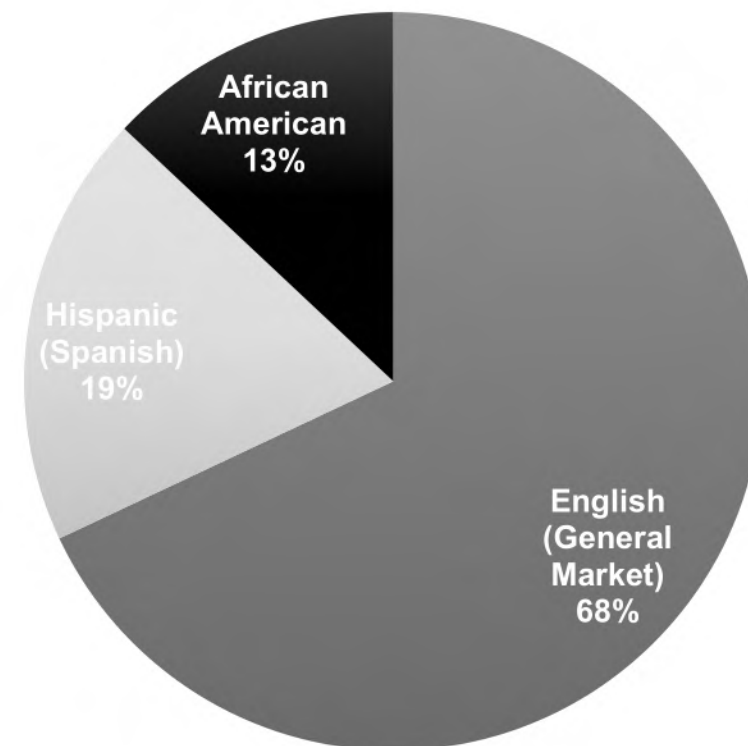
Budget Breakdown

- With Facebook offering the most expansive reach and penetration amongst all audience segments, 50% of the budget has been allocated to this platform
- Snapchat and Twitter's popularity amongst Black and Hispanic Audiences make them the second highest budgets at 15% each
- Reddit and Pinterest allow for contextual alignment and incremental reach of users who maintain a minimal presence across the other platforms



Audience Alignment

- The Audience breakout was developed based on Census Data of the percentage of African Americans (13.4%) and Hispanics (18.5%) within the United States. The remaining budget will go towards supporting General Market audiences.



Audience	Spend
English (General Market)	\$7,140,000
Hispanic (Spanish)	\$1,995,000
African American	\$1,365,000

Facebook & Instagram

SINGLE IMAGE



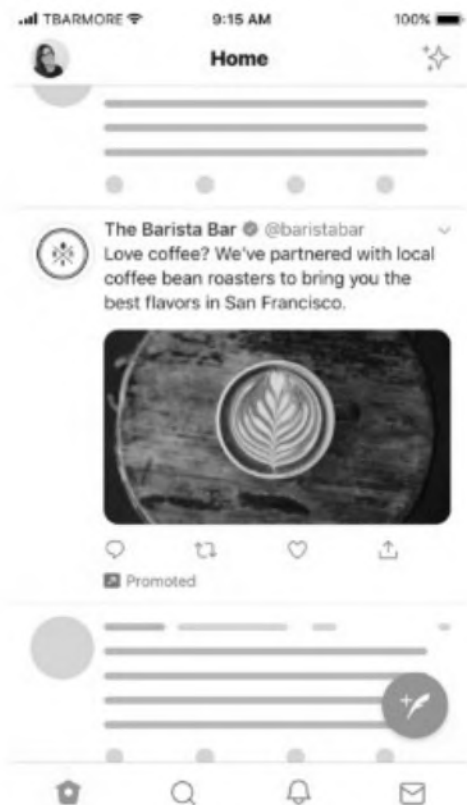
VIDEO



Budget:
\$5,250,000

Impressions:
1,141,304,348

Twitter Ad Units



PROMOTED TWEET

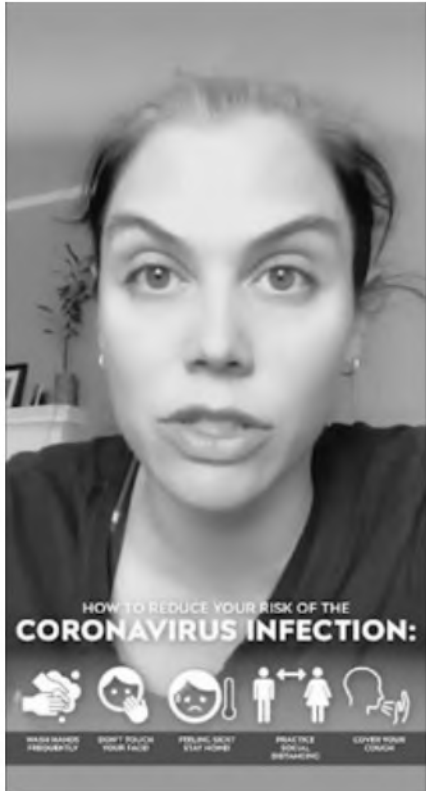


PROMOTED VIDEO

Budget:
\$1,575,000

Impressions:
212,837,838

Snapchat Ad Units



NATIONAL FILTERS



SNAP ADS

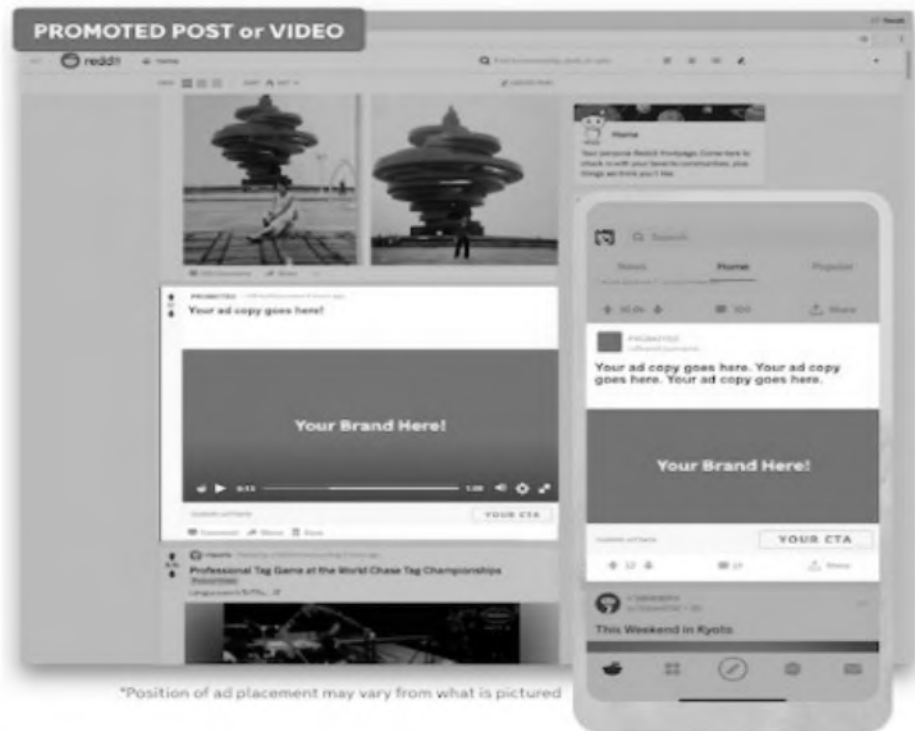
Budget:
\$1,575,000

Impressions:
605,769,231

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HHS ASPA COVID-19 MEDIA CAMPAIGN

Reddit Ad Units



Budget:
\$1,050,000

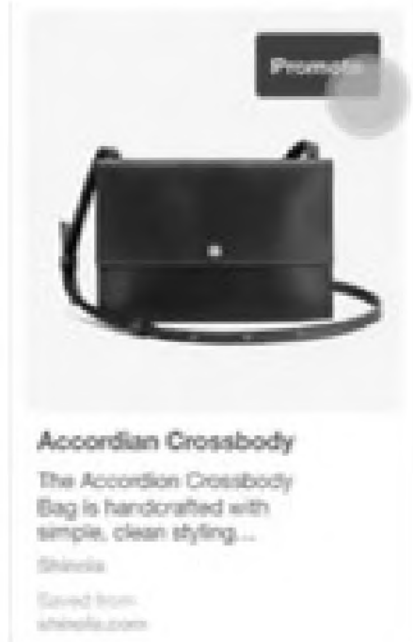
Impressions:
175,000,000

Pinterest Ad Units

VIDEO



IMAGE OR CAROUSEL



Budget:
\$1,050,000

Impressions:
177,966,102

Measurement

Brand Lift Studies*

Brand Studies require additional implementation time to allow for statistically significant results. Feasibility will need to be determined once the media plan has been approved, and launch dates & creative assets are finalized.



HHS ASPA COVID-19 MEDIA CAMPAIGN

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu



Partnership Outreach Plan

Approach

The media environment, especially during the first performance period of ASPA's Media Campaign, is crowded, boisterous, hard to penetrate, and even harder to influence. As a result, vibrant and extensive partnerships with public and private national, regional, local, and audience-specific organizations will be essential to the success of the Campaign. To maximize rapid partner contributions that will help campaign staff achieve overarching goals, Team FMG will employ a permanent cadre of staff with extensive experience developing, sustaining, and managing partner engagement. Team FMG will also lean heavily on staff who have managed partner work for federal, behavior change, and large-scale campaigns.

Our core strategy will be to use existing and new partners and influencers to meet our primary campaign partnership goal of ensuring that campaign messages—beginning with vaccine readiness and including COVID-19, seasonal flu, and reopening messages—reach priority audiences through optimum channels and are amplified by credible sources. Team FMG will leverage existing relationships with key constituent networks to mobilize partners who will add credibility to campaign messaging. For example, VMLY&R can tap its extensive partner network developed through its work on the 2020 Census and that included such luminaries as Uber, National Rural Assembly, and The United Way.

An important objective of partnership engagement will be to coordinate partner efforts with all aspects of the Campaign to execute a truly integrated, enterprise-wide partnership strategy. For example, our partnership engagement strategy serves as an important complement to paid and earned media by amplifying and extending reach at the grasstops and grassroots levels and everywhere in between. In addition, although traditional outreach to partners—outreach conducted through phone calls, face-to-face meetings, or written communication—will continue to be important during the Campaign, the use of new technology, emerging platforms, and creative communication to reach, capture, and motivate both partners and audiences will be crucial.

We will establish four key partner groups based on their relative proximity to and influence with various audience segments:

- **Group 1:** Partners within the HHS structure. We will use existing HHS/HHS regional office/HHS agency partner networks and engage other federal agencies, especially

those with direct consumer support missions that reach large swaths of key audience members.

- **Group 2:** State, tribal, local, and territorial partners. We will use existing communication channels with federal funding and grantee recipients to rapidly reach narrower audience segments served by these partners.
- **Group 3:** National, regional, and local partners that serve discrete audience segments who are disproportionately affected by COVID-19, seasonal flu, and/or economic stresses stemming from the pandemic. We will first reach out to high-value partners with whom we have strong relationships from past campaigns, including Census 2020 and various CDC and NIH public health campaigns.
- **Group 4:** Major companies, media organizations, national sports leagues, and foundations with wide reach that share ASPA's commitment to communicating important messages about vaccine readiness and personal protection.

Through strategic partnerships, target audiences will receive ASPA messaging from credible voices that bolster the salience of calls to action. From participating in major conferences for health care providers and advocates to equipping members of the largest service organizations to spreading the word about the Campaign to their memberships through their channels to mobilizing local *promotores de salud*—credible, reliable sources of health information in lieu of nurses and doctors for uninsured Latinx households in underserved areas—we will reach every segment of the population with critical messages that echo the paid, earned, and social media outreach efforts.

This partnership plan provides an overview of our partnership engagement process, details products and methods for supporting partners, and outlines key engagements for September–December.

- Upon approval of this plan, we recommend convening a series of meetings with a small working group comprising two to three ASPA staff members and/or representatives across HHS with previous experience in partnership engagement. This group will review and approve Team FMG's recommendations for partnership processes. We recommend conducting three virtual meetings in September/October and then bi-weekly meeting after all processes have been approved.

Working Group Responsibilities

- Develop partnership processes.
 - Establish criteria for partner selection based on past performance, potential reach, and influence with critical audience segments as determined by ASPA (initial) and market research and segmentation results when available.
 - Establish an engagement process that identifies how and by whom partners will be engaged, standardize recruitment approaches and materials, and outline the partnership agreement or similar document that formalizes the Campaign's partner network.
 - Identify key and optional partner training requirements and preferred communication channels for partnership management (share drive or microsite, bi-weekly calls, recurring reports, etc.).
- Develop priorities for partner support materials, including preferred formats, languages, and delivery methods.
 - Introductory materials (partnership handbook, style guide, engagement calendar to sync activities and prevent duplication of effort, toolkit)
 - Ad flight support materials (PSA descriptions, ancillary materials, press kit)
 - Rapid response materials to support campaign messaging changes or refinements
 - Priority planning activities
 - Editorial calendar
 - Earned media opportunities
 - Special events

Preliminary Partner List

Partners serve as important trusted intermediaries that can share campaign messages, especially among those audiences who may be less receptive to or difficult to reach through traditional advertising or other means. Team FMG will implement a coordinated approach to identify and enlist partner organizations with lasting and far-reaching relationships—such as Univision, Google, AARP, and the YMCA—that help ASPA forge connections and establish a better understanding of the Campaign within communities and industries across the country.

To guide national partnership outreach efforts, Team FMG will designate a small team to support each of the three groups. These teams will integrate main ethnic groups (e.g., African American/Black, American Indian/Alaskan Native, Asian, and Hispanic/Latinx Native Hawaiian/Pacific Islander) and for populations disproportionately affected by COVID-19, as well as diverse mass audiences. Each team will work in collaboration with ASPA to chart the direction of outreach as it relates to specific audiences and groups relating to their expertise.

Group 1

Large partner networks already exist at HHS and its agencies and offices, as well as in other federal agencies with whom HHS works on a regular basis. In Group 1, core agencies that we will prioritize include:

- Existing partners of regional HHS offices and HHS agencies such as CDC, CMS, FDA, IHS
- Collaborate federal agencies: Small Business Administration (SBA), Department of Veterans Affairs (VA), USDA (Women, Infants, and Children [WIC], Supplemental Nutrition Assistance Program [SNAP])

Group 2

Group 2 partners include:

- State and county/city public health and childhood insurance program agencies
- Tribal health and safety bureaus, National Indian Health Board
- Territorial public health agencies
- Other organizations such as national partners that are accessible through existing federal communications channels for grantees and other funding recipients

Group 3

Given the severity of COVID-19 on every facet of American society, our plan will involve developing an integrated partnership strategy that engages disproportionately affected audiences with relevant COVID-19 information at every touchpoint in their lives. This will ensure message dissemination from a chorus of influencers. Target categories (and example organizations) include, but are not limited to:

Category	Organizations
Health	National Medical Association, Black Women's Health Imperative, Black Women for Wellness, Convenient Care Association, Rural Health Network, National Association of Hispanic Nurses, National Hispanic Medical Association, Latino Caucus for Public Health, National Alliance for Hispanic Health, National Community Pharmacists Association; National Council of Urban Indian Health; Portland Area Indian Health Board
Family	Jack and Jill of America, National Black Child Development Institute, YMCA, Boys and Girls Club, ASPIRA, National Head Start Association
Faith-Based	Conference of National Black Churches, National Baptist Convention, Southern Christian Leadership Conference, National Hispanic Christian Leaders Conference (NHCLC), Catholic Charities, US Conference of Catholic Bishops, B'nai B'rith, Lutheran Services, Habitat for Humanity
Fraternities/Sororities	Alpha Kappa Alpha, Kappa Alpha Psi
Civic/Professional	The Links, 100 Black Men, National Civic Organizations: NALEO, UnidosUS, LULAC, Mi Familia Vota, Hispanic Federation; National Congress of American Indians
Community-Based	National Urban League, NAACP, Dolores Huerta Foundation, Cesar Chavez Foundation, Hispanas Organized for Political Equity (HOPE), Mixteco/Indigena Community Organizing Project, Vision y Compromiso promotora system, Consejo de Federaciones Mexicanas (COFEM), Cuban American National Council, Delta States Rural Development Network
Business	National Black MBA Association, Black Chamber of Commerce, state Chambers of Commerce, National Association of Small Businesses
Education	Migrant Preschools, First Five California, Hispanic Association of Colleges and Universities
Haircare	Local barber shops and beauty salons

Workforce	National Association of Workforce Boards, SEIU, AFL-CIO, Labor Council for Latin American Advancement, National Day Laborers Association, National Domestic Workers Alliance
Transit	American Public Transit Association, large city transit systems (Metro, Marta, etc.), interstate bus services, U.S. tour bus services
State/County/City Recreation Programs, Amateur Leagues	Amateur Bowlers Association, state adult soccer leagues, U.S. softball, city and county recreation programs
LGBTQ	Gay Lesbian Straight Education Network, Human Rights Campaign, PFLAG
Military and Veterans	Vietnam Veterans Association, Modern Military Association of America, Iraq and Afghanistan Veterans of America, AMVETS, VFW, American Legion

For Group 3, Q4 2020 will be dedicated to discovery research, initial conversations, calls, consensus and trust building, and establishing agreements with influencers, stakeholders, and leaders. Initial agreements with partners will be executed so they are ready to hit the ground running with outreach materials, messaging, and activations by Q1 2021.

Group 4

Group 4 partners include major companies, foundations, and professional sports leagues that lend credibility to the Campaign and would collaborate on campaign outreach and disseminate messages as well as serve as spokespersons for specific efforts, especially around vaccine readiness. Types of partners include Walmart, CVS, Uber, Lyft, Google, Univision, the Bill & Melinda Gates Foundation, and the Robert Wood Johnson Foundation.

Partner Support Materials

Team FMG recommends production of at least some partner onboarding and promotional materials in English and Spanish, and in other languages upon direction. Although selection of promotional materials will ultimately be made by ASPA, Team FMG recommends a variety of recurring materials produced on a rolling basis, at a minimum to coincide with ad flights. Promotional materials will be designed to enable partners of all sizes and levels of experience to reach audience segments with different needs and resources, and to amplify campaign messaging quickly and accurately. Team FMG will manage the design, production, and distribution of partner support and promotional materials, considering the needs and capabilities of priority audience groups. Some materials will be digital only, whereas others will be a combination of digital and print.

The following are partner support materials we recommend for consideration:

- **Partner activities calendar** that lists relevant health focus events; for example, National Influenza Vaccination Week, Minority Health Month, etc., business events such as National Small Business Week, and major cultural or athletic events, that can offer opportunities for promoting campaign messages. A comprehensive activities calendar helps partners plan, maximize promotion opportunities, and avoid duplication of effort.
- **Campaign promotion materials** timed to support ad flights that include print content, audio/video clips and captures, web flicks, podcasts, etc.
- **Thought leader interviews** in traditional and digital media, including public and private partner-owned websites.
- **Conference support**, including branded take-aways such as fact sheets, conversation cards, and postcards; video loops for conference booths; and speaker support for partners.
- **Partnerships e-blasts** distributed monthly and containing updates on newly available messages, materials on the microsite/partnership hub, new resources, and upcoming events, as well as tips on best practices and success stories will help keep partners engaged and motivated to participate.

Given our commitment to ensuring maximum use of communication materials, our approach will involve making these materials as easy-to-use as possible. Team FMG proposes the following tactics:

- Developing and leading briefings/webinars on a range of topics, including the Campaign, the use of materials, and upcoming events.
- Ensuring all materials are accessible to all partners in digital and printable formats
- Providing “mini grants” to partners for local printing

Partnership Microsite

To further support partner efforts and facilitate partner engagement, Team FMG will create a customized password-protected partner microsite as a collaborative space to provide partners with campaign materials and allow partners to provide input and ideas on campaign research and development of campaign materials. The microsite will seamlessly fit into the agency’s COVID-19 web architecture. We also recommend that the microsite serve as a platform for partners to communicate with each other through a community forum function. To ensure usability and optimal functionality, we will conduct user experience (UX) testing and refine the microsite based on results.

Select key features and content types within the microsite that will facilitate collaboration, knowledge sharing, and engagement with campaign materials and resources:

- Current partners list
- Campaign materials such as social media posts, videos, web content, downloadable print content, audio clips, podcasts, and blog posts
- Forms to request campaign support
- Content calendar
- Relevant data and talking points
- Training in conjunction with significant campaign milestones
- Partner spotlight
- Varied user access levels and permissions depending on partnership role

Partner Activities: A key objective of partnership engagement is to maximize opportunities to reach priority audiences with campaign messages through partner participation in high-visibility national, regional, local, or audience-centric events and observances such as those that will be highlighted in the partner activities calendar described earlier. Team FMG staff supporting this project will collaborate closely with other work streams to inform opportunities to amplify partners' reach and influence in non-traditional ways, including:

- **Events and Activations:** Some high-impact organizations may be willing to engage in high-profile support of the Campaign, such as partnering with HHS to produce events or participate in activations. An activation could include an online campaign or other experience that enables the public to engage directly with ASPA or HHS, such as a social media promotion to encourage priority audiences to display selfies of their flu or COVID-19 vaccine Band-Aids. These kinds of events offer opportunities to leverage partners' influence by enabling their constituents or priority audiences to engage with the Campaign directly.
- **Social Media:** Like HHS, partners use social media to engage with their constituencies. We will identify opportunities to work with partners to integrate campaign messages into their online conversation, leveraging credible trusted voices to encourage self-response. Team FMG will also develop partner-specific social media content calendars as part of each PSA package so partners may directly post content supporting multimedia campaigns on their own social media channels. This could include partnering with A-list

celebrities, news organizations, and corporations with large social media followings; social media platforms such as Facebook, Google, and YouTube; or technology, video streaming, and gaming companies to reach campaign audiences in unique ways.

- **Earned Media:** Partnership efforts must be intertwined with efforts such as earned media across the calendar year. Team FMG will ensure that local partner activities are closely aligned with current campaign focus—so that messaging is consistent and clear across materials for and varying types and levels of news media. Partnership activities as outlined below closely align with earned and paid media strategic plans.

Core Activities for Q4

We will closely align Q4 partnership activities with paid and earned outreach plans and the core objectives for outreach: educate Americans about the important role vaccines, social distancing, mask wearing, and handwashing play in keeping individuals, families, and communities healthy and ultimately defeating COVID-19 and safely returning to our daily routines. We will work with a select number of partners across Groups 1, 2, and 3 to participate in select campaign activities as described below.

Halloween: Upcoming holidays such as Halloween pose a serious threat to increased COVID transmission. Campaign messaging will encourage all Americans, and especially families and young adults, to celebrate safely by following evidence-based tips for trick or treating to reduce transmission, which includes embracing the “3 W’s” (possible TransCreations as Los 3 Ojos for Spanish-language audiences) to reduce community spread: Wash hands, Wear masks, and Watch from a distance. As part of this outreach, we will work with select organizations such as WIC recipients, YMCAs, Boys and Girls Clubs, tribal health centers, food distribution programs, tribal colleges, essential work force groups (e.g., meat packing, farm workers, unions), and major universities to promote 3 W’s messaging to their constituents.

Holidays: The Thanksgiving and December holiday season is going to look different in 2020. Campaign messaging will encourage adaptations to holiday traditions, including family get-togethers, shopping, and faith-based gatherings, to ensure communities are safe and can continue reopening, and Americans feel the holiday cheer. We will initiate early coordination with HHS agencies and other public-facing federal agencies to ensure that they have access to and are encouraged to include campaign messaging in their scheduled communications with state, tribal, local, territorial, and national partners. Early November also presents Día de los Muertos/Day of the Dead, a major observance in U.S. Latinx communities during which family/community members who have died are remembered, and is also an opportunity to roll

out the 3 W's equivalent in Spanish: Los Tres Ojos. For this effort, we envision working with cross-cultural faith-based organizations such as the Conference of National Black Churches, National Baptist Convention, National Council of Churches, and AME ZION to deliver our core messages for the holiday season.

New Year's: Although COVID-19 has and will continue to irrevocably change the United States, we can take the best of lessons learned into 2021 and leave the worst of COVID-19 in 2020. In order to ensure the greatest use possible when a COVID-19 vaccine is available, we need to encourage a culture of acceptance around vaccination by correcting misinformation, reassuring audiences about the rigorous testing and proven safety of vaccines, and aggressively publicizing where, when, and at what cost vaccines are available. The initial focus will be on the general public, with an emphasis on priority populations potentially receiving early access in the vaccine rollout. Key partners that we will consider for outreach include trusted voices from health advocacy organizations, medical societies, medical trade associations, as well as promotores de salud and tribal leadership.

Core Materials for Q4

Core materials to develop for Q4 could include:

- Social graphics highlighting the 3 W's
- Vaccine safety fact sheet, conversation card (patient take-aways for clinical settings)
- How Vaccines Work poster (clinical settings)

Evaluation

Team FMG will be reporting on several key performance metrics in monthly campaign reporting. These metrics will also be incorporated into the larger campaign evaluation. Please refer to the Evaluation Plan to see how partnership reporting fits into the larger evaluation framework. We will use syndication metrics and partner-provided reports to assess partner use of campaign content. Partners will report on the distribution of campaign messages, campaign-related social media and web analytics, participation in local events, and the number of COVID-19 campaign messages and materials distributed. Based on partner participation, we will prioritize working with partners that are high performers and have demonstrated engagement and significant commitments. More information on how partnerships fit into the broader evaluation goals can be found in the Evaluation Plan.

Partnership metrics include:

- Number of partners engaged in network, categorized by partner type, geographic sphere of influence, and their commitment to the Campaign.
- Number of materials distributed to partners, by partner type, geography, and strategic platform
- Partner-reported dissemination metrics by month and strategic platform (e.g., print materials disseminated, web analytics on campaign-specific pages, use of syndicated content on website, reposting/sharing campaign content, original campaign-content on social, social post engagement, number of campaign-related events with estimated attendance by market, press releases and other PR efforts).

Timeline

Partnership Engagement Activities (Q4 CY2020)	Weeks Following ASPA Approval of Partnership Plan
Set up partner working group and conduct first meeting	Week 1 (week of 9/27/2020)
Develop preliminary partner list; coordinate with HHS, HHS agencies/regional offices for assistance with message delivery to state/tribal/local partner networks	Week 2
Develop partner processes; identify priority support and promotion materials; develop content for webinar briefings	Week 2
Begin initial conversations with partners reaching disproportionately affected audiences; ASPA approval of partner training modules; begin scheduling partnership trainings	Weeks 2–3
Develop partnership microsite	Weeks 2–3
Develop initial partner and promotion materials; begin scheduled communications with partners	Weeks 2–3
ASPA approval of initial materials and microsite content; begin partner training	Week 3
Deploy initial promotion materials (Halloween messaging)	Week 4
Deploy remaining Q4 promotion materials (Thanksgiving, Día de los Muertos, December holidays, New Year's)	Weeks 5–6

Partnership Engagement Activities (Q4 CY2020)	Weeks Following ASPA Approval of Partnership Plan
Propose partner activities for Q1 CY 2021	Weeks 6–7
ASPA approval of partner activities for Q1 CY 2021	Week 8
Develop promotion materials for Q1 activities	Weeks 9–11
First assessment of partner performance	Week 12

TOUCHPOINTS AND DEPENDENCIES

Executing against this timeline hinges on the following. For any delays in sign-off/approval, the timeline will shift forward by that number of business days.

- To ensure we meet these deadlines as stated above, we would like to have a working group meeting the week of September 27.
- We must have approval from HHS by October 15 of materials in order to ensure we allow enough time for Spanish translation.
- If ASPA decides to develop a new campaign website, then this could delay the creation of a partner support microsite. In this scenario, we would need to email materials to partners.
- If we are unable to get the working group up and running until ASPA is fully staffed for the contract, then we would like to identify detailing staff from other HHS agencies.

HHS ASPA COVID-19 MEDIA CAMPAIGN

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu



Evaluation Plan

The plan outlined below details the objectives, approach, and timeline for the Evaluation subtasks (1g-1k) of the Program Management, Strategy, and Evaluation Task (Task 1) described in the proposal.

Objectives

The Campaign evaluation is designed to use scientifically rigorous approaches and multiple data sources to assess campaign performance on three levels: outcome, process, and program monitoring. This approach will **assess the potential campaign-attributable impact** on changes in health, behaviors, intentions, attitudes, and beliefs. It will also provide intelligence early and often to **inform mid-stream adaptations** in campaign strategy, tactics, and the underlying campaign theory of change as described in the logic model (i.e., campaign activities influence outputs, which in turn influence campaign outcomes). Multiple feedback mechanisms will support continuous campaign learning and performance improvement. The evaluation component of this project will assess performance against the objectives listed below. These objectives are shaped by health behavior theory (e.g., health belief model, theory of planned behavior, transtheoretical/stages of change model, dual-process model, and the social ecological models) and extant research on behavioral factors for COVID-related transmission prevention behaviors.






Outcome Evaluation Objectives


Team FMG will assess short-term, medium-term, and long-term outcome-level changes to measure overall campaign success.

Objectives	Data Sources
Long-Term	
<p>Change in priority behaviors to be addressed in the Campaign: mask wearing, social distancing, handwashing, vaccine readiness, and uptake. These changes will be translated into estimated health impact (e.g., COVID-19 cases and case deaths averted and reduction in excess mortality), financial impact of health effects, and the financial savings value per dollar that ASPA invests in the Campaign.</p> <p>Change in secondary behaviors that may be addressed in the Campaign such as flu vaccine uptake, COVID-19 testing, contact tracing participation, volunteering for clinical trials, and donating COVID-19 plasma from those who have recovered from COVID-19.</p>	<ul style="list-style-type: none">• Semi-annual survey🌀• COVID-19 case monitoring• Mobility/social distancing data (e.g. SafeGraph, Unacast, Apple, Google, Cuebiq, or Facebook) <p>Data Sources for Triangulation:</p> <ul style="list-style-type: none">• CDC vaccination surveillance• CDC cause of death surveillance

🌀 Team FMG-sourced data (vs. external data sources).

Outcome Evaluation Objectives Continued

Medium-Term	
Change in campaign-targeted, mutable behavioral factors associated with priority behaviors such as perceived susceptibility and severity, beliefs, attitudes, outcome expectations, self-efficacy and behavioral control, readiness to change/act, and behavioral intentions.	<ul style="list-style-type: none"> • Semi-annual survey 
<p>Change in understanding of vaccine safety, effectiveness, and the vaccine development and testing process.</p> <p>Change in knowledge to correct COVID-19 misinformation and rumors.</p> <p>HHS source trust and/or campaign brand equity.</p> <p>Audience report of sharing campaign content with others.</p>	<ul style="list-style-type: none"> • Semi-annual survey 
Short-Term	
Audience recall* of (exposure to) and receptivity to specific campaign content.	<ul style="list-style-type: none"> • Semi-annual survey  • Monthly survey  • Quarterly strategic platform qualitative testing 

 Team FMG-sourced data (vs external data sources).

* Please note that our target campaign recall is at least 75% of our audience at the outcome level as measured by survey data, while our campaign exposure target is to reach at least 90% of our audience as measured by media delivery reporting.

Process Evaluation Objectives

The process evaluation is the iterative process to test the underlying hypotheses in the logic model (i.e., that the activities influence the outputs and the outputs influence the outcomes). If Team FMG finds that there is no relationship, or a weak one, with higher-level objectives, then these findings will help to pivot campaign strategy to maximize potential for campaign behavioral and health impact. The process evaluation supports continuous learning and performance improvement throughout all elements of the Campaign and, as we learn more, the process evaluation design may evolve as well.

Objectives	Data Sources
Dose–response relationship. We will assess the relationship between the dose of each channel against performance measures such as web traffic, web-based search, campaign recall, and receptivity. In doing so, we will get a sense of “lift,” the unique value, or each impression. We will also look at media metrics and dose–response relationships after adjusting for other channel dose or metrics.	Monthly awareness and receptivity survey 🌀 Media dose dashboard 🌀 Media analytics (e.g., Salesforce social studio, commercial platforms) 🌀 Web analytics platforms (e.g., Google or Adobe, Quantcast, Crazy Egg) 🌀 Search analytics platform (SEMrush) 🌀
Variation in dose–response relationship strength in the above objective by geography, strategic platform, sub-group, and over time.	Monthly awareness and receptivity survey 🌀 Media dose dashboard 🌀 Media analytics (e.g., Salesforce social studio, commercial platforms) 🌀 Web analytics platforms (e.g., Google or Adobe, Quantcast, Crazy Egg) 🌀 Search analytics platform (SEMrush) 🌀
Social media, news, and traditional media mentions and sentiment by strategic platform.	Monthly awareness and receptivity survey 🌀 Daily social+ listening platform (Brandwatch) Social media management platform (Salesforce Social Studio) 🌀

🌀 Team FMG-sourced data (vs. external data sources).

Program Monitoring Objectives

Team FMG will manage program monitoring data to track outputs over time to facilitate monthly reporting as well as process and outcome evaluation activities.

Objectives	Data Sources
Outputs	
Performance in media delivery* (e.g., impressions, gross rating points, estimated reach and frequency) by channel and geographic location over time and against established minimum thresholds. ¹	Media dose dashboard🌀 Media analytics🌀 Syndication metrics** Partner and influencer engagement reporting🌀 Issues management reporting🌀
Performance in media delivery against industry benchmarks and over time (e.g., click-through rate, video completion rate, bounce rate, time on site).	
Syndicated content use and distribution of materials by strategic platform and over time.	
Partner and influencer engagement performance , including number of partners grouped by level of commitment and partner type.	

🌀 Team FMG-sourced data (vs. external data sources).

* Please note that our target campaign recall is at least 75% of our audience at the outcome level as measured by survey data, while our campaign exposure target is to reach at least 90% of our audience as measured by media delivery reporting.

** We assume that syndication metrics from the [HHS Syndication Storefront](#) on the performance of campaign-syndicated content will be available for Team FMG to track.

¹ Centers for Disease Control and Prevention. Best practices for comprehensive tobacco control programs — 2014. Atlanta (GA): U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. pg. 33.

Activities
Program management, strategy, and evaluation
Market research
Production and testing
Media distribution
Inputs
Funding
Staff
Digital solutions
Strategic partnerships

Identifying Our Impact

The Campaign evaluation includes monthly and semi-annual data collection and analysis, as well as a final campaign cost-benefit analysis.

Our proposed deliverables and key measures of success are presented below.

Monthly Campaign Report

- Self-reported campaign awareness
- Process evaluation analysis findings
- Program monitoring

Semi-Annual Reporting: Outcome Evaluation Survey

- Impact of campaign exposure on key beliefs, attitudes, intentions, and behaviors

Cost-Benefit Analysis: Final Campaign Report

- Impact of campaign exposure on COVID-19 cases and COVID-19-related premature deaths
- Net benefits, in dollars, of the Campaign

Approach

Outcome Semi-Annual Survey

For the outcome evaluation longitudinal survey, Team FMG will recruit U.S. adult participants ($n = 4,000$) in the first wave from a probability-based, nationally representative panel and follow participants over the life of the Campaign on a semi-annual basis. The 30-minute survey will measure behavior, intention, and other outcome-level change, described above, in individuals over time. To assess if change can be attributed to the Campaign, Team FMG will conduct analyses using methods such as the difference-in-difference method. This tests for the relationship between campaign exposure and likelihood to change using multiple media dose measures: recall (self-report) and probable dose using market-specific media delivery as a proxy for individual exposure. Probable dose models across a mix of media will be developed as part of the process evaluation. If there is insufficient diversity in probable media dose or recall and this limits comparisons by media exposure, then we will explore the use of COVID-19 forecasting models as counterfactual (i.e., the expected COVID-19 case burden in absence of the Campaign). Analyses will be adjusted for potential individual, community, and policy-level covariates. On a semi-annual basis, findings will be presented to ASPA, and then provided in campaign evaluation reports. Results across all waves will be provided in the final report.

Cost-Benefit Analysis

At the end of the project, Team FMG will use the extant health research and data from all available

waves of the semi-annual outcome survey to translate measured COVID-19 prevention health behavior into COVID-19 cases averted,

COVID-19-related deaths averted, and excess overall deaths decreased. Health impact will be further reflected in terms of the savings to the American people as a result of prevented COVID-19 cases and deaths and as a ratio to represent the savings earned for every dollar invested into this Campaign. Results will be reported through a presentation to ASPA, the final report, and a manuscript submitted to be considered for peer-reviewed journal publication.

Campaign Awareness and Receptivity Tracking Survey

Team FMG will, on a monthly basis, assess audience recall of specific campaign content and audience receptivity through items added on a monthly omnibus survey ($n = 5,000$ adults). This panel survey will include demographics, health conditions, and approximately 15 COVID-19-specific items. Survey results will be provided in monthly traditional and digital media evaluation reports.

Process Evaluation Analysis

On an ongoing basis, Team FMG will conduct process evaluation analyses using existing program monitoring and extant data to test and retest the underlying relationships in the logic model; for example, the influence of media dose and engagement analytics per channel on recall and web traffic, and developing promising models for a mix of media dose for use in the outcome evaluation. The process evaluation team will also conduct timely analyses to address ad hoc campaign needs or questions. Team FMG will present findings to ASPA monthly and in the semi-annual campaign evaluation report. Results also will be provided in the final report.

Program Monitoring

To support testing early and often as part of a continuous learning and improvement process, Team FMG will implement collection, cleaning, and management of programmatic data in an easily analyzable format throughout the Campaign. Examples include the media dose dashboard, media analytics, partner and influencer engagement, social listening, and COVID-19 case reporting. These data will be used in reporting across the project. Your day-to-day point of contact for the Campaign evaluation is Leah Hoffman (LHoffman@forsmarshgroup.com), Research and Evaluation Science Lead.

Assumptions

Below, we have outlined assumptions that apply to the evaluation.

- **Office of Management and Budget (OMB)/Institutional Review Board (IRB)**
Approval. We understand from ASPA that the semi-annual evaluation survey package will need to undergo OMB (emergency timeline) and IRB review. In our timeline, we have assumed that emergency OMB review will take 3 days and external IRB review 3 to 5 days. If OMB's process takes as long as 2 weeks, then we assume that external IRB submission can take place concurrently with OMB review. We also assume that the HHS IRB will not be reviewing these packages. We assume that the monthly survey will not need either IRB or OMB approval due to the omnibus format of collection.
- **Sensitivities to Tagging and Cookies**. We assume that HHS, as part of privacy protections, is not open to using website tagging and cookies to track online behaviors. Accordingly, we have designed the evaluation to use alternative tracking methods without sacrificing privacy.
- **Monthly Survey Approval.** To be able to submit survey items in time, we are assuming that ASPA will be able to provide sign-off on items within 2 days of receipt.
- **Atlas Research.** Team FMG will adapt where feasible to align with and/or be complementary to the survey conducted by Atlas Research.
- **Language.** Semi-annual outcome and monthly awareness surveys will be conducted in English and Spanish.
- **Plan Approval.** We assume that plan sign-off will be provided by 9/28.

Timelines

Timely evaluation implementation will ensure that we are measuring change over as much as the Campaign lifespan as possible. We have developed the timeline to minimize the time to fielding Wave 1 (the first of four waves).

Outcome Evaluation Semi-Annual Survey Activities	Wave 1
Team FMG develops survey instrument, screener, protocol, consent form, and supporting materials	Weeks 1–4
ASPA reviews and signs off on survey materials	Week 5
Team FMG external IRB approval (3–5 days)	Week 6
ASPA OMB approval (3 days) and program survey (can start concurrently)	Week 7
Team FMG tests and finalizes survey	Week 8
Team FMG fields survey	Weeks 9–18
Team FMG cleans and finalizes data	Weeks 19–20
Team FMG analyzes data	Weeks 21–24
Team FMG develops results briefing	Weeks 25–26
ASPA reviews and provides feedback on results briefing	Weeks 27–28
Team FMG finalizes results briefing	Week 29
Team FMG drafts written report	Weeks 27–34
ASPA reviews and provides feedback on written report	Weeks 35–36
Team FMG finalizes written report	Weeks 37–39
Team FMG drafts publications with ASPA as co-author for peer review	Weeks 40–46

Initial Campaign Awareness and Receptivity Survey Activities	Corresponding Week
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FMG develops initial survey items and data analysis plan	Week 1
ASPA signs off on survey items and analysis plan	Week 2

Monthly Campaign Awareness and Receptivity Survey Activities	Corresponding Week of the Month
ASPA signs off on survey questions	First Wednesday of the month
Team FMG delivers results in monthly report	Fifth business day of the following month

TOUCHPOINTS AND DEPENDENCIES

Key touchpoints include the following, as we will require approval to proceed with the evaluation as planned at these junctures.

- After the initial approval, moving forward, monthly campaign awareness survey items need to be finalized by the first Wednesday of every month. Survey results will be delivered as part of the monthly report by the fifth business day of every month.
- Week 5, end of week, ASPA signs off on semi-annual survey materials (e.g., semi-annual protocol, instrument, consent forms, screener). Thereafter, ASPA signs off on presentation and report within 2 weeks of receipt.

Executing against this timeline hinges on the following. For any delays in sign-off/approval, the timeline will shift forward by that number of business days.

- ASPA sign-offs: 2 days or as noted above
- IRB approval: 3 to 5 days
- OMB approval: 3 days

OMB Reviews

To execute our Evaluation Plan, we will need OMB review and approval of the **outcome evaluation semi-annual survey package**. The package for OMB review will be ready the week of **November 2, 2020**.

HHS ASPA COVID-19 MEDIA CAMPAIGN

A campaign designed to help Americans make informed decisions about the prevention and treatment of COVID-19 and flu



Market Research Plan

The plan outlined below details the objectives, approach, and timeline for the Market Research Task (Task 2).

Objectives

Campaign success depends on our ability to uncover and identify the target audiences' understanding, wants, needs, as well as their channel and source preferences when it comes to learning more about COVID-19 and using preventive measures to stop the spread of the virus. Team FMG will conduct ongoing market research during the Campaign to provide this critical information. In particular, we believe market research is important to:

- Inform Campaign strategy about audience risk knowledge, perceptions, current behaviors, and barriers and motivators to healthy behaviors.
- Identify data-based recommendations to develop and strengthen communication strategies targeted to portions of the population identified as priority audiences.
- Estimate through extant and secondary research of available data the prevalence of current attitudes, beliefs, intentions, and behaviors of the target audience toward COVID-19 and flu preventive measures, with an emphasis on social distancing, mask wearing, handwashing, and COVID-19 vaccine intention.
- Monitor campaign awareness and sentiment through social listening-based machine learning systems as well as via active survey and qualitative research to ensure campaign messaging is meeting audience needs and channel preferences while accurately capturing the broader social context in which the Campaign operates.
- Keep the Campaign well-informed through other research conducted within the public sphere.

Market research provides the intelligence to successfully understand the issues, the audience, and the key information that will best inform the Campaign and the public about preventive measures against COVID-19 and flu.

Approach—Understanding Audience Needs and Wants

We understand the importance of timely and continuous market research to inform campaign strategy and execution. The market research we conduct at the outset of the Campaign will be used to guide initial campaign strategy; we will also use this information to make adjustments to future market research efforts and to ensure we are keeping a pulse on the issues that matter most.

We will use a variety of primary and secondary research tools to collect data. Team FMG believes that it is through the use and integration of many data sources and tools that the Campaign will be best informed. Each data source has inherent limitations; by simultaneously leveraging multiple data sources and tools, we can identify critical and timely insights and minimize our blind spots.

Primary data will be collected through surveys and focus groups to acquire information that is directly in line with campaign needs. Surveys will provide a representative view of the public's attitudes and their reactions to emergent events and situations. Focus groups, although not representative, will be used to delve deeper into these attitudes to understand the reasons target audiences feel and act certain ways.

Secondary research tools will allow us to tap into previously collected data and research, providing a timely and cost-effective means of generating insights. Team FMG plans to use secondary research to identify emerging events or situations that may impact the public's attitudes or behaviors related to COVID-19 and to keep a pulse on public sentiment. We will also use our secondary research to inform the design and content of our primary research—for example, asking new survey questions to assess the impact of emerging areas of concern that we identify through secondary research.

Below is a summary of key data sources and their purposes. The following sections of this plan describe the research tools in further detail:

- Leverage focus groups and survey research to develop a foundational understanding of what the target audiences know about risk, their perceptions and current behaviors, and the barriers and motivators to healthy behaviors. This approach will be aligned with the Campaign logic model noted in the Evaluation Plan.
- Scan secondary data sources to identify specific issues and concerns that arise in certain areas of the country, and conduct survey research to understand the extent of the influence of those external events.

- Apply segmentation analyses and social listening to identify any geographic or virtual hot spots of activity, including case outbreaks, crisis events that potentially influence behavior or campaign sentiment, misinformation outbreaks, social unrest, or other critical events that provide new opportunities for the Campaign to help inform the public, including changes in public sentiment where changes in messaging strategies may help.
- Review publicly available data to stay abreast of any new issues that may influence behaviors that reduce the risk of COVID-19 transmission.
- Leverage outcome evaluation survey data (described further in the Evaluation Plan) to better understand connections between attitudes, beliefs, and behaviors.
- Field ad hoc surveys as needed to generate additional insights around emergent issues.
- Employ social listening tools to track mentions and sentiment related to the Campaign.

Primary Research

Primary research provides information and data that are specifically targeted to the needs of the Campaign. These tools use a variety of approaches to provide key details about the target audience, the best messaging to use for that audience, and where the messages should be delivered through channel and geography.

The first step is to sketch profiles of our target audience, where they live, and their attitudes so that we can create targeted messaging and deliver it directly to them. We will use a segmentation modeling approach to execute this activity.

Segmentation

Segmentation sorts a population into subgroups based on a set of shared characteristics that is associated with the behavior of interest. Segmentation supports efficient delivery of effective, tailored communications to prioritized subpopulations or segments.

Segmentation is valuable as it describes each segment to inform the planning of tailored creative and a mix of media delivery strategies. It also informs recommendations for brand positioning and formative research to develop further insights specific to prioritized segments. Such data provide the rich context marketers need to develop compelling campaign strategy and content.

Our team will use segmentation to develop a framework linking emerging trends and public health surveillance with demographic, psychographic, and media consumption information by geography to inform communications strategy, creative development, and paid media placement.

Given the need for creative development and media-planning activities to begin quickly, our plan for the segmentation involves:

- Licensing Claritas PRIZM, a national segmentation solution that divides the United States into 68 segments with similar demographics and psychographics at the ZIP Code level.
- Evaluating health/health care and media usage/behavior data overlays of PRIZM segments.
- Identifying and profiling the COVID-19-relevant target audiences using existing data within Claritas to begin constructing the targeting framework.

Leverage Existing Segmentation Quickly

To address vaccine readiness quickly, Team FMG will use relevant information from the Claritas consumer profiles to identify priority segments to reach with messaging. The Claritas consumer profiles are tied to the individual segments and based on survey data collected by MRI and Nielsen Scarborough as part of industry-standard marketing profiles.

We propose examining the following profiling variables to make recommendations for initial campaign targeting and determining COVID-19 relevance:

<u>Category</u>	<u>Example Profiling Variables</u>
<u>Health Behaviors:</u>	<ul style="list-style-type: none">• % bought cold or flu medications in the past 12 months• % who rate their health as “poor”• % with any overnight hospital stay in the last 3 years
<u>Psychographics:</u>	<ul style="list-style-type: none">• % agree “the benefits of vaccines outweigh any possible risks”• % agree “risk taking is exciting for me”• % agree “sometimes I skip a dose of Rx drugs because side effects worry me”• % agree that “over-the-counter medications are safer than Rx drugs”
<u>Occupation:</u>	<ul style="list-style-type: none">• % with occupation of doctor or medical• % with occupation of health care support• % with occupation of health practitioner/tech

Team FMG will identify roughly three to five segments to prioritize for the first set of creative development and related media planning activities. Our initial targets are those who are open to change but who do not engage in preventive measures. Depending on timing, the segmentation can help add detail to target audience personas for creative teams and help inform media planning around channels and programming to target for spending to reach those audiences. Segmentation may inform creative testing by identifying locations that over-index on priority segments to prioritize for inclusion in testing.

Once the initial data segment overlays and COVID-19-relevant profiling are complete, as new information is available, we will update our COVID-19-relevant segmentation profiles in line with changes in communication strategies change over time. We will begin overlaying more subject-specific information onto the existing segments to further inform and refine our targeting. This information will come from:

- Existing survey and COVID-19 health data from a variety of sources, including government-based data, scientific institutions and sources, and other publicly available data backed by strong scientific methodologies;
- Team FMG's nationally representative surveys; and
- Other emergent data (e.g., social distancing trends using anonymized cell phone data).

Data Types Immediately Available from Claritas' PRIZM Premier Segmentation	Data to be Iteratively Incorporated to Enhance Understanding
<ul style="list-style-type: none"> - Health / healthcare profiles - Demographics - Psychographics - Media usage 	<ul style="list-style-type: none"> - Health surveillance data (e.g. infection rates, hospitalizations) - State/local policies & responses - Evaluation / Market Research tasks
Outcome: Flexible insights to guide data-driven decision-making for creative development, paid media planning, and partnership activities at the national, state, or local-level.	

Segmentation will provide ongoing information and support across all work streams to ensure messaging strategies and channel and source preferences always match the target audience profiles. The end product will be a set of COVID-19-relevant prioritized, PRIZM segments, profiled by their personal characteristics (health/health care profiles, demographics, psychographics, media usage), attitudes, and social media trends.

Social+ Listening

Team FMG will use Brandwatch and other tools designed to track campaign mentions and collect millions of COVID-19-related unbiased opinions, perspectives, and more from our audience on social media and the internet through a comprehensive and multi-layered structure in real time. Our artificial intelligence (AI)-enhanced tools enable the timely identification of relevant events influencing social media discussions and trends in mentions and sentiment over time. Social+ listening findings will be reported on a monthly, alert, and ad hoc basis.

Our analysts use SQL and advanced Boolean Logic to develop dashboards to capture millions of data points and mentions from social, digital, and traditional media in real time. Our analysts will apply social listening tactics to derive actionable insights as part of monitoring campaign performance, assessing public opinion and perspectives about COVID-19, and analyses of emergent themes to provide insights to inform campaign management.

Campaign Monitoring:

Team FMG will track campaign listening analytics and content across social, digital, and traditional media over time. In leveraging a joint Brandwatch, Kinetiq, and Lexis Nexis platform, we will be able to—in real time—capture not just campaign mentions but also sentiment, source, and platform, and be able to put mentions in context. For some platforms, we will also be able to report on impressions, reach, engagement, and public response to content. Team FMG analysts will provide targeted and timely signal alerts and automated monthly and ad hoc reports with quick-turn analyses. Campaign monitoring reporting will enable ASPA and Team FMG decision making in strategic and tactical adjustments to continuously maximize campaign performance, leverage opportunities, and mitigate challenges.

Public Opinion and Perspectives about COVID-19:

Team FMG will track changes in public opinion and perspectives around COVID-19 and related health protection behaviors, reflected on social media over time, using relative number of mentions of key terms as proxy measures of attitudinal change over the life of the Campaign. We will also track COVID-19 news mentions using LexisNexis access to more than 8,000 news sources (including paywalled content). Team FMG will identify emergent topics and issues within COVID-19-related news and social media-based conversations to provide timely alerts to ASPA on new developments that may merit strategic or tactical changes.

Ad Hoc Research:

As the Campaign progresses, our analysts will leverage social media conversations and discussions to develop ad hoc analyses. These analyses will be tailored to address emergent issues and themes to continuously inform campaign strategy with timely information. Ad hoc listening research may include perceptions about COVID-19 and social distancing, as well as patterns and trends in disclosed behavior over time; identified barriers to healthy behaviors and intrinsic motivators to adopt healthy behaviors can be gleaned from analyzing conversations on social media.

This approach will offer another layer of research, from a social perspective, that can be used to identify emergent issues and to track trends, adding value to other research and evaluation activities. Information gathered from social listening activities will be shared across the work streams and used in the segmentation effort, and will inform creative and strategic efforts as well as future research projects.

Current Events Tracker

On a weekly basis, Team FMG will collect survey data to assess the influence of external events on audience response to the ASPA Campaign. We will add items on a weekly, omnibus survey of American adults ($n = 1,000$). The resulting data will be weighted to be nationally representative. We will evaluate and regularly modify the questions included in the weekly Current Events Tracker to meet emergent information needs. FMG will proactively identify questions to include in the Current Events Tracker using findings from our social listening and secondary data scans and can develop questions based on ASPA's needs and requests. Findings from the Current Events Tracker will be compiled in the monthly Situational Awareness briefing and will be shared across Team FMG on an ongoing basis.

Foundational Qualitative Research

Qualitative research will be conducted to dive down into issues surrounding COVID-19 and the flu. We plan to conduct foundational qualitative research on a quarterly basis to inform strategic campaign development. Given the imperative to "strike harder" in the initial campaign period and get new creative assets in market as soon as possible, we will begin the first round of creative development before conducting focus group discussions. Therefore, the first set of foundational focus group discussions will be conducted approximately two months after the approval of this plan and will be used to inform the second round of strategic development.

Each quarter thereafter, we will conduct up to 18 90-minute focus groups (virtually) with four to six participants.

Although insights from the segmentation may refine the audiences among whom we conduct focus groups in subsequent quarters, for the initial set of groups, we recommend the following:

- Nine focus with the general population (mixed gender), divided by age range/generation.
- Three focus groups with Hispanic/Latinx adults, mixed gender, divided by age range/generation.
- Three focus groups with Black/African American adults, mixed gender, divided by age range/generation.
- Three focus groups with AIAN adults, mixed gender.
 - Given the challenges reaching this population, we cannot ensure that these groups will be divided by generation.

Team FMG will submit a screener and discussion guide for approval from ASPA before conducting these focus groups. The first round of focus groups will focus on topics such as barriers and motivations to taking key health-based protective measures. In particular, we will focus the discussion on knowledge and attitudes related to COVID-19 vaccine readiness, such as general perceptions of vaccine safety, concerns specific to the COVID-19 vaccine, and desired type and source of information regarding COVID-19 vaccination. We will also use our focus groups as a mechanism to examine the audience's relationship with the Campaign (e.g., awareness and source recall) and their perceptions of the Campaign.

Foundational focus groups will be conducted throughout the duration of the Campaign and will be used to gain a deeper understanding of audiences' attitudes and drivers of key behaviors, as well as to evaluate Campaign perceptions on a regular basis. We anticipate key topics and issues may change for subsequent quarters, and we will identify priority topics to explore in our focus groups through insights from our research as well as feedback from ASPA.

Identifying Our Impact

We will share key findings from market research activities in real time to inform message development, creative, placement, and evaluation.

Our proposed deliverables and key measures are presented below.

Monthly Situational Awareness Report

- Current events and their impact on attitudes toward COVID-19 and the Campaign

- Emerging findings from secondary data sources

- Analysis of new COVID-19 communications campaigns

- Signals and other trends found in social listening

Quarterly Report: Foundational Focus Group Discussions

- Key insights and recommendations from focus groups

Secondary Research

There is a wealth of research being conducted about COVID-19 by public and private organizations throughout the United States, and Team FMG plans to tap into this research to ensure the Campaign stays abreast of important findings and developments. Incorporating this information into our research will allow us to focus our primary data collection efforts on measuring those things that are most salient to the Campaign.

Team FMG will gather and synthesize these data by conducting continuous environmental and secondary data scans.

Environmental Scan

On an ongoing basis, Team FMG will conduct an environmental scan to identify and characterize current communication campaigns related to COVID-19 and flu in the United States. Given the scale and impact of COVID-19, many governmental bodies and other organizations are launching their own campaigns to highlight relevant behaviors and attitudes. For our environmental scan, we will consider campaigns distributed by government agencies, non-profits, scientific institutions, and academic institutions. Upon identifying relevant campaigns, we will classify each campaign based on its primary messages, theoretical framework, target audiences, sponsors, and communication channels used.

This information will provide Team FMG with a constant pulse on what efforts are being taken throughout the country to communicate

information and messages related to COVID-19. Team FMG will use this information to ascertain emerging trends in messaging, identify topics that may need to be addressed in the Campaign, and learn from the successes and challenges of other campaigns.

Secondary Data Scan

Team FMG will also conduct ongoing secondary data scans to identify and assess publicly available data that can help inform our research and campaign messaging. This secondary data scan will include publicly available surveys from sources such as the Pew Research Center, Gallup, and the Census Bureau to uncover COVID-19-related sentiment and behaviors beyond those that we are currently tracking in our primary research.

In addition to public sentiment, it is critical that the Campaign remain well-informed of how COVID-19 is impacting individual Americans as well as organizations, businesses, and governmental bodies. To gather these insights, we will scan other sources of data related to COVID-19 prevalence and outcomes (e.g., number of cases, tests, hospitalizations) and the impact of COVID-19 on the economy and individual organizations.

Reporting and Integrating our Findings

We will aggregate and distribute our findings from these ongoing scans in the monthly Situational Awareness briefing, alongside findings from the Current Events Tracker and social listening. The briefing will be provided to ASPA as well as to all Team FMG members to ensure the Campaign remains closely attentive to emerging issues, events, and interventions that we should be addressing. As applicable, Team FMG will integrate findings into subsequent study designs (e.g., questionnaire or discussion guide creation), incorporate information in reporting to provide context and clarity to our research findings, and/or inform the development of new campaign concepts.

Timeline

Most of the work occurring in market research is ongoing or occurs on a consistent basis with monthly reporting. Below are the timelines and what to expect during each month.

Market Research Activities		Corresponding Week
Segmentation development	Acquire Claritas	Week 1
	Identify target audiences	Weeks 1–2
	Identify data sources	Weeks 1–2
Social listening activity	Set up Brandwatch	Week 1
	Develop dashboard	Weeks 1–2
	Develop queries	Weeks 1–2
	Collect data	Week 3+
Current Events Tracker	Gather topics and draft first questionnaire	End of Week 1
	Field survey	Week 2
	Clean and finalize data	Week 3
	Analyze data	Week 4
Secondary data scan	Identify research sources	Weeks 1–2
	Synthesize initial research	Weeks 2–4
Environmental scan	Identify research sources	Weeks 1–2
	Synthesize initial research	Weeks 2–4
	Deliver first Situational Awareness briefing	Week 5
Foundational focus groups	Develop qualitative screener	Week 4
	Develop qualitative discussion guide	Weeks 4–5
	ASPA reviews and signs off on the qualitative screener	Week 6

Market Research Activities		Corresponding Week
	ASPA reviews and signs off on discussion guide	Week 6
	IRB/OMB approval on the qualitative	By late Week 6
	Recruiting	Weeks 7–8
	Conduct focus groups	Weeks 9–10
	Deliver focus group report	Week 12

Assumptions

Below, we have outlined our assumptions that apply to our market research efforts.

- **OMB/IRB Approval.** We understand from ASPA that the foundational focus groups will need to undergo OMB (emergency timeline) and IRB review. In our timeline, we have assumed that emergency OMB review will take 3 days and external IRB review 5 days. If OMB's process takes as long as 2 weeks, then we assume that external IRB submission can take place concurrently with OMB review. We also assume that HHS IRB will not be reviewing these packages. We assume that the weekly Current Events Tracker will not need either IRB or OMB approval due to the omnibus format of collection.
- **Atlas Research.** Team FMG will use any applicable findings from the Atlas Research survey to inform our own market research and campaign development. We assume that our market research efforts will not need to directly align with the Atlas Research survey.

TOUCHPOINTS AND DEPENDENCIES

Key touchpoints include the following, as we will require approval to proceed with the market research activities at these junctures.

- Week 1 (and weekly thereafter): Provide feedback on Current Events Tracker questions
- Week 6: Sign off on the focus group screener.

Week 6: Sign off on the focus group discussion guide. Executing against this timeline hinges on the following. For any delays in sign-off/approval, the timeline will shift forward by that number of business days.

- Sign-offs noted above: 2 days
- IRB/OMB approval: 3 days

OMB Reviews		
Research Effort	Delivered for Review	To be Approved no Later Than
Foundational focus groups	Mid-Week 6	Early Week 7