

**Ingham County Request for Proposals
Medical Marijuana Communications and Education
Packet #96-19**

ADDENDUM NO. 1

The following clarifications, modifications and/or revisions to the above project shall be considered a part of the original specifications:

1. Given the focus of the ICHD brief is the education, communication and outreach regarding the safe use and storage of medical marijuana in Ingham County, we want to receive confirmation that the development of “youth-oriented” messaging sits outside the core focus of the brief, and as such, is not to be focused solely on medical marijuana, but on the “category” in general. We understand there will be points of intersection between the two messaging tracks, but want confirmation that we are treat point #3 in the RFP’s “strategy” section (page 2) is to be treated in a more distinctive manner.

The focus is harm reduction, but yes, the youth messaging should be distinct.

2. Will the selected contractor be able to use ICHD facilities to conduct primary market research among the defined target audiences?

Yes.

3. Will copies, either electronic or photocopies, of “formative” research studies (primary and/or secondary) previously conducted or secured by ICHD be made available to the firms submitting proposals for Packet #96-19 for use in developing their respective submissions? It is understood that any/all “formative: research information provided by ICHD in advance of the April 29, 2019 submission date will be returned with the “contractor’s” RFP submission.

This is in progress, so unfortunately no. Some of the literature is cited at the end of this addendum, however.

4. Who is responsible for recruiting the focus group participants?

The vendor and health department may work together to recruit focus group participants. Vendors submitting a proposal may opt to detail the recruitment process in their proposal.

*****Note: there is a separate budget for focus group incentives. The vendor need not include these costs in the proposal.**

5. What is the specific date in August that the educational campaign is expected to begin? This would be helpful for the timeline I am preparing.

The plan is to unveil campaign materials (at least partially) at the 420 Remix Conference, which is July 29-30 at the Henry Center in Lansing. The campaign will launch the following week.

6. Will this contract execute the media budget for the educational campaign? Or are we simply writing the plan?

There is a tentative budget/plan for the media buys. It is below. The chosen vendor would be encouraged to provide input/suggestions. The county is ultimately responsible for media buys although the selected vendor may interact with the ad vendors.

Television Ads \$15,000
Billboards \$10,000
Radio Ads \$5,000
Printing (small media, posters) \$3,000
Mall Advertising \$1,500
Social Media Promotion \$826

7. RFP Text: These objectives will be accomplished through three approaches: in-school presentations; the 4/20 Remix conference; and a public education campaign as detailed in this RFP. Question: Is the focus of this RFP solely on the public education campaign or should the bidder also plan to include in-school presentations and the 4/20 Remix Conference as part of the campaign? Please clarify.

The vendor is responsible for the public education campaign only. The in-school presentations and the 4/20 Remix are separate activities. We do wish to unveil the campaign during the conference, however, and may send campaign materials to in-school presentations that take place in September.

8. RFP Text: Project objectives are to: Reduce medical marihuana stigma among healthcare providers. Question: The project objectives and three approaches stated on page 2 of the RFP do not have a one-to-one correlation. With that said, does the contractor need a targeted campaign for healthcare professionals to reduce stigma or should the information the contractor conveys in the campaign just cover the three strategies listed on page 2? Please clarify exactly what the campaign must convey.

Healthcare providers will be targeted at the 4/20 Remix Conference. The objectives in the RFP are for the entire grant-funded project which includes the conference, the in-school presentations and the campaign. The selected vendor will be focused on the campaign.

9. RFP Text: Ingham County (County) seeks to enter into a contractual relationship with a person or organization to develop a comprehensive campaign, with key components to include development, testing and execution of a public education campaign, with final deliverables to include short videos, billboard art, radio scripts, social media messages, and print items such as posters and postcards. Question: The RFP mentions focus groups. Will the focus groups be part of the contractor's testing? Will the contractor be responsible for recruiting the focus groups? Will the contractor also be responsible for collecting and analyzing the feedback?

Yes, the focus groups are part of the selected vendor's testing. The focus groups will give feedback on the selected vendor's proposed concepts. The feedback will be used to refine the vendor's work and the media buys before it is all finalized. The vendor will play an active role in the focus groups as will the health department. Vendors submitting a proposal may opt to detail and make suggestions for this process in their proposal.

10. RFP Text: Proposers are to provide at least four (4) SMART objectives for the project. Additionally, applicants must provide a detailed work plan and timeline for the project. Question: The bidder is required to propose two concepts within this proposal. Does that mean the bidder should present two workplans and two timelines - one for each concept?

The creative concepts (which will be developed by the selected vendor and presented to the focus groups) are to be complementary. Each concept should have a youth-oriented side and a more adult-oriented side. Vendors submitting a proposal are not expected to present creative concepts. Vendors' submissions should reflect plans for development, launch and evaluation of the campaign.

11. Can you elaborate on the need for focus groups? Is that part of the grant requirement? What if focus groups are inconclusive or point to the need for further exploration?

The messaging and creative concepts need to be tested with target audiences and then refined. Although focus grouping is the county's vision for this testing, we are open to other methods.

12. What is the 4/20 remix conference and when does that take place?

The 4/20 Remix is a conference organized by the Ingham Substance Abuse Prevention Council. It will take place at the Henry Center in Lansing, July 29-30. A keynote speaker from the Centers for Disease Control and Prevention is scheduled. A pharmacist and a writer from the publication "High Times" are also tentatively scheduled to speak. The conference will have tracks for healthcare providers, community members and law enforcement. Continuing Education Credits will be offered. The campaign will be unveiled at the conference.

13. Is kick off for the project to begin June 20 or earlier?

June 20 is the date that we anticipate having a fully executed (signed) contract with the selected vendor. The selected vendor may begin work earlier (we plan to select the vendor by May 3), but it would be with the understanding that the contract is pending with the Ingham County Board of Commissioners.

14. Who is responsible for vetting and locating the focus group attendees?

The vendor and health department may work together to recruit focus group participants. Vendors submitting a proposal may opt to detail the recruitment process in the proposal.

15. Is the location for the focus groups outlined or will that need to be part of the process and responsibility of the agency?

Focus group participants should ideally be Ingham County youth, or medical marihuana caregivers/patients in Ingham County.

16. Does this budget include printing costs?

Vendors who apply are to propose how the budget, up to \$35,000, is spent. There are separate dollars for media buys and printing. This is detailed on page 2 of this addendum.

17. The RFP notes videos and radio spots. How many were you looking for?

This is unspecified at this time. We have a tentative budget and are open to suggestions regarding the best use of our advertising dollars.

18. Where will the videos be distributed? YouTube, social, movie theaters?

Tentatively, this includes social media, You Tube and television, but the budget and plan for the ad dollars is tentative. We are open to suggestions regarding the best use of our advertising dollars.

19. What is you long term goal for this campaign?

The long term goal is to encourage safe usage of medical marihuana, with the ultimate aim that this message translates to and encourages safe, adult-only usage of recreational marijuana.

20. What's your long term vision for campaign messaging usage and distribution?

The deliverables will likely be shared widely beyond the September 15 end date. The "Medical Marijuana Operation and Oversight Grants" are funded through an appropriation (2018 PA 207). It is unknown how funds will be appropriated in the future.

***Additionally, vendors who submit an RFP should know that ICHD will share campaign materials with other counties. There is a possibility that other counties will seek to enter into their own separate agreements with the selected vendor to slightly modify these campaign deliverables with their own logo/information. Vendor's willingness to work with and enter into contract with other health departments is at their discretion and separate from their agreement with ICHD.

21. Will the campaign have an online presence outside of social media? Its own website, a landing page, etc...?

ICHD did not plan for a separate site, but may entertain the idea.

22. Has any marketing, ad, or PR firm worked on the marijuana issue with Ingham County, ICHD or ICHC to date? If yes, who?

No.

23. Based on the list of deliverables on page 2:

- Do the "short videos" only play in social and digital?

No. They will also (tentatively) be for television.

- Please confirm that the deliverables are for the creation of the campaign components and will not include print or media costs.

There is a separate media and printing budget as detailed on page 2 of this addendum.

- The RFP requires the cost to be outlined in a detailed budget and budget narrative, yet, the campaign components list "print items such as posters and postcards". Is there a defined list of deliverables for the project?

There is a loose list of deliverables. (See RFP page 2 and this addendum page 2). The list is tentative. Vendor's input is encouraged. The list may also be informed/refined during the campaign process.

24. Can you provide any research that the ICHD or the ICHC has used to determine need for this kind of education or supports preliminary messaging?

See objectives and rationale from the grant proposal below:

Objective 1: Reduce medical marihuana stigma among healthcare providers
Rationale
Marijuana remains illegal at the federal level. This can put health care providers who work for federally qualified health centers in a challenging position. It also contribute to stigma, both from health care providers and the general public. “[Current laws and research]...tends to place marijuana in a medical liminal space, neither legitimate nor illegal. These uncertainties in turn have left medical patients vulnerable to stigma.” ¹ Patients may hide their medical marihuana use from both their peer group and their primary physician. The latter can be especially harmful to the patients’ health. “Negative attitudes of physicians and other health professionals may have a detrimental impact on patients, including their treatment outcomes.” ²
Strategies
<ol style="list-style-type: none"> 1. Offer medical marijuana training or “Lunch and Learn” session for health care providers. (This will be done at 4/20 Remix.) 2. Share messages/materials from training with other healthcare providers.
Evaluation
<ol style="list-style-type: none"> 1. A pre- and post- survey will be administered to providers attending the training. 2. The distribution of messages/materials to healthcare providers will be tracked.

Objective 2: Educate medical marihuana patients and others about safe storage
Rationale
“States where medical marijuana is legal have been shown to have higher rates of calls to poison control centers for unintentional marijuana exposure in children under 9 years of age.” ³
Strategies
<ol style="list-style-type: none"> 1. Model safe storage and explain the necessity in the public education campaign.
Evaluation
<ol style="list-style-type: none"> 1. The distribution of messages/materials and web and social media metrics will be tracked.

¹ Satterlund, T. D., Lee, J. P., & Moore, R. S. (2015). Stigma among California’s medical marijuana patients. Journal of psychoactive drugs, 47(1), 10-17.

² Satterlund, T. D., Lee, J. P., & Moore, R. S. (2015). Stigma among California’s medical marijuana patients. Journal of psychoactive drugs, 47(1), 10-17.

³ Wang, G. S., Roosevelt, G., Le Lait, M. C., Martinez, E. M., Bucher-Bartelson, B., Bronstein, A. C., & Heard, K. (2014). Association of unintentional pediatric exposures with decriminalization of marijuana in the United States. Annals of emergency medicine, 63(6), 684-689.

2. A question about safe storage will be included in the summative, online evaluation survey.

Objective 3: Educate medical marihuana patients and others about the dangers of driving while under the influence of marihuana

Rationale

“National studies provide conflicting evidence on whether states with medical marijuana laws have higher rates of traffic fatalities and whether marijuana use increases the risk of fatalities, but a Colorado-specific study revealed an increase in traffic fatalities involving drivers who tested positive for marijuana.”⁴

Strategies

1. Explain that driving while high is illegal and considered driving while under the influence

Evaluation

1. The distribution of messages/materials and web and social media metrics will be tracked.
2. A question about driving while high will be included in the summative, online evaluation survey.

Objective 4: Increase perception of risk for adolescent marijuana use

Rationale

According to the Michigan Profile for Healthy Youth Survey, the percentage of youth who believe “regular marijuana use is risky” has decreased since 2008. In 2008, 75% of Ingham County youth said it was risky. Ten years later in 2018, just 40% said it was risky. Medical marihuana became legal in 2008 in Michigan. Although the cause of this decrease in the risk perception cannot be proven and may be related to many factors, Colorado also saw decreased perception of risk among youth with the commercialization of medical marijuana.^{5,2}

Marijuana use may have unique risks for the developing adolescent brain. Research suggests that repeated marijuana use during adolescents can increase the likelihood of addiction. “Estimates

⁴ Ghosh, T. S., Van Dyke, M., Maffey, A., Whitley, E., Erpelding, D., & Wolk, L. (2015). Medical marijuana's public health lessons—implications for retail marijuana in Colorado. *New England Journal of Medicine*, 372(11), 991-993.

⁵ Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey (HKCS), 2013 (http://www.chd.dphe.state.co.us/topics.aspx?q=Asolescent_Health_Data).

from research suggest that about 9 percent of users become addicted to marijuana; this number increases among those who start young to about 17 percent.”⁶ Some research also suggests that chronic marijuana use during adolescence may be associated mental illness later in life.⁷

Strategies

1. Launch youth-oriented messages that encourage teens to comply with state law that prohibits marijuana use for persons under 21 years old. (Medical marijuana under a doctor’s care is the only exception.)

Evaluation

1. The distribution of messages/materials and web and social media metrics will be tracked.
2. The summative, online evaluation survey will oversample to reach many teens/adolescents.

⁶ “Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide.” National Institutes of Health. Retrieved on December 19, 2018 from: <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/frequently-asked-questions/it-possible-teens-to-become-addicted-to-marijuana>

⁷ “Is there a link between marijuana use and psychiatric disorders?” National Institute on Drug Abuse. Retrieved on December 20, 2018 from: <https://www.drugabuse.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-psychiatric-disorders>

25. Do you have a marihuana consultant that will inform the chosen vendor?

No.

26. Will you accept a marihuana consultant professional fee as part of the project scope/cost?

Yes.

Please acknowledge your receipt and understanding of the aforementioned Addendum by signing below and returning it with the submittal of your proposal.

Signature

Date

Print Name

Title

Company Name

Phone #/Fax #