

Request for Proposal to Provide National Public Affairs Services

December 18, 2009

The American Dental Association (ADA) invites proposals from firms wishing to provide public affairs support ("national consultant") to the ADA State Public Affairs Program (SPA). Firms wishing to submit proposals consistent with the terms of this RFP should do so, in writing, on or before January 15, 2010. Proposals should be emailed to Dan Creed, at creedd@ada.org, and Richard Green, greenr@ada.org. . Confirming copies may be provided by U.S. mail: Dan Creed, DSGA, American Dental Association, 211 E. Chicago Ave., Chicago IL 60611. Firms interested in bidding and desiring additional information before submitting a proposal are invited to participate in a conference call at which ADA staff will attempt to answer their questions. The call will take place on January 20, 2010. Time and call-in information will be available shortly from either of the two people listed above.

The ADA

The ADA is America's leading advocate for oral health. Established in 1859, the ADA today represents approximately 157,000 licensed dentists in the United States. Through its numerous initiatives, the ADA supports programs to improve access to high quality dental care for all Americans and to inform all Americans about their oral health.

The ADA is the national arm of a tripartite system that also includes state and local dental associations. Most member dentists belong to all three parts of the tripartite. State associations are independent of the ADA and are not formally bound by ADA policy. Nevertheless, state associations typically work closely with the ADA. To the extent that they are able, the state associations handle media, legislative and regulatory efforts at the state level, although the ADA is available as a resource. The ADA handles those functions at the national level.

The ADA State Public Affairs Program

Many of the issues presenting the greatest challenges to dentistry play out at the state level, because the states regulate the practice of dentistry. State-level issues include regulation of dental materials and their handling, community water fluoridation and, most pointedly, access to care for the underserved. This last issue involves many sub-issues, including scope of practice for both dentists and allied personnel, financing dental care and the adequacy of the dentist workforce, among others. The SPA program functions to assist those states at risk of having problems in one or more of these issues—issues that, should they go wrong, could have lasting, negative consequences for dentistry and oral health in every state. The SPA program develops and implements strategies for nationally coordinated ADA/state dental association action to help states achieve effective advocacy and position themselves to better control the policy environment that, in turn, controls the practice of dentistry.

The purpose of the SPA Program goes beyond simply stopping proposals that could harm the oral health delivery system, although that often is necessary. Rather, it is to actively build a position of strategic strength and credibility for the dental society and the ADA among target audiences (lawmakers, policymakers, the media and the public), giving them ability to take the lead on potentially troublesome issues, rather than operating from a defensive, reactive posture.

The model for action incorporates some or all of the following strategies and resources:

- Media education and media relations;
- Development of a comprehensive advocacy agenda;
- Additional lobbying beyond that already employed by the state association;
- Coalition building;

- Additional consultants, such as scientific or issue-specific experts as needed;
- Grassroots and grassroots organizing;
- Coordinating meetings, conference calls and other activities among ADA and state-level volunteers and staff, state-level consultants and experts;
- Opinion research among both external and internal stakeholders,
- and
- Advertising or other paid or semi-paid media.

To implement this approach and to assist state associations to do so, the SPA program was established in 2006 and began operating in 2007. Initially intended to include twenty state associations at a time, the Program often involves overseeing operations simultaneously in as many as 25 states.

Typical Issues Addressed

Some specific examples from 2009 will help to illustrate the types of issues faced at the state level.

Scope of Practice and Supervision:

- Aggressive legislation in a Midwestern state to establish a new dental provider outside the traditional dental team forced a compromise leading to the advent of the nation's first non-dentists authorized by a state to perform surgery. Advocates of mid-level providers will use that experience to pursue similar initiatives in other states. And other state dental associations, viewing such changes as inevitable, may follow the model of advocating their own mid-level positions that concede on some surgical procedures while drawing the line at supervision. The SPA program aims to support states in seeking the best possible outcome in challenges to the scope of practice of dentists. Pushes by "mid-level" supporters could be mounted as early as 2010 in virtually any state, with the risk particularly acute in at least six.
- Challenges continue regarding delivering care to Native Americans. Several foundations and other players across the nation are networking in efforts to establish programs within Native lands that would allow people with very little training to perform procedures that the ADA considers to be beyond the scope of that training. Two neighboring state dental associations are collaboratively engaging with the tribes to work toward solutions that will address the specific needs of each individual community, without compromising patient safety or the quality of care.
- Ongoing opinion research is critical to understanding the likely behavior of people who make and influence decisions in the states about scope of practice issues. This is especially true in the need for public, lawmaker and opinion leader education about the true nature of the depth and complexity of dental education, training and procedures. Educating influentials about the training of and care provided by dentists will be a key focus at the national and state levels in 2010.

Financing Medicaid and Other State Assistance Programs:

- Experiences over the three years of the SPA program reinforce the importance of building diverse oral health coalitions for both short and long-term goals and to better ensure a seat at the table in budget negotiations.
- Initial qualitative research shows that while there is very low awareness of the dental funding crisis in Medicaid, there is little opposition to increasing funding, at least among voters. (However, some of this research occurred before there was general awareness of the current financial crisis.)
- Research indicates that the strongest messages focus on investing in prevention to save money in the long run, and the connection between proper dental care and overall good health. Dentists are not perceived negatively for advocating Medicaid funding increases.

Restoratives (fillings):

Most challenges relating to dental materials involve dental amalgam, the silver-colored material used to fill cavities. Amalgam consists of approximately 50 percent mercury. Opponents of the availability of dental amalgam premise their arguments on alleged health concerns for patients or environmental concerns, both due to the presence of mercury in amalgam.

- State associations with strong lobbying operations continue to successfully blunt proposals to ban or restrict the use of dental amalgam. However, polling suggests these very tough battles can get even tougher. The Food and Drug Administration's recent ruling reaffirming the safety of dental amalgam should help to weaken these efforts, but they will not end.
- States encouraging compliance with the ADA's best management practices for amalgam waste, states adopting policies supporting amalgam separators (a wastewater capture device), and states building relationships with water and environmental regulators are likely to have better outcomes. Pressure will continue to mount to mandate patient information brochures. When a brochure or informed consent mandate is implemented, the SPA program helps the affected state attempt to see that the wording of any information products related to dental materials is scientifically accurate.
- Bisphenol A (BPA) has been used in the manufacture of or has been found at trace levels in some composite (tooth-colored) filling materials and dental sealants. BPA has come under increasing regulatory and media scrutiny for alleged negative health effects. The dental aspects of the issue have not yet arisen at the state level in a significant way. Should that occur, the SPA program may be called upon to help ensure that any legislative or regulatory actions are based on sound science.

Community Water Fluoridation:

Promoting community water fluoridation remains an uphill battle. Voters can be deeply skeptical of adding "chemicals" to the water supply. Last year, one state legislature passed a statewide fluoridation mandate for communities of a certain size. The law however, followed a recent trend and allows communities to opt out of the mandate. Last fall, 61 communities with populations over 1,000 in voted fluoridation opt-outs. Despite a concerted, multi-pronged effort by the state dental association and other stakeholders, only 12 communities voted in favor of fluoridation; 49 rejected it, most by a significant margin. (Although it is worth noting that the aggregate population of the 12 communities voting is greater than that of the 49 communities that voted against.) Because of experiences in that state and elsewhere, the ADA is recommending that states wishing to increase water fluoridation coverage consider methods other than statewide mandates. Bidders should note that once a fluoridation battle begins, it can quickly become labor-intensive and time sensitive.

Operation of SPA

The Application and Acceptance into Program: In the fourth quarter of each year, application forms are sent to all state associations. The application form seeks details on issues faced, resources available, length and type of support needed and the internal and external political environment that could affect the state association's public affairs efforts. It also explains the type of criteria the ADA will use to select participants in the Program. A copy of the application for the 2010 Program is attached here.



2010 Application
for SPA Participati

After a state has been approved to participate by ADA leadership and contract terms negotiated with its chosen consultant, the overall dollar amount allocated to that state is set. This is done within the restrictions of the program's overall budget.

In many instances, state associations seek to develop various information products, with the assistance of the Program. Examples include:

- Web design;
- Print, radio or web advertising;
- Social networking and other alternative media campaigns;
- Brochures and other collateral materials;

Experience has shown that the quality of these products as drafted by local consultants varies dramatically. In cases where product quality is not up to ADA standards of graphic design and writing, the national consultant will be responsible for editing them to achieve such quality. This is a tough area, because quality is subjective. To try to alleviate ambiguity, the ADA will provide the national consultant with examples of both acceptable and unacceptable work from prior efforts. During the term of the contract, the ADA will identify written product requiring review by the national consultant.

Local Consultant Selection: In most cases, the state society will need the services of a local public affairs consultant. Depending on the existing resources of the state society, the consultant may be media focused, a lobbying firm or a full-service public affairs firm (media and lobbying). The national consultant generally develops a list of possible candidates. The national consultant and the ADA, in consultation with the relevant state dental association, winnow the list down to three or four firms that are then asked to develop and present a full proposal to the state association, the ADA and the national consultant. The ADA, state association and national consultant will then confer to help the state association select a candidate. While the choice of local consultant is the sole province of the state association, those selections have almost always been unanimous among the parties involved.

The national agency, while under no general requirement to participate in the many ADA-state association conference calls, will be responsible for maintaining general, current knowledge of issues and events in every participating state, through some combination of regular after-action reports, conversations with call participants or other means. In some cases, the national agency will be asked to participate in state conference calls on either a regular or episodic basis.

Travel: In person meetings with states new to the program or those in need of in-depth strategic consultation are occasionally necessary and may be required of the national consultant. In addition, the national consultant also will give presentations to multiple ADA leadership groups, some of them at the ADA's Chicago headquarters.

Volunteer Oversight: Volunteer leaders (member dentists) are involved in virtually all phases of the Program. The ADA board of trustees also receives reports on the Program, as does the ADA House of Delegates.

Services Needed

The national consultant will need to offer services in connection with the following:

- Evaluation of state associations' applications for assistance through the SPA Program;*
- Identifying and assisting in the selection of qualified state consultants from pools of at least three strong prospects per state.; *
- Initial meetings (often in person) with volunteers, staff and consultants of newly selected state associations;*
- Identifying and assisting in the selection of qualified opinion research firms from a pool of at least three strong prospects to conduct state, regional or national projects;*
- Occasional in-person meetings with volunteers, staff and consultants of states that need more in-depth strategic advice;
- Identifying, addressing and resolving performance problems with in-state consultants;

- Participating in the drafting, review and refinement of research instruments (nearly always in consultation with staff of the ADA Survey Center). Assessing and reporting on research results to appropriate audiences (which may involve in-person presentations);
- Regular review of minutes of conference calls with state associations and state consultants, when a representative of the national consultant is not involved in the call;
- Participation in additional conference calls with state associations and consultants when events or conditions warrant;
- Assisting the ADA in tracking and gathering materials from states involved in the Program for sharing with other states;
- Review, evaluation and revision of written product from state consultants, as requested by the ADA;
- Prepare, review and revise monthly top-line reports to ADA leadership; and
- Advise and support the ADA in managing issues at the national level that have reputational implications for both the ADA and state associations. Examples include risk issues such as fluoridation and restorative materials, challenges in national media to dentists' scope of practice, occasional support for federal legislative activities and educating key audiences about the education, training and scope of practice of dentists.

*Owing to the national agency's late start in 2010, the three functions that are asterisked will likely be minimal, as the ADA will have taken care of them before the agency begins its work.

For the most part, the ADA will administer conference calls with state associations and state consultants, including scheduling and notifying all participants, providing conference call contact numbers, circulating call agendas and minutes of previous call, taking minutes of the calls and circulating reports from the calls. The ADA also will track the Program budget and developing public affairs toolkit materials on key issues that can be used by state dental associations in developing their public affairs agendas. However, the national consultant may be called upon to perform these functions on occasion.

Contract Terms

The attached form of Consulting Agreement provides the terms and conditions pursuant to which the ADA will contract for the services described in this RFP. By submitting a response to this RFP, and except as any specific term or condition is expressly objected to in your response, you are agreeing that you are willing to provide the services in accordance with those terms and conditions as set forth in the attached Consulting Agreement.



Consulting
Agreement stands

Requirements of Agency

- Demonstrable experience in running comprehensive public affairs campaigns, which may include such components as earned or paid media, lobbying, research and other tactics.
- Demonstrable experience in managing operations in numerous states simultaneously.
- Demonstrable experience in the use of social networking and other non-traditional media to support public affairs campaigns.
- Demonstrable experience in working on risk communications.
- Willingness to develop work product collaboratively and simultaneously with the ADA, rather than separately.
- The Agency staff who will actually work on the account will actively participate in the agency presentation. Regardless of title within the agency, for the purposes of specifying personnel requirements, agency staff who work the account are classified as:
 - Principal, a partner or senior executive of the firm, with at least 10 years of relevant experience;

- Account supervisor, with at least 10 years relevant experience;
- Account manager, with at least five to seven years relevant experience
- Administrative.
- At least one principal will assume overall responsibility and accountability for the agency's work for the ADA.
 - The principal will present to various ADA leadership groups, most often in Chicago, up to five times annually. Some presentations may be delegated in whole or in part to an account supervisor, if mutually agreed to by the agency and the ADA.
 - The principal will be available for initial meetings with new states entering the program and for occasional visits to participating states requiring high-level strategic advice.
 - The principal will be available to advise the ADA at the national level on issues with reputational implications for both state associations and the ADA, and to direct agency personnel in activities to assist on these issues.
 - At the ADA's request, the principal will take part in hands-on management when critical situations arise in a state. This means managing pick-and-shovel work by the agency in addition to providing counsel.
- An account supervisor will be responsible for overseeing or at least monitoring operations in each state.
 - Whether by direct participation in regular calls or by following conference call minutes, reading relevant e-mail traffic and asking questions, the supervisor will have a real-time understanding of the situation in a given state, so that he or she is sufficiently knowledgeable to oversee local agency work and assist in local operations as requested.
 - Account supervisors may delegate specific tasks, such as writing, editing or reviewing various information products, to account managers at their discretion. However, they are responsible and accountable for seeing that all work meets mutually agreed upon expectations for quality and timeliness.
- Unless previously agreed to, no agency representative with less experience than an account supervisor will convene conference calls or meetings.
- Administrative personnel will handle only administrative tasks, i.e., setting up calls or meetings, distributing documents for review, travel logistics, etc.
- Bidding firms will provide resumes of their representatives who will work on the ADA account.

Metrics

Performance by the national agency shall be assessed based on the satisfaction of ADA volunteer leadership and staff, informed by feedback from state dental societies. Specific measures shall include:

1. Effective collaboration with ADA volunteers and staff in management of the state public affairs program.
2. Identification and screening of sufficient state firms with appropriate qualifications and oversight of such firms to assure successful implementation of state programs.
3. Timely and effective review and editing of written materials prepared by state consulting firms as requested by the ADA.
4. Timely and effective strategic advice to the ADA and state associations.

5. Effective coordination and oversight of state or national research, including identification and screening of sufficient research firms with appropriate qualifications and oversight of such firms to assure successful implementation of research projects.
6. Timely and effective written and oral reports and editing of written reports to ADA leadership.
7. Effective monitoring of state agenda and status of work in states to assure ability for timely and effective advice to ADA and state associations and oversight of state consulting firms.

Miscellaneous

- Neither this RFP nor any responses hereto shall be considered a binding offer or agreement. If ADA and any responding Respondent decide to pursue a business relationship for any or all of the services or equipment specified in this RFP, the parties will negotiate the terms and conditions of a definitive, binding, written agreement which shall be executed by the parties, and which written agreement will be in form and substance substantially identical to the form of Consulting agreement provided with this RFP. Until and unless a definitive written agreement is executed, ADA shall have no obligation with respect to any Respondent in connection with this RFP.
- This RFP is not an offer to contract, but rather an invitation to a Respondent to submit a bid. Submission of a proposal or bid in response to this RFP does not obligate ADA to award a contract to a Respondent or to any Respondent, even if all requirements stated in this RFP are met. ADA reserves the right to contract with a Respondent for reasons other than lowest price. Any final agreement between ADA and Respondent will contain additional terms and conditions regarding the provision of services or equipment described in this RFP. Any final agreement shall be a written instrument executed by duly authorized representatives of the parties.
- Respondent's RFP response shall be an offer by Respondent which may be accepted by ADA. The pricing, terms, and conditions stated in Respondent's response must remain valid for a period of one hundred twenty (120) days after submission of the RFP to ADA.
- This RFP and Respondent's shall be deemed confidential ADA information. Any discussions that the Respondent may wish to initiate regarding this RFP should be undertaken only between the Respondent and ADA. Respondents are not to share any information gathered either in conversation or in proposals with any third parties, including but not limited to other business organizations, subsidiaries, partners or competitive companies without prior written permission from ADA.
- ADA reserves the right to accept or reject a Respondent's bid or proposal to this RFP for any reason and to enter into discussions and/or negotiations with one or more qualified Respondents at the same time, if such action is in the best interest of ADA.
- ADA reserves the right to select a limited number of Respondents to make a "Best and Final Offer" for the services or equipment which are the subject of this RFP. Respondents selected to provide a "Best and Final Offer" shall be based on Respondent qualifications and responsiveness as determined solely by ADA.
- All Respondent's costs and expenses incurred in the preparation and delivery of proposals in response to this RFP are Respondent's sole responsibility.

- ADA reserves the right to award contracts to more than one Respondent for each of the services identified in this RFP. If Respondent awards are based on group purchases, Respondents must identify this in their responses.
- All submissions by Respondents shall become the sole and exclusive property of ADA and will not be returned by ADA to Respondents.