Survey Administrator Request for Proposal (RFP)

APRIL 2018

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.
2019 Colorado Health Access Survey (CHAS)

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The Colorado Health Access Survey — the CHAS — is the premier source of information on health insurance coverage, access to health care and use of health care services in Colorado. More than 10,000 households in the state have been interviewed every other year since 2009, allowing comparisons across time.

The purpose of this Request for Proposals (RFP) is to select a contractor to administer the 2019 CHAS. The Colorado Health Institute (CHI) is exploring current and new options in survey administration to ensure optimal efficiency while preserving the integrity and trendability of the data. CHI invites all interested and qualified consultants and firms to submit proposals to administer the 2019 CHAS.

The RFP and related materials may be obtained from the CHI website (coloradohealthinstitute.org/chas/rfp) or by contacting Rebecca Silvernale, Senior Data Analyst at silvernaler@coloradohealthinstitute.org.

Questions concerning the RFP must be submitted in writing to Rebecca Silvernale (silvernaler@coloradohealthinstitute.org) by 4:00 p.m. MST on Monday, April 30, 2018. CHI will post anonymized responses to CHI’s website the week of May 7, 2018.

All responses to the RFP must be received on or before 12:00 p.m. MST on Friday, June 1, 2018. Responses can be emailed to silvernaler@coloradohealthinstitute.org or mailed to:

Colorado Health Institute
ATTN: Rebecca Silvernale
303 E 17th Avenue, Suite 930
Denver, CO 80203

About Colorado Health Institute
Visionary health leaders created the Colorado Health Institute (CHI) in 2002 to fill a need for nonprofit, nonpartisan, independent data and evidence-based analysis to support decision-making in the state. CHI is funded by the Caring for Colorado Foundation, the Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

CHI’s mission is to be a trusted and leading source of credible analysis and expertise for Colorado leaders. CHI believes that sound evidence and solid analysis lead to better policy, and that better health policy leads to better health. CHI is a trusted thought leader and a valued partner in the effort to create a healthier Colorado.
About the Colorado Health Access Survey
The CHAS has three primary goals:
1. To understand Coloradans’ health coverage, health status, health care use and access to needed care;
2. To assess the impact of health policy changes over time;
3. To provide reliable data on regions and subpopulations within Colorado.

Background Information
The CHAS has been conducted every other year since 2009. In 2019, the survey will be funded by philanthropic and government support. The largest investments in the 2019 survey are by The Colorado Trust and the Colorado Health Foundation.

CHI has contracted with a vendor to administer and weight the CHAS since its inception in 2009. The contractor administers the survey in the winter/spring of odd-numbered years, after the last day of the open enrollment period for Connect for Health Colorado, the state’s health insurance marketplace. In 2017, the CHAS was administered between February 9 and May 21. The survey is conducted in English and Spanish. The contractor prepares the analysis files and weights the data to accurately reflect the demographics and distribution of the state’s population.

The CHAS questionnaire can be found on CHI’s webpage (https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017_CHAS_SurveyTool_Formatted_0.pdf).


Options for Survey Administration and Sample Design
Survey research is at a crossroads. Response rates have declined substantially in the past two decades. The declining response rates, in addition to consumer restrictions on cell phone dialing, have subsequently increased the cost of survey administration. Because of these structural changes in the telephone survey landscape, many researchers are seeking alternatives to traditional telephonic survey research.

Given that, CHI requests that the respondents to this RFP propose up to three options for survey administration:
1. **Option A (required):** Similar sample design and survey administration that has been used in previous CHAS surveys, as described in the CHAS methodology report.
2. **Option B (required):** Respondents must submit an additional option that will result in a cost savings of 10 to 20 percent and may incorporate alternative approaches, including different sample design and/or survey administration methods other than Option A. CHI will not consider any plan that does not allow for trendability with data from previous CHAS surveys. Applicants are required to submit an Option B.
3. **Option C (optional):** Respondents may submit an additional option that will result in a cost savings of 10 to 20 percent and may incorporate alternative approaches, including different sample design and/or survey administration methods. Applicants are not required to submit an Option C.
Survey Sample
To date, the CHAS has been a telephone survey — using both cell phones and landlines — of over 10,000 randomly selected households in Colorado. In 2017, 60 percent of the sample was cell phones and 40 percent was landlines. The overall sampling design contained several features, including sample stratification, household selection criteria and selection criteria within households.

Landline sample stratification
- Interview targets are set per Colorado Health Statistics Region (HSR). See Attachment 2 for HSRs and associated counties in Colorado.
- Interview targets are set within three selected HSRs by telephone exchange based on incidence of African American households.

Cell phone sample stratification
- Interview targets are set per Colorado HSR.
- Interview targets are set within selected HSRs by cell phone rate center.

Household-level selection
- Respondents are screened to exclude out-of-state homeowners and vacation homes in both frames.
- Within the cell phone frame, respondents are screened to exclude respondents under 18 years of age.
- Half of all landline households are screened to determine if any residents younger than 65 lived in the household. If nobody in the household fit this criterion, the interview was terminated.

Individual-level (target) selection
- Respondents are screened to include adults who can answer questions about health insurance for every member of the household.
- The respondent is then asked to roster every member of the household. The computer-assisted telephone interviewing (CATI) program randomly selects a “target” person from the household roster. The target person can be the respondent themselves or another member of the household. The interviewer then asks the entire CHAS questionnaire about the target. The likelihood that a child in a household was selected as a target was increased to 60 percent to account for underrepresentation of children in the sample.

Sample Stratification
The contractor is expected to ensure adequate statistical power within each region. Each HSR is weighted to ensure within-region representation (see Attachment 1 for 2017 interviews completed by HSR). Additionally, HSRs 4, 15 and 20 are further stratified by telephone exchange in the landline frame to maximize the number of African American interviews. These three regions are the only regions in Colorado with sufficient numbers of African American households to warrant an attempt at disproportionate stratification of telephone exchanges.

The HSRs were developed by the Colorado Department of Public Health and Environment (CDPHE) for public health planning purposes. Boundaries of the regions were determined according to the size of the population in each county — counties with smaller populations were aggregated — and key demographic factors for each county, including the number of communities served by each county health department.
The landline sample for the project is stratified by these 21 HSRs based on telephone exchange information. The cell phone sample is stratified into the same 21 HSRs using rate center information.

For more information on the survey sample, please see the CHAS Methodology Report (https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20Methodology.pdf).

Scope of Work
The selected contractor will address:

A. Survey Sample Design
   1. Develop and propose a detailed sampling plan based on the sample descriptions in the Survey Sample section.
   2. Purchase or otherwise prepare the required sample based on the specifications in the Survey Sample section.
   3. Perform statistical power calculations as needed. CHI expects the contractor to develop a sampling strategy that achieves comparable response rates to prior CHAS surveys.

B. Survey Development
   1. Assist CHI to determine the most cost-effective, reasonable, and productive survey methodology to produce a representative sample for all 21 Health Statistics Regions (HSRs) in Colorado and preserve trendability with previous years of data. See Attachment 2 for a map and list of the regions.
   2. Add or remove survey items as determined by CHI, including advising on appropriate skip patterns.
   3. Provide CHI staff with an electronic copy of the survey questionnaire in PDF or Word format that includes CATI programming to allow CHI to assess all skip patterns and other coding.
   4. Provide an initial translation of all new or revised questions for 2019 in Spanish. The contractor should ensure that the initial translations are conversational and appropriate. CHI staff will identify consultants to review the initial translation. Any translation wording identified as problematic will be resolved through a group process involving the contractor. CHI will provide a translation of the 2017 questionnaire in Spanish.
   5. Submit written requests to CHI staff for approval of any proposed revisions to the questionnaire. Once approved, all changes must be documented and submitted to CHI in a format approved by the CHI staff.
   6. Submit a Quality Control plan for CHI staff approval that outlines how the contractor will ensure that the questionnaire collects data according to the formats and skip instructions specified and ensure that questionnaire data outputs match CHI staff specifications. Once approved by CHI staff, the contractor will implement the QC process throughout questionnaire development and data collection.
   7. Support CHI as needed in its IRB submission.

C. Survey Testing
   1. Perform and record at least 20 pretesting interviews, including with at least two uninsured respondents and at least three interviews in Spanish, using the final programmed CATI instrument. These completed interviews will not be counted toward — or included in — the final sample.
   2. Provide CHI with recordings of pretesting interviews in English and Spanish by secure transmission and with identifying information removed.
3. Document any problematic questions, transitions, skips, etc., and make recommendations to CHI staff. Contractor and CHI staff will review data from the pretest to ensure that the skip logic is accurate and to validate the outputs. CHI staff will have the option of halting data collection until the necessary adjustments are made (to training, protocols and/or computer programming), if necessary.

**D. Survey Administration**

1. Administer the survey in both English and Spanish within an agreed upon schedule in attachment 3.
2. Hire, train, and supervise interviewers as needed.
3. Make any necessary modifications or revisions to the questions or survey methodology in a timely manner and gain approval by CHI.
4. Participate in biweekly (or weekly) calls with the CHI team to provide updates on the survey administration.
5. Prepare and deliver weekly reports on the status of data collection throughout the field period. Contractor will develop a mock-up of these reports for CHI staff approval before data collection begins. At a minimum, these reports will show the counts and percent distribution of the sample, as well as cooperation rates, eligibility rates and completion rates for the total sample and by landline and cell frames separately, statewide and by stratum. Also shown will be the cumulative counts and similar cooperation, eligibility and completion rates of any and all oversamples being collected. The number of completed interviews per hour of interviewing time for the statewide stratified sample as well as estimates for each of the oversamples will also be reported.
   a. These reports will include a summary indicating the number of eligible households contacted, completed interviews, average survey length in minutes, and detailed frequencies of completed interviews by age, HSR, African Americans, health insurance status (insured/uninsured), and poverty level. In addition to this weekly or biweekly operational update, these reports will provide information on specific areas that CHI might request.
6. Have the ability to increase or cap the number of interviews completed by demographic characteristic. For example, capping the number of interviews by people ages 65 and over if a sufficient sample has been reached, or increasing the likelihood that a child is selected as the target interview to ensure an adequate number of children are represented. See the section D on Survey Sample above for details on the sample.

**E. Survey Data Preparation**

1. Provide an empty data file, an initial code book and essential documentation to CHI staff to facilitate interpreting these data files after the first week of data collection.
2. Review frequencies throughout the data collection to ensure that the questionnaire program is performing appropriately. Within the second week of the start of data collection, the contractor will provide frequencies by HSR and other demographic characteristics (determined by CHI) to CHI in advance of check-in calls. Both the contractor and CHI staff must agree to any changes to the questionnaire programming at this time.
3. Review comments entered into the data collection software by interviewers, as applicable, to determine whether any change to the recorded data is necessary. Contractor will recommend changes in a memo that proposes specific steps to classify free-text data. This memo should include the total number of cases requiring editing and any additional documentation of edits that would assist in data cleaning and analysis. Once CHI has approved the edits, the contractor will make appropriate updates to the data.
F. Survey Data Cleaning and Weighting
   1. Clean the data files, including implementing data checks as part of the data file development work, checking for consistency across variables and family members, and developing composite measures of family and household characteristics.
   2. Develop post-stratification parameters and sample balancing to ensure that sample results accurately reflect current estimates by age, sex, race/ethnicity, education, and geographic stratification.
   3. Develop and submit a proposal to CHI staff for weighting the 2019 data. Weights should be consistent with past CHAS weighting approaches. As an ongoing surveillance tool in Colorado, it is important that comparisons of CHAS estimates can be trended over time.
   4. Compute design effects in total and for critical subgroups in each survey area following the finalization of the weighting.
   5. Provide CHI staff with documentation (that is, a “description of the data file”), a codebook, and weighted and unweighted marginals.

G. Survey Data Delivery
   1. Deliver CHAS data files in SAS format on a date agreed upon by the contractor and CHI staff. Contractor will provide variable labels and formats for all variables delivered.
      a. The data files should include a record for each sampled telephone number. All records should include sampling frame information (stripped of identifiers such as name, phone number, or address) and final call disposition. The data collected for each sampled telephone number and a survey weight will be included.
   2. Impute values for variables required for the weighting process. After imputation, contractor will deliver a data file with the imputed weighting variables. Variable labels and formats will be included. Contractor will document process in a memo with coded data delivery.
   3. Deliver an initial test file with final weights and each stage of weights developed in the weighting process (i.e., selection weight through final raked weight, so CHI staff can reproduce estimates of the control totals as a quality control check.)
   4. Prepare a Methodology Report at the end of the data collection. Contractor will deliver a draft version of the report within three months of the conclusion of data collection. In addition to standard data collection report sections, this report will describe problems encountered, how they were resolved, and recommendations for revisions for future CHAS administration. This report will also include extensive details on sample design, data collection, data processing, response rates, and weighting/variance estimation. The Methodology Report should be similar in content and structure to the previously completed CHAS surveys (see https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20Methodology.pdf). The format of this report is negotiable but html/mark-up-based reports with extensive hyperlinks within and across reports is preferred to static PDF reports with the caveat that the reports can be printed cleanly as well.

H. Survey Management
   The contractor shall communicate as needed with the CHAS Project Director and/or the Director’s designees as requested. An ongoing biweekly or weekly teleconference call will be held at a mutually agreeable time during the contract period to discuss and provide information on all project activities and costs.
Budget
Based on CHI’s previous experience in administering the CHAS, CHI has a maximum budget of $875,000 for the administration of the 2019 CHAS. Proposals should not exceed this amount. Price competitiveness and value will be considered when evaluating each proposal.

Summary of Deliverables
The contractor will provide CHI with the following:
1. Detailed sampling plan
2. Quality control plan
3. Recordings of the pretesting interviews
4. Memo addressing problematic questions after pretesting and recommendations to resolve the issue(s)
5. Survey instrument both with and without the CATI programming included
6. Redline version of the survey instrument that shows changes that were made from previous year
7. CATI programming files
8. A data dictionary that includes detailed descriptions of all variables
9. Methodology report of the project
10. Fielding progress reports weekly or biweekly during administration
11. Memo providing recommendations to address cases that require editing
12. Memo addressing the weighting of the survey data
13. Deidentified survey data with population weights in SAS format

The final scope of services will be negotiated and modified as necessary with the contractor deemed most qualified.

Format and Requirement of Responses
All responses must be made in writing and signed by an authorized agent or representative of the private contractor.

The contractor must be an Equal Opportunity Employer.

Submission format guidelines:
• Single space, 12-point font with at least .75” margins in standard 8.5” x 11” paper size.
• Mailed submissions should be printed on double-sided paper.
• Cover sheet, table of contents and resumes do not count toward page limits.
All responses will be accompanied by each of the following, clearly labeled sections.

1. **COVER LETTER** *(One page)*
   The cover letter succinctly explains the contractor's interest in the project and a summary of the proposal.

2. **QUALIFICATIONS OF KEY PERSONNEL** *(No more than two pages)*
   Describe key staff members who will be involved in completing the scope of services. Please include their individual experience in performing the required and necessary services or functions, education background, and length of time with the company. Please attach resumes or CVs of relevant staff. Resumes and CVs do not count towards page limits.

3. **ORGANIZATION EXPERIENCE AND CAPACITY** *(No more than two pages)*
   Summarize the organization’s experience in surveys like the CHAS and capacity to complete this project.

4. **FIRM’S REFERENCES**
   Include at least three (3) references for completed projects of similar size and scope, including at least two (2) references for projects completed in the last two years. Include the name of the organization, a brief summary of work performed, and the contact information for the individual responsible for the project.

5. **TECHNICAL PROPOSAL** *(No more than 10 pages per option)*
   Each proposal should describe how the work will be completed. Applicants must describe how they will meet the requirements of each component of the Scope of Work. Applicants must submit a proposal for Option A and B. Option C is optional.
   a. **Option A:** A proposal for a replication of the CHAS from previous years called Option A (RDD sample – 60 percent cell phone; 40 percent landline).
   b. **Option B:** A proposal for an option that reduces costs by 10 to 20 percent while maintaining the ability to trend the data with previous years.
   c. **Option C:** CHI invites contractors to propose an additional option that improves efficiency while preserving the ability to trend the data.

6. **COST REQUIRED FOR SERVICES** *(No more than two pages per option)*
   Each proposal shall include a fee schedule and budget narrative for services and a not-to-exceed amount for the project using the format provided in the price proposal (Attachment 4).

7. **CONTACT FORM** *(One page)*
   This section includes a completed copy of the contact form that is included in Attachment 5.

All responses must be received on or before 12:00 p.m. MST on Friday, June 1, 2018. Responses can be emailed to silvernaler@coloradohealthinstitute.org or mailed to:

Colorado Health Institute  
ATTN: Rebecca Silvernale  
303 E 17th Avenue, Suite 930  
Denver, CO 80203
Consideration of Responses

Request for responses will be evaluated by a team of CHI staff on the following criteria:

1. **General Quality and Adequacy of Response (10%)**
   This section includes the general quality and adequacy of the proposal response and the overall summary provided of the proposal.

2. **Technical Proposal (50%)**
   This section includes the response to the technical proposal. It considers how well the approach would: result in accomplishing the CHAS mission; produce estimates for Colorado and all strata; produce high quality data; and result in data that can be trended with historical CHAS data.

3. **Organization Experience and Capacity (30%)**
   This section includes the organization and personnel experience that makes the consultant a good fit for administering the CHAS and the capacity of the organization to complete the work in an amount of time similar to the schedule proposed in Attachment 3.

4. **Price Competitiveness (10%)**
   This section includes the budget for the project. Price competitiveness and value will be considered when evaluating each proposal.

Each Option (Option A, Option B, Option C) will be scored separately.

CHI reserves the right to interview finalists either in person or via video or telephone conference.

CHI reserves the right to reject any or all responses. If a response is selected for further consideration, the details of any agreement would be negotiated by CHI.

**Proposal Evaluation Schedule**

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<tr>
<th>Proposal Task</th>
<th>Date</th>
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<td>RFP published</td>
<td>April 23, 2018</td>
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<tr>
<td>Questions submitted to CHI</td>
<td>April 30, 2018</td>
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<tr>
<td>Answers posted by CHI</td>
<td>Week of May 7, 2018</td>
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<tr>
<td>Proposals due to CHI</td>
<td>June 1, 2018 by 12:00 p.m. (MST)</td>
</tr>
<tr>
<td>CHI interviews finalists</td>
<td>June 18, 2018 to June 22, 2018</td>
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<tr>
<td>CHI makes final vendor decision</td>
<td>Week of June 25, 2018</td>
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<tr>
<td>Contract start date</td>
<td>August 1, 2018</td>
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