

## ADDENDUM 1

DATE: May 20, 2016  
PROJECT: Health of Houston Survey  
RFP NO: 744-R1618 Health of Houston Survey  
OWNER: The University of Texas Health Science Center at Houston  
TO: Prospective Proposers

This Addendum forms part of and modifies Proposal Documents dated, May 3, 2016, with amendments and additions noted below.

### 1. **Questions & Answers**

#### **Question 1:**

Is there a particular reason why other mode such as mail back survey was not considered? The 2010 survey showed at least a portion of the sample received mail back survey. What is the difference this time?

#### **Answer 1:**

The 2010 survey included a mail questionnaire option for non-respondents containing only the core questions. Survey data users felt limited by the fact that the survey sample was smaller for analysis of questions that were not asked in the mail instrument. For that reason we decided not to use mail mode in 2016 Survey.

#### **Question 2:**

Was the agency satisfied with 2010 the contractor? Would the same contractor be considered for the current survey?

#### **Answer 2:**

This is a competitive bid for a new contract and we will give serious attention to all proposals that will be submitted by the bidding companies.

#### **Question 3:**

If incentives are proposed, they would form a large percentage of the overall budget and make cost comparisons among bidders more difficult. Can a separate budget and underlying assumptions for incentives be provided, with a final incentive plan and cost determined in consultation with UT after the award?

**Answer 3:**

Yes, that is acceptable. If the contractor considers the inclusion of incentives beneficial to the survey design, especially in the attempt to increase the cooperation and response rates, then we would like to see this plan incorporated in the proposal along with the rationale for each choice. See \*REVISED\* Section 6 – Pricing and Delivery Schedule which includes a line for Incentives. If considered; you would insert fee here.

**Question 4:**

Assuming a Web option is offered in the advance letter, what percentage of the final sample size should we assume would come from online response, as informed by prior 2010 experience?

**Answer 4:**

In 2010, we had approximately 45% of the planned target interviews/questionnaire completed online. Although we are not comfortable setting a fixed target at this point, as we specified in the RFP, we require that the majority of completed surveys are phone interviews.

**Question 5:**

In 2010, what percentage of completes were done in Spanish?

**Answer 5:**

Out of a total of 5,116 completed surveys, 567 were completed in Spanish.

**Question 6:**

The RFP suggests capping responses from the 65+ age group. Should we alter the respondent selection method to give increase the probability of selection of younger respondents in households that contain adults both under- and over- 65 years of age? This would increase overall household eligibility and field efficiency.

**Answer 6:**

We would welcome bidder's suggestion of any sampling features that achieve this goal through cost-effective methods.

**Question 7:**

On page 11 of the RFP, it states that the sample design should produce proportionate representation of the seven sub-county regions. It also states that oversampling for ethnic/racial groups may be necessary. Unless household size or response propensity differs substantially across regions, a county-wide equal probability sample should yield proportional representation in the final sample, ceteris paribus. Similarly, ethnic/racial

groups should also be proportionally represented and oversampling would not be necessary unless, for example, there are analytical goals for very low prevalence groups. One approach would be to establish equal quotas by PUMA sub-region and then weight the total sample back to county distributions. Could UT elaborate on the eventual analysis plan and what sampling considerations are implied by that?

**Answer 7:**

We have not assessed if household size or response propensity differs across areas, although response rates varied by area strata in 2010 Survey. Harris County contains various enclaves of populations of interest based on ethnicity and socioeconomic status that we want to make sure we are capturing in the sample and represent in the completed interviews. Also, from an analytical prospective, sufficient number of completed interviews are needed for all racial/ethnic groups, especially Asians, various income and age groups. Some of these groups will have different response rates, which, in order to provide enough subsample for the analysis, might warrant oversampling. If the contractor provides evidence in the proposal that oversampling is not needed, then we will reconsider the sampling strategy.

**Question 8:**

Other than coding occupation with SOC and NAICS codes, is there any other processing or coding required for open-ends, or do we simply deliver the verbatim text within the dataset?

**Answer 8:**

In cases of questions where we provide a list of responses that are NOT read to the respondent, the contractor will try to code the responses as best as possible into these given options, whenever applicable, leaving all those that do not fit into a last verbatim "other" category. For all other types of open-ended questions, other than those of occupation and industry, a verbatim response text can be delivered with the dataset.

**Question 9:**

What is the allocated budget for this project?

**Answer 9:**

UTHealth cannot share budgetary information while in the solicitation process.

**Question 10:**

Will this contract be awarded as a Firm Fixed Price?

**Answer 10:**

Yes.

**Question 11:**

On p. 9 of Appendix 1, it states in section 3.2.1 (Approach to Project Services): “Proposer will briefly describe its approach for each of the required services identified in Section 5.4 Scope of Work of this RFP.” Should this say “Section 5.2 Scope of Work”?

**Answer 11:**

Yes.

**Question 12:**

On page 5 of 22, Section 2.5.4, it states that 1 complete copy of the entire proposal in a single .pdf to be provided on a flash drive. On Page 7 of 22, Section 3.1, it states that the entire proposal is to be provided on CD-ROM. Are these two separate requirements? Meaning, the flash drive is to accompany the separately sealed HSP envelop and the CD-ROM is to accompany the copies of the proposal as detailed in Section 3?

**Answer 12:**

This was an oversight on a new template; only the CD-ROM requirement with a copy of your entire proposal and HUB plan is required. A separate flash drive requirement for the HUB Plan is not required.

**Question 13:**

Section 2.5.4 (a) states that 1 complete original paper copy of the HSP is required. Under 2.5.4.3, last sentence, states that two (2) originals of the HSP are required under 2.5.4. How many copies of the HSP plan are required under 2.5.4?

**Answer 13:**

Two (2).

**Question 14:**

What is the determination used to distinguish “Salaried Professional Staff” from “Other Salaried Staff”?

**Answer 14:**

Applicable only if the contractor makes this distinction.

**Question 15:**

Can the HUB Plan be submitted (in the HUB Envelope) in the same packaging as the Proposal (for example 1FedEx delivery box containing the HUB Envelope and the proposal submission)?

**Answer 15:**

Our preference is separate but we would accept the HUB Plan submittal in the larger delivery box.

**Question 16:**

Does “one (1) complete electronic copy(ies) of Proposer’s entire proposal” mean 1 pdf file combining the Proposal and HUB Plan?

**Answer 16:**

Yes; but we would accept multiple .pdf files on the CD-ROM; the language is from a new RFP template used.

**Question 17:**

What was the total contract amount for the 2010-2011 Health of Houston Survey?

**Answer 17:**

UTHealth cannot share this information while in the solicitation process.

**Question 18:**

What was the match rate of telephone numbers to addresses in the 2010-2011 Survey?

**Answer 18:**

The match rate of telephone numbers to addresses was 66% in 2010 survey. This rate will depend a lot on the quality of addresses database the contractor will be able to obtain.

**Question 19:**

Per the methods report, why was the 2010-2011 actual number of completes (5,000+) nearly 20% higher than the revised design target of 4,200?

**Answer 19:**

The mail mode outperformed our expectations.

**Question 20:**

Please clarify the relationship between Section 6, Pricing and Delivery Schedule and Exhibit B: Schedule of Values.

**Answer 20:**

Section 6 is your Firm Fixed Price for consideration; the Schedule of Values is the breakout of those in Section 6. The final cost on each Schedule should be the same.

**Question 21:**

Section 5.2.3 indicates that the interview averages 30 minutes in length. What is the average length of the adult interview? Of the child interview?

**Answer 21:**

Child proxy interview averages 5-6 minutes. The adult interview averages 25 minutes.

**Question 22:**

Does IHP have a cutoff question where a partially completed questionnaire is considered a complete and will be part of the 6,000 total interviews?

**Answer 22:**

We would prefer for the partial completes to cover at least 80% of the questionnaire. Since the questionnaire will go through minor formatting due to addition of new questions and omission of others, we would choose the cutoff question after this process is finalized and consultations with the contractor have taken place.

**Question 23:**

The RFP calls for us providing a rectangular data set. Some items in the 2010 survey have missing data rates of over 20%, does IHP still want these items imputed?

**Answer 23:**

Yes. We have asked in the RFP for two final datasets, one with the unimputed data, and the other with the imputations and a variable flagging the imputed cases/variables.

**Question 24:**

The 2010 methodology report indicates that 1,114 of the 5,116 completed interviews came from a mail survey. However, there is no mention of a mail survey in the solicitation. What is the reason for eliminating the mail survey from the data collection methodology?

**Answer 24:**

The 2010 survey included a mail questionnaire option for non-respondents containing only the core questions. Survey data users felt limited by the fact that the survey sample was smaller in analysis involving questions not asked in the mail instrument. Not being able to adapt the entire CATI questionnaire into a paper-based version due to length and type of questions, we decided not to use mail mode in 2016 Survey.

**Question 25:**

Per Page 21 or 22, Section 6: Where should the Pricing and Delivery Schedule be placed in the proposal? Is a separate tab needed?

**Answer 25:**

A separate tab of your numbering is sufficient.

**Question 26:**

Per page 21 or 22, Section 6: May pricing information be included in the technical proposal (i.e., is there only one document required)?

**Answer 26:**

No; pricing should be in only the Pricing and Delivery section with no changes to format.

**Question 27:**

Per page 5 of 10, Section 2: Where should the Execution of Offer page be placed? Is a separate tab needed?

**Answer 27:**

A separate tab of your numbering is sufficient.

**Question 28:**

Per page 8 of 10, Section 3: Where should the Proposer's General Questionnaire be placed? Is a separate tab needed?

**Answer 28:**

A separate tab of your numbering is sufficient.

**Question 29:**

Per page 10 of 10, Section 4: Where should the Addenda Checklist page be placed? Is a separate tab needed?

**Answer 29:**

A separate tab of your numbering is sufficient.

**Question 30:**

The RFP reads that the survey will be administered in Spanish and English. Is this a fixed requirement? The 2010 project included Vietnamese interviews. Is UT Health not interested in Vietnamese surveys or is the vendor open to propose Vietnamese interviewing if needed for the successful implementation of the research?

**Answer 30:**

A decision was made to administer the survey in English and Spanish this year. Vietnamese language was eliminated since there will not be oversampling of Vietnamese in this round and the cost of having a third language was not justified.

**Question 31:**

The 2010 survey included a mail option – the preferred scenario (page 13 in RFP) does not include a mail survey. Is UT Health open to using a mail survey in 2016 if recommended/proposed by the chosen vendor?

**Answer 31:**

See Answer 24.

**Question 32:**

On Appendix 1, page 9, section, 3.4 Service Support – can you elaborate what it is meant here by Service Support?

**Answer 32:**

Appendix 1, Section 3 is a General Questionnaire used in all RFP's; some questions asked may not pertain to the specific requirement in this RFP. If this is the case; just respond 'Not Applicable'.

**Question 33:**

Does UTHealth know how many surveys per hour were completed by phone in the 2010 survey?

**Answer 33:**

No, we do not have this information.

**Question34:**

Who conducted data collection for the 2010 survey?

**Answer 34:**

Social Science Research Solutions (SSRS)

**Question 35:**

Please confirm whether the HUB plan should be incorporated into the six copies of the entire proposal.

**Answer 35:**

Yes, each copy should be identical; only one needs to be marked 'Original'.

**Question 36:**

Please verify the contract type (fixed price, Time-and-Materials, Cost Reimbursable).

**Answer 36:**

Fixed Price.

**Question 37:**

Section 5.2.7, #11 (on page 20) provides a suggested timeline for key tasks. Please provide the period of performance dates.

**Answer 37:**

Our intention is to allow some flexibility for the contractor to decide a more detailed timeline that fits within the general timeline guidelines suggested in that section.

**Question 38:**

Has UTHealth identified the 7 geographic sub-county aggregations, if so what are those sub-counties?

**Answer 38:**

The sub-county areas are depicted in Exhibit 1b. These aggregations of U.S. Census 2010 PUMAs (Public Use Microdata Areas) were constructed by us, which does not preclude the bidding contractors from proposing other forms of aggregation, maintaining the same number of areas, if a good rationale for these exists.

**Question 39:**

What will be the level of involvement that UTHealth will have during the implementation of the surveys?

**Answer 39:**

We will review all the materials the contractor is specified to deliver and provide feedback to the contractor if improvements or necessary modifications are to be made, or if questions need to be addressed. We like to participate in the interviewers' final training and monitor interviews if needed. We expect that all the project milestones are met in a timely manner. The most important aspect of our involvement is to be able to establish an open and frank interaction and collaboration with the contractor.

**Question 40:**

Does UTHealth have a CATI service in mind/contracted for this survey?

**Answer 40:**

No, but we assume the contractor will have such services with the most up-to-date features.

**Question 41:**

Is there a previously established website that can be utilized by the new consultants to update and promote the new survey?

**Answer 41:**

The IHP has a survey website ([www.hhs2010.net](http://www.hhs2010.net)) where we will promote the survey.

**Question 42:**

How many mail outs are expected to be sent out during this engagement?

**Answer 42:**

We would prefer the contractor to come up with the optimum number of mail outs in order to achieve survey objectives. Nonetheless, taken into account the advance, reminder and refusal letters, we assume there will be between 5-6.

**Question 43:**

Is this a progress based budget or a level fee per month?

**Answer 43:**

Progress based; with milestones established when we negotiate the contract with the awarded Contractor.

**END OF ADDENDUM 1**