

## **HEALTH FIRST INDIANA MARION COUNTY SERVICES AGREEMENT**

This Agreement for the delivery of Core Public Health Services (CPHS) is entered into by and between The Health and Hospital Corporation of Marion County, Indiana (“HHC”) d/b/a **Marion County Public Health Department (“MCPHD”)** with its office at 3838 North Rural Street, Indianapolis, Indiana 46205 and the **Market Decisions Research (“Contractor”)** with principal offices at 511 Congress St. Ste 801, Portland, ME 041010.

**WHEREAS**, Contractor desires to develop a multi-mode data collection instrument for the Marion County Community Health Assessment. Contractor will generate a randomly drawn address-based sample, collect at least 5,000 survey responses from a diverse group of Marion County residents, weight the data, and deliver a final dataset to MCPHD.

**WHEREAS**, MCPHD desires to obtain complete survey responses from a diverse group of at least 5,000 Marion County residents for the Marion County Community Health Assessment.

**NOW, THEREFORE**, the parties, intending to be legally bound, and for good and valuable consideration, the sufficiency of which is hereby acknowledged, do agree as follows:

### **1.0 TERM**

The term of this Agreement begins July 11, 2024, and ends December 31, 2024. This Agreement is governed by the laws of the State of Indiana.

### **2.0 SERVICES**

Contractor shall provide the services as described in the attached Scope of Work (**Attachment A**).

### **3.0 BUDGET AND PAYMENT ARRANGEMENTS**

The cost for Contractor’s services shall not exceed \$246,089 as described in the attached Budget (**Attachment B**). Contractor shall submit Expense Reports/Invoices with the appropriate documentation to validate expense associated with reimbursements. MCPHD has a right to retain final payments if professional services were not rendered in accordance with agreement. The final claim shall be sent to MCPHD no later than 30 days after termination of this agreement. MCPHD reserves the right to request additional documentation to support invoices.

### **4.0 INDEPENDENT CONTRACTOR**

The parties are at all times Independent Contractors, and neither party will be considered an agent, servant, partner, or employee of the other party. It is established that Contractor is not an employee of MCPHD. Provider understands and agrees that MCPHD will provide no employment-related benefits pursuant to this Agreement and that Contractor shall have no

claim against MCPHD for any social security, worker’s compensation, disability unemployment, vacation, or health benefits. Contractor shall secure and keep in force during the term of this Agreement insurance coverage, covering the Contractor for any and all claims of any nature which may, in any manner, arise out of or result from Contractor’s performance under this Agreement. Contractor shall obtain and maintain worker’s compensation coverage meeting all the statutory requirements of IC § 22-3-2.

**5.0 FINANCIAL REPORTING**

Contractor shall be responsible for all financial record keeping and reporting as well as for any state, federal or local income tax reporting and payment, and any other tax-related reporting and payment, pertaining to any and all income earned during the term of this Agreement.

**6.0 INSURANCE**

Contractor shall, as a condition precedent to this Agreement, purchase and thereafter maintain the types of insurance in the amounts listed below as will protect the MCPHD from claims that may arise out of or result from Contractor’s operations under this Agreement, whether such operations be by Contractor or its subcontractors or by anyone directly or indirectly employed by any of them or by anyone directly for whose acts any of them may be liable:

Type of Insurance	Minimum Required Coverage
Worker’s Compensation  Employer’s Liability	Statutory (as defined by the Indiana Worker’s Compensation Statute) \$1,000,000 each accident \$1,000,000 policy limit \$1,000,000 each employee
General Liability (including Contractual)	\$1,000,000 per Occurrence / \$2,000,000 in the aggregate (includes Property Damage/ Bodily Injury, Products – Completed Operations, Personal & Advertising Injury
Automobile Liability (including owned & non-owned)	\$1,000,000 Combined Single Limit
Excess/Umbrella over General Liability, Employers Liability, Auto Liability	\$1,000,000
Cyber Insurance including Privacy Notification and Response Expenses	\$1,000,000 for general service providers; or \$5,000,000 for service providers that are considered technology vendors and/or Business Associates
Institution as Additional Insured	Contractor will add The Health and Hospital Corporation of Marion County, its officers, agents and employees, as an

	additional insured under the commercial general and automobile liability policies.
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**7.0 INDEMNIFICATION**

Contractor agrees to indemnify, defend, and hold harmless MCPHD, its agents, officials, and employees from all claims and suits including court costs, attorney’s fees, and other expenses caused by any negligent or wrongful act or omission nor breach of any provision of this Agreement by Contractor or any of its officers, agents, employees or subcontractors regardless of whether or not it is caused in part by the negligence of a party indemnified hereunder.

**8.0 NOTICE**

Any notice or other correspondence required to be sent under this Agreement shall be sent to:

Marion County Public Health Department 3838 N. Rural Street Indianapolis, IN 46205 Attn: Virginia A. Caine, MD Office (317) 221-2310	Market Decisions Research 511 Congress St. Ste 801 Portland, ME 04101 (207) 767-6440
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**9.0 CONFLICT OF INTEREST**

No officer, employee, or agent of MCPHD or Contractor or any other party who has any function or responsibility in connection with the planning or execution of this Agreement shall have any personal financial interest, direct or indirect, in this Agreement, or receive any benefit from it, other than regular employment or fees as agreed upon.

**10.0 NONDISCRIMINATION**

Pursuant to the Indiana Civil Rights Law, specifically including IC §22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, Contractor covenants that it shall not discriminate against any employee or applicant for employment relating to this Agreement with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee’s or applicant’s race, color, national origin, religion, sex, age, disability, ancestry, status as a veteran, or any other characteristic protected by federal, state, or local law. Breach of this covenant may be regarded as a material breach of the Agreement.

**11.0 FORCE MAJEURE**

Neither party will be liable for failure or delay in performing its obligations under this Agreement

if such failure or delay results from any act of God, act of war, civil unrest, labor strike, riot, fire, flood, earthquake, epidemic, act of governmental authorities, or other cause beyond such party's reasonable control (including any mechanical, electronic, or communications failure, but excluding failure caused by a party's financial condition or negligence) ("Force Majeure"). If, due to Force Majeure, either party is rendered unable, wholly or in part, to carry out its obligations under this Agreement, then such party will give notice and complete details of such Force Majeure in writing to the other party within a reasonable time after occurrence of such Force Majeure. The contractual obligations of the party giving such notice will be suspended (a) while such party is unable to perform, but for no longer period and (b) only to the extent such party is unable to perform due to the reported Force Majeure. Furthermore, such party will endeavor to remove or overcome such inability to perform with all reasonable dispatch.

## **12.0 TERMINATION**

This Agreement may be terminated by either party upon giving thirty days written notice to the other party. Upon receipt of a proper accounting of services rendered to the termination date, MCPHD shall be liable to pay for services rendered through that date. Further, this Agreement may be terminated by MCPHD in the event of nonappropriation by its governing body.

## **13.0 COMPLIANCE WITH E-VERIFY PROGRAM**

As required by IC §22-5-1.7, by signing this Agreement, Contractor swears or affirms under the penalties of perjury that the Contractor does not knowingly employ an unauthorized alien. Contractor further agrees that Contractor shall enroll in and verify the work eligibility status of its newly hired employees through the E-Verify program as defined in IC §22-5-1.7-3. Contractor shall not knowingly employ or contract with an unauthorized alien. Contractor shall not retain an employee or contract with a person that Contractor subsequently learns is an unauthorized alien.

## **14.0 ASSIGNMENT**

Contractor shall not extend, assign, or subcontract the whole or any part of this Agreement without MCPHD/MCPHD's prior written consent. Additionally, the Contractor shall provide prompt written notice to MCPHD/MCPHD of any change in the Contractor's legal name or legal status so that the changes may be documented and payments to the successor entity may be made.

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IN WITNESS THERETO, the parties have executed this agreement.

**MARKET DECISIONS RESEARCH**

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Patrick Madden, MBA	Date
President	
Market Decisions Research	

**THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY**

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Virginia A. Caine, MD	Date
Director and Chief Medical Officer	
Marion County Public Health Department	

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Paul T. Babcock	Date
President/CEO	
Health and Hospital Corporation of Marion County	

**Market Decisions Research  
Scope of Work  
7/11/2024-12/31/2024**

**Overview**

MDR's approach to complete the work described in the RFP and collect a minimum of 5,000 surveys with a representative sample of residents of Marion County, Indiana is described in more detail below. It includes the following.

- Development of a multi-mode data collection instrument in multiple languages that includes online, paper, and telephone survey options.

- An initial push-to-web survey invitation letter mailed to a sample of 22,500 residents.

- Follow-up postcard mailed to non-respondents.

- A final letter mailed to selected strata to boost response rates (if required)

- Paper survey booklets mailed to respondents, upon request.

- Telephone interviews with respondents over the phone, upon request.

- Compiling, verifying, cleaning, and weighting all survey data to produce a final dataset.

- Development of a final data set, data dictionary, and technical methods report.

Our proposed approach is based on our experience conducting hundreds of similar surveys in communities across the U.S. We incorporate current best practices for survey research to achieve the highest quality data using the most efficient methods possible. However, each community is unique and the MDR team strives to work closely with clients and stakeholders using a participatory research approach to co-design the research together. We use adaptive design techniques and work closely with clients to adjust our research methods and strategies to best fit the communities we work with and to achieve the best results for our clients.

**Initial Kick-off Meeting**

MDR proposes to begin the project with a kickoff meeting with MCPHD staff to discuss the project goals and proposed approach, workplan and timeline, survey questions, deliverables, and answer any other project related questions. We will also discuss communication expectations of MCPHD and will establish regular weekly status updates and check-in meetings for the project.

## Project Workplan

Following the kickoff meeting, MDR will review and compile the information into a detailed project work plan that includes the following components.

- Finalized **project scope, goals, and objectives** to ensure MDR meets all of MCPHD's expectations throughout the project.

- Task matrix delineating MDR responsibilities from MCPHD tasks and an outline of MDR staff responsible for each task.

- Outline of project deliverables, the expected formats, and timeline for their delivery.

- Summary of project risks and steps that MDR will take to mitigate their effect on the project.

- Communication details about how and when MDR will communicate with MCPHD regarding project status and outcome monitoring.

## Survey Instrument

As stated in the RFP, the survey for the project will be developed and provided by MCPHD and include question text, answer options, and skip logic direction. Per MCPHD, the survey will be around 100 questions total.

MDR's staff have extensive experience designing survey instruments and will conduct a review of the survey questions and documentation to identify areas which may cause respondent confusion or otherwise encourage non-response. Our team can analyze full question wording, question category responses, and question prompts to identify potential areas for improvements. Feedback on the survey will be provided to MCPHD for review and updates to the instrument. The final survey instrument will be approved by MCPHD.

## Translations

MDR can provide survey translation services and translate/transcreate the final survey instrument and materials into a variety of languages, including Spanish, Hakha, Falam, Haitian Creole, and Kinyarwanda. Respondents will have the opportunity to complete the survey in any of these languages online, on paper, or by telephone. We will obtain Certificates of Accuracy for each language we translate into if provided by the translation vendor.

Per Marion County's request, we will work with a verified vendor; AcIndy, LLC. If we cannot obtain a particular language translation from them, we reserve the right to work with a translation vendor of our choice.



## **Voxco® Data Collection Software**

MDR uses online and CATI data collection software from industry-leader Voxco. The software provides dynamic, multimode data collection (telephone, online and data entry of paper surveys). Voxco is a single, integrated platform that is designed to optimize multi-mode studies. It helps increase respondent engagement by combining phone, online, and offline survey channels. This allows us to seamlessly conduct online surveys with telephone follow-ups to maximize survey response while minimizing interviewing costs.

The online platform allows us to develop any type of survey from basic to complex, fully customizable surveys. Voxco online can easily handle sophisticated logic, advanced skip patterns, and multi-media files. It also provides multi-language capability and automatic device detection for mobile-friendly survey design. The software allows us to send out email invitations and reminders via SMS texts to mobile devices, as well as tools to push out studies via social media or as a pop-up web survey. The software also provides access to real-time survey data to get an early read of trends, which can be shared through a secure reporting portal for clients.

Voxco also offers telephone interviewer tools designed to help maximize survey response rates, including automated, manual, or hybrid dialing modes; sample management rules; and interviewer productivity dashboards designed to assess progress and detect problems in fieldwork. The software can also toggle between languages on the fly to facilitate multilingual interviewing.

More information about Voxco and its capabilities is available on their website: [www.voxco.com](http://www.voxco.com).

## **Survey Programming**

When the survey instruments are designed and approved, MDR will program the survey into our Voxco data collection software. Once programmed, our team conducts internal tests to ensure the survey design and logic work is as intended. At this point, MDR will share test links for the Voxco survey to MCPHD for testing skip logic and adjusting order of questions and specific wording of questions. Any feedback provided from MCPHD will be incorporated into the final program before the launch of data collection.

## **Pretest Survey**

MDR will work with MCPHD to pretest the survey with community members prior to survey launch. Based on our previous experience, this is an opportunity to obtain feedback from actual respondents to gauge their understanding of the questions, response options, and terminology. That is, are the questions and terms used in the

survey clear to respondents? During the pretest, respondents will be asked to provide feedback about the survey questions and to identify any questions or terms they find unclear or do not understand with an open-ended response. MDR will compile this feedback into a pretest report with recommendations and provide it to MCPHD for review. If changes are identified because of the pretest, MDR will modify the Voxco survey program prior to data collection.

MCPHD will recruit roughly 20 community members to test the survey before the full survey launch. We aim to test the survey in all translated languages. Respondent feedback will be considered when finalizing the survey.

## **Sampling**

Address-based sample (ABS) is a probability-based sampling methodology that produces a random selection of households. It is more cost effective and representative than telephone surveying alone.

The sampling frame for the survey (those eligible to complete the survey) will be residents of Marion County, Indiana who are 18 years of age or older. MDR recommends including age and residency verification questions in the survey to ensure respondents meet the criteria before proceeding with the survey.

MDR will generate a randomly drawn ABS sample of households, which will provide near complete population coverage of residences in the county. Sample lists will be obtained from our partner, Marketing Systems Group (MSG), a leading global provider of sampling solutions for the survey research industry. Their ABS sample is based on the United States Postal Service (USPS) Computerized Delivery Sequency file and includes over 158 million U.S. addresses for all known physical residential and business addresses and PO boxes. MSG can also append key demographic information about the household to the sample including age, income, education, and race/ethnicity of the household to allow for targeted oversampling and survey stratification. Respondents will be randomly selected within sampled households according to industry best practices.

MDR proposes using a stratified sampling plan to provide results that are representative of the population by key demographics such as race, ethnicity, age, and income. This stratified sampling plan will draw multiple random samples within each of the demographic strata to complete a minimum number of surveys within each group. This will allow MCPHD to make statements with a high level of precision at the county level overall as well as by key demographic groups, which may not be achievable under simple proportional random sampling.

The table below displays our proposed stratified sampling plan based on each group’s population in the county. Population data have been pulled from the most recent 5-year American Community Survey (ACS) data published by the U.S. Census Bureau. The table provides estimates for the number of completed surveys that can be expected per group based on a simple random sample conducted in proportion to the county population, as well as the expected number of surveys that will be completed based on our proposed stratified sampling design.

### Proposed Sampling Goals by Race/Ethnicity

Stratum	Population	% of Population	Completes Expected with SRS*	Completes w/Oversample (Goal)	Estimated # of Mailings
American Indian/ Alaska Native	4,847	0.5%	25	250	1,125
Asian	48,473	5.0%	250	500	2,250
Black/African American	290,840	30.0%	1,500	1,500	6,750
Hispanic/Latinx	112,458	11.6%	580	580	2,610
White	502,183	51.8%	2,590	1,920	8,640
Multiple Races	31,992	3.3%	165	250	1,125
<b>Overall</b>	<b>969,466</b>	<b>100.0%</b>	<b>5,000</b>	<b>5,000</b>	<b>22,500</b>

*\*Number of surveys that could be expected from a simple random sample of county residents with 5,000 completed surveys.*

We will also consider poverty level when sampling. MCPHD has provided MDR with information on poverty level by Census tract and this information will be incorporated into the sampling plan.

Note that this proposed sampling plan can be adjusted to include additional demographic groups to meet the needs of MCPHD. MDR will work with MCPHD to develop a final sampling plan at the start of the project and determine how the final distribution of completes among the demographics of interest.

### Sample Size and Response Rates

Based on our experience conducting similar surveys and our proposed approach, we anticipate achieving a 22% response rate to this survey. This will require a sample size of approximately 22,500 to complete 5,000 surveys. The sample will include oversamples of specific demographic groups as described above to achieve completed survey goals by strata.

## **Ensuring a Diverse and Representative Sample of Respondents**

Equity is a core value of MDR, and that concept is embedded in our approach to research. We aim to be inclusive when designing and implementing research and we take steps to ensure we collect input and feedback from various groups, especially historically disadvantaged populations who are most likely to experience inequalities and disparities.

We achieve this through several different approaches. In general, surveys tend to underrepresent racial and ethnic communities and those with lower socioeconomic conditions. These groups are less likely to respond to surveys than higher income and White respondents. To account for this expected difference in response, we recommend oversampling racial and ethnic minorities in the final sample list. Oversampling helps complete sufficient surveys to provide results that are representative of key populations with a known level of precision. Our sampling partner can provide information of the demographic characteristics of households, which can be used to oversample households with residents of these communities. It may also be possible to oversample geographically by municipality or even census block to achieve similar results. We can discuss this option with MCPHD at the start of the project.

Our proposed methodology also includes options for offering the survey in multiple languages, implementing multiple modes of data collection (including telephone interviewers in multiple languages), and use of an incentive to increase opportunities for all groups to respond to the survey.

## **Design of Mailing Materials**

We will work with MCPHD to develop all communication materials including an initial one-page push-to-web invitation letter, reminder postcards, and a paper version of the survey. We recommend that all materials contain information about the survey and the sponsor, contact information for assistance or to verify the survey, a QR code and URL link to access the survey, and a unique PIN for survey access and tracking purposes.

If feasible, the invitation letter will be printed on MCPHD letterhead to increase its legitimacy and will contain information about the following.

- Rationale for completing the survey and why it is important.

- Statements of confidentiality for respondents.

- A unique Personal Identification Number (PIN) to allow survey access and confidential survey tracking.

A QR code and URL to allow respondents easy access to the online survey.  
Contact information for MDR's project manager (email and our toll-free number) to those who have technical issues with the online survey or want to request a paper survey or telephone interview.  
Information and graphical design elements which allow individuals to identify MCPHD and contact MCPHD to verify survey legitimacy.

The initial survey letter will be printed in color and include a \$1 non-contingent incentive for all households. Envelopes will include branding from MCPHD if possible, to increase legitimacy of the mailing. Follow-up postcards will be printed in black and white on 4 by 6-inch cardstock.

We propose to work with Fineline Printing Group, a vendor approved by Marion County. However, if they cannot fulfill the demands of this mailing (i.e. unable to include pre-incentives), MDR reserves the right to work with a vendor of their choosing.

All survey materials will be reviewed and approved by MCPHD. MCPHD will receive final printed proofs of all communication materials for approval prior to data collection.

## **Data Collection**

Our proposed data collection approach is comprehensive and allows for multiple modes of participation to meet a respondents' preferences and encourage participation. It includes the following.

- Initial push-to-web invitation letter with non-contingent \$1 incentive included mailed to sampled households.
- Reminder postcard mailed approximately seven to 10 days after initial letter to non-respondents.
- Final reminder letter mailed to non-respondents in underperforming strata (if applicable) approximately 14 days after initial letter.
- Paper surveys mailed to respondents in the language of their choice, upon request.
- Telephone interviews conducted with respondents in the language of their choice, upon request.

Our approach to push-to-web surveys is based on the “Tailored Design Method for Mail and Internet” as described by Dillman et. al (2014)<sup>1</sup>, which recommends multiple contact methods, clear and consistent visual design stimuli, and evidence of sponsorship. This strategy achieves superior response rates and will engage a larger proportion of the ABS sampled population compared to both traditional mail and phone surveys.

Based on our five-stage recruitment strategy, the targeted number of completed surveys, and the anticipated 22% response rate, we anticipate pulling an overall sample of approximately 22,500 households (note that our final sample list will account for a small percentage of undeliverable addresses that are inherent in ABS samples).

MDR will print and mail invitation letters to sampled household addresses and will manage the printing and mailing of all survey materials. Follow-up letters/postcards/paper surveys/telephone calls will be managed by MDR to boost response rates and help ensure participation from a representative sample.

We will include contact information and a toll-free number on the invitation and our informational website for individuals who wish to complete the survey by mail or telephone. Telephone interviews will be conducted by one of MDR’s trained and professional interviewing staff. Our telephone survey approach is described in more detail below.

Individuals who do not respond to the initial invitation letter will receive a follow-up postcard reminder, which will be sent approximately 10 days after the initial invitation letter. Our postcards are printed on 4 x 6-inch colored cardstock and will contain reminder information about the survey along with the respondents unique QR code and survey link. A final reminder letter will be sent to non-respondents in specific low-responding strata approximately one week later in order to boost response among specific demographic groups, if needed. This letter will reiterate the importance of the survey along with information about how to participate.

Those who request a paper survey will be sent a full survey booklet to provide their responses. MDR will develop and print survey booklets. The survey will be printed in booklet form, with survey information and instructions printed on the first page of the booklet. Survey booklets will be developed in multiple languages and available upon request.

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<sup>1</sup> Ibid.

A postage-paid business reply envelope will be included in the mailed survey packet, which will allow respondents to return paper surveys free of charge to MDR for data entry and secure storage. This will help to boost response rates to the paper survey.

### Telephone Survey Data Collection

Telephone surveys are a component of our data collection strategy and will be conducted among respondents who request to complete the survey by telephone. All interviews will be handled by our in-house data collection facilities. All telephone interviewers on this project will be based in the U.S.

Our team will use Voxco telephone data collection software. Voxco software provides a number of ways to improve efficiency of data collection and to improve survey response and data quality including tracking all contact attempts and recording the time of day, day of the week, and call dispositions for every call made. Our Voxco CATI system integrates with the online survey program, retaining a common respondent database. This means that a person completing the survey online is removed from future telephone calls. Further, during calls we can provide a survey link to respondents if they prefer to complete the survey online.

Telephone data collection includes certain protocols. Following industry standards, interviews will only be conducted during the hours of 9:00am to 9:00pm (local time), seven days per week. The only exceptions are appointments scheduled outside this range.

Effective interviewing is also essential to success. As a standard part of the interviewing process, all MDR interviewers are provided with a two-day general interviewer training on interviewing techniques followed by a two-day project-specific training before starting work on any project.

To maximize response rates and provide every opportunity for an identified household and respondent to complete the survey, we incorporate the following processes.

- Use of clear lead-in and introductory statements that explain the nature of the research, inform contacts who we are, and provide the name of the client.

- Unfinished surveys - the system will keep the partially completed survey so it can be resumed and completed later. It automatically picks up at the point where the interview was interrupted.

- Scheduled callback appointments with automatic time-zone adjustments to ensure calls are not made too early or too late.

Statement of implied consent that indicates the research is confidential and the respondent's name will in no way be associated with results; the results are reported in aggregate form only.

These survey design elements, in conjunction with a survey invitation/notification letter, conducting scheduled callback appointments, and (of course) a core of professionally trained and supervised interviewers are all aspects of the research project that maximize response rates.

### **Incentives**

To increase response rates, we propose providing a non-contingent \$1 pre-incentive included in the initial invitation letter. Research shows that a small token pre-incentive significantly outperforms a larger post incentive both in terms of overall response rates and cost per completed survey.<sup>2</sup>

Additionally, to further increase response rates, we will offer a \$14 incentive to individuals that complete the full survey.

MDR and MCPHD has reviewed the incentive strategy with MCPHD before contracting was finalized and agreed that a combination pre/post incentives is best.

Selection of gift cards to select from must be reviewed and approved by MCPHD.

### **Completes**

Per RFP specifications, a minimum of 5,000 surveys will be completed with eligible respondents, with adequate representation by key demographic groups that may include age, gender, race, education, and income level. The number of completed surveys and breakdowns by demographics will be tracked and monitored in MDR's weekly status updates. In addition, MDR can set quotas in Voxco to both monitor completed surveys by stratum, and help to proactively manage sample to achieve sufficient representation by demographic groups. For example, if we see the number of completes among a specific demographic group running more slowly than anticipated, we will adapt our data collection strategy to help boost response in this area. MDR will consult with MCPHD before closing data collection to ensure MCPHD's satisfaction.

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<sup>2</sup> Rao, Neomi. 2020. "Cost Effectiveness of Pre- and Post-Paid Incentives for Mail Survey Response." Survey Practice 13 (1). <https://doi.org/10.29115/SP-2020-0004>.



## Data Security

We are committed to providing absolute confidentiality for all individuals and the highest level of security for sensitive and personal data. Our company respects the privacy of individuals, protects them from abuse and harm, and has put numerous safeguards in place to protect the confidentiality of any data collected from individuals. We rely on an established set of guidelines that insure confidentiality. These include:

- A comprehensive set of HIPAA compliant data security policies, including appropriate handling of personally identifiable information (PII) and protected health information (PHI).
- Adherence to America Association of Public Opinion Research best practices for the ethics of survey research.
- Use of industry-approved software, such as Microsoft SharePoint, to securely transfer, store, and host all our files, including those that contain confidential data.
- Limiting access to confidential information to senior research staff who require it to complete their work.
- Providing statements of confidentiality and consent to respondents prior to conducting a survey or interview.
- We will under no circumstances release respondent information unless explicit permission is obtained from the respondent

We also believe in maintaining the confidentiality of survey materials, survey results, data, and other information that is purchased by our clients. We treat all research materials, surveys, reports, and datasets, and other deliverables as confidential and the property of our clients. It is our policy to never release information without the express, written approval of our clients.

MDR's Information Security Program including all information security policies, plans, and agreements is overseen by Nat Mildner, MDR's Information Security Officer (ISO). The ISO is also responsible for conducting an annual audit of MDR's Information Security Program policies and procedures to ensure compliance and incorporate appropriate modifications.

## Data Collection

The issues of confidentiality and security are central to ensuring the accuracy of the responses. We must respect the privacy of our respondents by protecting their identity. Ensuring the security and confidentiality of the survey data starts before we conduct a survey. During the data collection process, all data collected from the

online survey will be stored on a secure, encrypted and password protected computer network hosted by Voxco. This data is only accessible by senior researchers who have an administrative account and password used to manage the survey. Voxco offers the highest levels of data security, including Transport Layer Security (TLS) encryption (also known as HTTPS) for all transmitted data.

When responding to the survey, access is limited to those with a valid ID, which ensures only sampled respondents can complete the survey. In addition, because the sample database is integrated, anyone completing the survey online is automatically flagged and removed from receiving any telephone calls.

### **Data Security**

MDR routinely handles data files with Personally Identifiable Information (PII) and/or Protected Health Information (PHI) and we have in place robust data security policies and procedures that are HIPAA compliant.

These policies and procedures specify how information is handled and stored and who has access to information. They also restrict off site use, specify how information can be transferred between MDR and our clients, and clearly assign responsibilities for data security.

In addition, we partner with a managed IT and cybersecurity services firm to review and update our policies annually to ensure we follow current best practices and the most up to date National Institute for Standards and Technology (NIST) Cyber Security Framework (CSF).

All access to MDR electronic systems is controlled via company issued accounts with access tailored by job need with user identity verified through multi-factor authentication. All customer data is stored in MDR's Microsoft Azure account with enterprise level physical security, backup, and redundancy. Files containing Personally Identifiable Information (PII) and Protected Health Information (PHI) are stored separately with the most restricted access. Employees who require access to this data to perform their job are temporarily granted access to the individual project folder containing the PII/PHI. External transfer of files containing PII/PHI is done via secure SharePoint. We have met the obligations of clients with the most demanding data security standards including NCQA through our work on the Medicare Health Outcomes Survey.

## Information Security Policies

MDR recognizes that the proper handling of sensitive information is critically important to the long-term health and success of the company and our clients. The objective of our Information Security Program is to create and implement safeguards to protect sensitive information being stored, or transmitted, on our IT systems. Our policies document the processes we have taken to reach this objective and include the following.

- **Information Security Policy:** Defines controls that should be, and have been, implemented to ensure sensitive information is secure.
- **Acceptable Use Policy:** Defines the behaviors expected of employees to ensure sensitive information is secure.
- **Personally Identifiable Information Policy:** Outline MDR's special policies and procedures for handling personally identifiable information and protected health information.
- **Business Continuity Plan:** Plans for the timely restoration of data and resumption of critical operations in the event of a disaster.
- **BYOD Agreement:** Describes the methods of access available for personal devices like smartphones and the management capabilities reserved by the company.
- **Password Protection Policy:** Establishes a standard creating strong passwords, the protection of those passwords, and the frequency of change.

All employees are trained by a member of the Information Security Team on the Information Security Policies, are asked to review the policy details, and are then required to sign a statement that they have reviewed and understand each policy. As policies are changed, the changes are reviewed in an all staff meeting and staff sign an acknowledgment that they understand the policy changes.

More information on our data security policies and procedures (including copies of the policies themselves) are available upon request.

## Handling Personally Identifiable Information

While all MDR data is handled under specific rules, we have more stringent requirements for the handling of Personally Identifiable Information (PII) and Protected Health Information (PHI) that are HIPAA compliant.

- MDR uses Microsoft SharePoint cloud-based software to transfer, store and host all our files. Hosted on the Microsoft Azure cloud computing service, SharePoint provides best in class data security and protection, including

multi-level encryption and authentication, continuous monitoring of datacenters, and frequent regulatory compliance audits.

- Network access is password protected. Passwords are periodically changed and constructed to meet guidelines for best practices.
- Detailed policies restrict employee handling of PII and PHI. These data are only accessible by the senior research team. PII and PHI files are never saved to individual computers and removable media and not to be printed.
- Only the minimum necessary contact information, such as name and phone number or email, is used during data collection.
- Analysis of data is only conducted with de-identified data, that is, with contact information removed from the information collected.
- MDR, as a matter of policy, will never release information, to clients or others, that allows association of a specific respondent to the data collected about him or her.
- All PII and PHI is deleted from MDR servers upon project completion and with notice to the client.

## Analytical Plan

As a part of any assignment, MDR staff develops a written analytical plan which outlines the process of preparing and analyzing survey data. In preparation for the analytical plan, we will meet with MCPHD to discuss the data and reporting needs for the survey. Specifically, we will discuss how the final dataset should be structured to best meet the analysis and reporting needs of the project; what additional variables to calculate and add to the dataset to facilitate analysis and reporting; and processes for data verification and imputation (if applicable). The plan will ensure that our analytical process meets all the goals established by MCPHD for data quality.

The analytical plan will include the following.

A description of our data quality protocols, outlining the steps that will be used to verify the accuracy of all data. The **data quality plan** includes processes built into the data collection tools to prevent errors, the process of verifying data once it is gathered, and a remediation plan in cases where an error is found.

A description of the **variable names and values** for questions and code responses for later analysis and presentation by MCPHD.

The **data imputation process**, including the variables proposed for imputation, and the imputation strategy that will be used for each variable. This will be included at MCPHD's request if they want any missing values imputed.

A description of the **weighting adjustments** that will be used to weight the final dataset.

A **list of all the variables to be included** in the final data set including any variables that will be computed (for example, mode of survey completion, age categories, etc.)

A **Census tract** associated with each respondent. Respondents will be asked for their zip code and MDR analysts will link this with the appropriate Census tract.

A description of the **final deliverables** and contents of each. This will include the final datasets, the data dictionary, and technical methods report.

In consultation with MCPHD, MDR will prepare a draft analytical plan and provide this for review and comment. As needed, the MDR team will meet with MCPHD to discuss the analytical plan and any recommended changes. Based on this feedback, our team will develop the final plan that will be used to prepare the analysis and deliverables.

## Data Verification

Upon close of data collection, MDR will export the survey data from Voxco to SPSS for data verifications and cleaning. One of the major benefits of using Voxco data collection software for all modes of data collection (online, phone, and paper data entry) is that all individual survey responses are stored in a single data file, regardless of the mode of data collection. This facilitates the data cleaning process and reduces the chances for errors when merging separate data files.

MDR will use our IBM SPSS software to compile, clean, and weight the survey data. Our first task during data collection will be to regularly export and verify survey completes. This will involve running data verification and quality checks regularly throughout the data collection process. We will check surveys for consistency and proper function. Additionally, we will analyze responses across the strata and demographic oversamples. We may update our sampling plans if necessary to complete the sampling goals presented in our proposal.

MDR will perform data verification checks, including checks for consistency, relationships, and rationality. Any invalid responses will be removed from the datasets or corrected using data imputation. Original and corrected values will be retained. MDR will consult MCPHD about any needs related to computed variables. Our typical data cleaning steps include the following.

- Identifying completes and partials to be retained for analysis and reporting.

- Removing any instances of spam or bot responses.

- Identifying cases of speeding where respondents rushed through the survey without providing valid responses.

Verifying skip patterns, survey logic, and checking for any errors in the data,  
addressing any issues as identified in the analysis plan  
Handling missing data via imputation protocols

MDR will provide a final clean data set to MCPHD within 30 days of survey completion. MDR will export the data set into a SAS-compatible file or as another approved file type (Excel file, etc.). MDR can transmit the final data set to MCPHD via our secure and encrypted SharePoint site, or using another method approved by MCPHD.

## **Technical Methods Report**

In addition to the final data set and data dictionary, MDR will develop a written methods report that describes the steps taken during the project to compile, clean, and process data. This report will be developed and provided in Microsoft Word format. A draft of the technical report will be provided to MCPHD for review and feedback and the final report will be approved by MCPHD. MCPHD will include the technical methods report in the final public CHA report.

## **Weighting Approach**

MDR will work with MCPHD to determine and implement a weighting approach for this project. Based on our experience conducting, weighting and analyzing similar ABS surveys, we recommend including the following components.

### **Imputing Missing Data**

MDR will determine any missing data points (including Don't Know and Refused responses) for key demographic and weighting variables. Based on missing data patterns, we will use appropriate imputation methods—logical imputation, donor substitution, and regression—to replace missing data with likely values. It is especially important to impute any missing data in the weighting variables to ensure the data is accurately weighted to the target population demographics. MDR will conduct an analysis of response patterns and variance to assess the degree of error introduced by the imputation process.

During the process of developing the analytical plan, the MDR team will work with MCPHD to identify any critical variables that require imputation. We will develop an imputation strategy for each of these variables and include it in the analytical plan.

### **Data Weighting**

Weighting is a procedure which adjusts data to account for differences from the general population due to bias, sampling techniques, or response differences. Our

standard weighting approach for ABS samples includes the following weighting adjustments.

The **calculation of an initial base weight** to account for differential probability of selection between various sampling strata due to oversamples, etc.

**Non-response adjustments** to account for differences in non-response among ABS respondents within different strata.

Finally, **post-stratification (iterative ranking) weights** adjust the sample to match the demographic profile of Marion County, Indiana (by age, gender, education, race/ethnicity, etc.) using estimates from the U.S. Census Bureau. This is done because a sample does not perfectly match the actual population distribution based on their known demographic characteristics. The variables used in raking adjustments are selected based on characteristics that are available for the population and believed to be important to the topic.

The combined weighting adjustments ensure the final sample is representative of the desired population and that design effects are accurately reflected in the variance estimates used to calculate significant differences among survey estimates.

### Budget

**Our overall cost proposal totals \$246,089.** It is based on our best estimate for the hours and expenses required to complete the project based on the scope of work outlined in the RFP and detailed in this proposal. MDR utilizes a simple but proven estimation approach based on decades of completed research projects and post-hoc analysis of time and material requirements for varying methodologies. Because we accurately predict our commitments for proposed work, MDR has never failed to satisfactorily complete a contracted project.

• Cost Summary	• Hours	• Cost
Professional	247	\$33,256
Field Services	240	\$16,776
Expenses	-	\$191,232
Data Security	2%	\$4,825
<b>Total</b>	<b>487</b>	<b>\$246,089</b>

• Key Staff	• Role	• Hours	• Rate per Hour
Cecelia Stewart	Primary Investigator	23	\$200
Elisa Ungaro	Project Manager	52	\$160
John Charles	Senior Research Analyst	23	\$170
Katie Klinko	Research Analyst	46	\$131
Davis Thornton	Research Assistant	102	\$100
Patrick Madden	Contract Management	1	\$200
Gary Hauger	Field Services Manager	8	\$125
Multiple	Field Service Staff	232	\$68

• Expense Summary	• Cost
ABS Sample	\$5,250
Printing and Postage	\$56,742
Phone	\$240
Data Collection Charges	\$6,000
Translations	\$12,000
Incentives	\$111,000
<b>Total</b>	<b>\$191,232</b>



## Estimating Labor Hours

MDR estimates labor hours for every task and labor category, and staff are assigned to tasks based on the skill level required for the task. This provides the most accurate and economical estimate for the work. The estimated hours are based on the required scope of work and deliverables and our experience with similar projects, using time entries exported from our project management and time tracking software. MDR has conducted a wide variety of assignments which lends a high level of confidence to our estimates.

We estimate that five MDR research staff will be involved in this project, not including telephone interviews and supervisors. Their positions, rates, and estimated time commitments are provided in the tables above. We create detailed breakdowns of estimated staff time by position for every task, which can be provided upon request.

## Expenses

Direct expenses related to this project such as phone and/or mail sample generation, online survey charges, printing and postage, etc. Our estimates for expenses are based on quantity and cost per item. Item costs (ex. sample/contact files, postage, printing, etc.) are based on hard estimates provided by vendors specifically for this assignment. MDR will submit regular monthly reports on sub contractual spending, including XBE participation, with goal XBE participation set at 20% of total cost.

**Printing expenses:** Printing costs to print 22,500 survey invitation letters, 22,500 follow-up postcards, up to 5,000 final reminder letters and 1,000 survey booklets to respond by mail. Initial letters and envelopes will be printed in color. Follow-up postcard will be printed in black and white.

**Postage expenses:** Postage expenses to send survey invitation letters, postcards, and survey mail packets with business reply mail postage for mail surveys completed by respondents and mailed to MDR.

**Data Collection charges:** Software survey charges are licensing fees charged by Voxco @ \$1.00 per complete.

**Translations:** Costs to translate the survey and relevant materials in up to 5 different languages.

**Incentives:** Cost of \$1 pre-incentives to be included in the initial letter sent to sample households and \$14 post-incentives for individuals that complete the survey.

**Data Security Fees:** IT costs related to data storage, management, and security for the data that will be collected as part of this project.

**Field Services:** These are costs related to the field services side of MDR. Costs related to this include telephone interviewing and data entry of returned mail surveys.

### Billing Schedule

Total payment for the Scope of Work described in Attachment A shall be transmitted in accordance with the following milestones, due dates, and deliverables.

Task/Deliverable	Date Completed/ Invoiced	Associated Hours	Cost	Additional Details
Project setup and initial kickoff meeting	6/17/2024	18.33	\$1,410	Includes kickoff meeting, finalized workplan, project management
Survey and sampling completed and tested	7/19/2024	138.33	\$27,266	Includes finalized and programmed survey instrument, sampling plan, recruitment materials designed, project management
Data collection begins	8/1/2024	10.33	\$103,376	Includes project management and expenses related to data collection such as sample generation, mailing costs, pre-incentives
Data collection ends	10/31/2024	10.33	\$93,438	Includes project management and expenses related to data collection close such as post-incentives, online survey complete costs
Data analysis completed	11/29/2024	44.33	\$7,914	Includes labor costs related to data analysis and project management
Final report completed	12/31/2024	33.33	\$11,481	Includes labor costs related to report writing and proofing and project management
<b>Total</b>		<b>487</b>	<b>\$246,089</b>	