

Creative and Media Agency of Record RFP – Responses to Questions

RFP SCHEDULE OF EVENTS (per page 16 of RFP)

Purchasing posts and emails RFP	Oct. 18, 2024
Vendors submit questions by	Oct. 30, 2024 – 3:00PM PST
Answers to questions available by	Nov. 4, 2024
Proposal deadline	Nov. 18, 2024 – 3:00PM PST
Score written proposals	Nov. 19-22, 2024
Scores submitted to Purchasing	Nov. 25, 2024
In-Person Presentations	Dec. 4-5, 2024
Reference checks	Dec. 6-9, 2024
Final scores submitted to Purchasing	Dec. 11, 2024
Awardee(s) notification by	Dec. 13, 2024
Contracting/Vendor On-boarding	Jan.-Feb. 2025

1. How closely aligned is Believe in Better to open enrollment efforts or is it a separate campaign?

Believe in Better (BinB) is our “post healthcare” brand campaign. Elements of BinB are incorporated in Fall Open Enrollment but the campaigns are separate with entirely different strategic goals. Believe in Better is an overall brand campaign, Open Enrollment is a specific call to action campaign for new patients to select a health plan with access to UC Davis Health providers, and separate from these two campaigns are individual ad programs in support of specific service lines, such as cancer. In terms of media, the creative may run on the same channels for these different campaigns, but during different timeframes. BinB leans more heavily on broadcast (especially TV/OTT) than OE.

2. Will the brand campaign be tied to service line initiatives?

Service lines are alluded to in the brand campaign, such as featuring a breast cancer patient. However, service line specific campaigns would be separate.

3. What is your annual capacity for each of the following types of cancer screenings: Breast, CRC, Prostate, Lung, and Ovarian?

Currently our availability for cancer screenings is good.

4. Existing Research, target Audience & Insights

Could you provide an overview of any existing research, audience insights, and competitive analyses on file related to UC Davis Health's primary and secondary target audiences.

We will share this research with the successful bidder(s) of this RFP.

5. Metrics and Key Performance Indicators (KPIs)

What specific metrics do you currently track for patient acquisition, retention, and engagement, especially for primary and specialty care? Additionally, could you clarify how NPS is used and what it currently reflects for UC Davis Health?

We work with a number of sources to capture data for patient acquisition and retention. Our patient experience team is who we partner with for engagement. Our primary care (capitated lives) is reported to the Director of Brand Management and Marketing monthly.

Our NPS is one of several metrics for our brand and advertising work, particularly in relation to our branding campaigns. We have greatly increased our NPS over the last 5+ years and it remains higher than all other competitors in our market and other UC academic medical centers around the state.

6. Data Collection and Digital Tracking

Could you share what data is currently collected on UC Davis Health's digital properties, such as pixels on the website or other tracking methods?

This information will be shared with successful bidder(s) for media.

7. Location and Market-Specific Information

Would it be possible to provide a list of all clinic and hospital locations within this RFP's scope, ideally at the address level, to help us tailor our media and targeting strategy for the areas served?

This information is readily available on our website, health.ucdavis.edu. This RFP covers media and creative support for the organization as a whole, which MAY include support of any clinic within the UC Davis Health ecosystem.

8. Creative Production Requirements

Based on the number and type of campaigns outlined in the RFP, could you provide an estimate of the annual volume of video and photo shoots as well as other creative assets (e.g., digital and print templates) required? This information would help us allocate resources accurately and budget effectively for production-related expenses.

This varies greatly, but generally we have full new creative each year for Fall OE and may also for brand. We have internal resources that we lean on heavily for most photo and video needs, and we usually only utilize outside photo and video for Open Enrollment and brand campaign elements.

9. Scope of Web Development and Maintenance

Could you clarify if website development or ongoing maintenance is included within the scope? Specifically, would campaign-specific landing pages, website updates, or technical support be expected as part of the integrated communication efforts, and if so, what level of involvement would be anticipated?

No website work is included in this RFP. We may however look to the Media or Creative AOR to provide a strategic assessment of marketing campaign landing pages.

10. Content Translation and Localization Needs

For campaigns requiring translation or transcreation, could you specify which languages are prioritized (e.g., Spanish) and if additional localized content for other demographics will be required? This will help us plan for translation and culturally tailored content costs.

Spanish only.

11. Ad Hoc Campaign Needs

Could you clarify if UC Davis Health anticipates additional ad hoc campaigns beyond those listed in the RFP, such as recruitment or clinical studies? If so, an estimated frequency and types of these campaigns would help us prepare for flexible resource allocation.

Yes, there will be other campaigns that come up and will be based upon budget and resources available. There is no way to determine exact numbers at this time. Recruitment and Clinical Studies are already covered in the RFP and in the ad samples. When other campaigns are required, we either secure additional funding to support these campaigns or work with our agencies to reallocate existing resources and reprioritize work.

12. Current Marketing Technology and Partnerships

Could you provide details on existing marketing technology or ad tech partnerships (e.g., BI platforms, analytics tools) that UC Davis Health currently uses? Additionally, are there any internal or external partners that will collaborate with the agency upon award?

We use several tools and will provide that information to successful bidder(s). We do not anticipate agencies working with anyone beyond UC Davis Health Public Affairs & Marketing. We do provide access to our NRC Market Guide, SiteImprove and Google Analytics, among other tools and analytic sources.

13. Lead Generation and Conversion Criteria

Regarding lead generation and conversion metrics, could you elaborate on how UC Davis Health defines and qualifies a “lead” within the context of individual patient acquisition and what criteria are used to differentiate leads across various service lines?

We do not track individual patient acquisition at this time. Work is underway for a CRM to manage this. For Clinical Studies or Recruitment, we define a lead as someone who clicks on the “I’m Interested” or “Apply Now” button on the respective landing pages. We do track overall numbers, though, for example, measuring patient volume increases in targeted service lines or number of additional covered lives signed up through Open Enrollment.

14. Can you please expand on the statement: “*The incumbents for creative and media services are both eligible to participate in this RFP process. However, the agencies’ incumbency does not provide any advantage or preference in this RFP process.*”

Have the incumbent agencies delivered successfully on previous campaigns? Has anything changed in the market or with upcoming initiatives where the incumbents may not be positioned to deliver the requested services?

The statement informs bidders that agencies who have previously worked with UC Davis Health hold no advantage over new bidders who have not worked with UC Davis Health. All proposals will be reviewed and scored based upon the proposal submitted.

We do know that the **Creative Media** contract will be awarded to a new agency. Information about our former agency's work will be given to the newly awarded agency after the RFP process concludes.

15. Have any marketing department team members involved in the agency selection process changed since the last RFP in 2022? If so, can you share their general roles and expected involvement in the decision-making process?

The selection committee is headed by the same UC Davis Health employees who led the last RFP process and they are expected to play the same roles in this decision-making process. There may be changes to the full evaluation committee, depending on employee availability and scheduling.

16. How many agencies have you invited to participate in this RFP and based on the 2022 RFP process, how many proposals do you expect to receive and review before making your selection?

35 total agencies were invited to participate in the RFP. We have no way of confirming how many will provide proposals but based on historical information we expect 1/2 to 1/3 of the invitees will respond.

17. Can you expand on this statement: “We are currently in the “post healthcare” brand stage and looking for experienced strategic partners to do this advanced-level work.”

Rather than promoting UC Davis Health as specific brand or increasing Name ID in the marketplace (neither of which are needed, according to detailed market research), our platform has moved beyond specific branding (“post-brand”) and into branding that builds emotional connections to a larger proposition. Much like Nike’s “Just Do It” ad campaign (and others like it), our brand platform is about more than just UC Davis Health and it’s not about ‘being better’ in the sense of wellness. It’s a connection to the larger concept of making the world a better place. (See the [campaign’s anthem](#).) An understanding of the differences between promoting UC Davis Health and promoting the larger concept of post-brand marketing is important to successfully working with UC Davis Health.

18. Have you been in the brand stage in the past year or two and have your incumbent agencies performed this advanced-level work for you satisfactorily in the past? If this is a new phase, can you expand on some of the aspects of this advanced-level work you expect to find the most important to meet your strategic objectives?

We were in the brand-building stage for the past 6 years, until we launched our post-brand campaign in January 2024. The research used to develop the platform and campaign will be shared with the selected agency, along with the anticipated future direction of this work. We are satisfied with the work provided, but refer to Question & Answer #14.

19. Can you expand on this statement: “Monthly forecasting will need to be supplied by last business day of each month outlining forecasted spending/invoicing for that month’s work.” Is this a new policy or have the incumbent agencies followed this policy previously? If a current policy, has the forecasted spending been billed in advance at the start of the month as is typical in retainer arrangements or is the forecasted spending only allowed to be billed at

the end of the month once the work has been completed? What are the terms for payment in either case?

Monthly forecasting is an existing policy which helps our health system to understand cashflow. We ask our agencies to provide us with what we can expect to see for invoicing that particular month, so we can track expenses to budget, plan for work accordingly for the month ahead, and ensure resources are available before expenses are incurred. UC Davis Health does not work under retainer arrangements. Billing occurs at the end of the month, after work and expenses have been incurred, and bills are expected to be delivered in a timely manner (within 30 days of the end of the month is preferred but we understand that certain media may have exception with longer time to invoice), with backup for work and expenses included, Properly submitted and approved bills are moved to processing and payment within a few weeks.

20. Will the two or three finalist agencies be given: 1. A detailed brief and outline from the marketing team to help guide the preparation of the presentation and/or 2. The opportunity to interact and ask questions of the marketing team prior to the presentation with the goal of best aligning the presentation with the priorities and desired campaign objectives outlined by the marketing team?

1. Yes, information will be provided for presentation preparation and 2. Each firm will have one 15 minute call with the Director of Brand Management and Marketing, if they so choose to ask questions to help them prepare.

21. Can you expand on this statement?: “UC Davis Health WILL NOT pre-pay for any media, management, or advertising placement costs. Proof of run must be provided for payment. UC Davis Health does not pre-pay for.”

Is this a new policy or have the incumbent agencies followed these policies previously? If a current policy, once the proof of run has been provided, what have been the payment terms, due on receipt, net 15 or other? If a new policy, what’s the expected payment cycle per the previous question?

These are not new payment terms for UC Davis Health. Existing agencies have followed this. Net 30 is our standard payment terms upon receipt of fully completed invoices.

22. What are UC Davis Health's top strategic priorities for the next 1-3 years, and how can marketing support these objectives?

See page 5 of RFP.

23. Who are UC Davis Health’s key target audiences (Primary, Secondary, and Tertiary) for various campaigns, and what are the goals for each group?

See page 5 of RFP.

24. How does UC Davis Health differentiate itself in patient care, research, and innovation compared to competitors?

This information can be determined by reviewing the content available in the Newsroom section of health.ucdavis.edu.

25. What are the main challenges UC Davis Health faces in terms of brand perception or market share, and are there specific demographics where awareness is lower than desired?

This information will be shared with the selected agency. For purposes of responding to this RFP, agencies may assume any audience they wish to target in order to explain their goals, approach, strategies, tactics, etc.

26. How does the “Believe in Better” campaign perform against its goals, and what insights from it should inform future campaigns?

This information will be shared with the selected agency. For purposes of this RFP, agencies should assume it is performing well.

27. What specific marketing channels (e.g., digital, traditional, social media) have shown the highest engagement or ROI, and which should be prioritized for different audience segments?

It can vary by campaign, but in general Google Search has the highest CTR, followed by paid social media and then native ads. Digital display ads on eblasts or e-newsletters are also very effective. For an impressions/awareness goal, broadcast TV, OTT, CTV, streaming video, radio and steaming audio are most effective followed by digital display ads.

28. As an agency, our policy is that we cannot pre-pay for media buys/expenses without funds being in house. Given that you do not pre-pay the agency for media buys/expenses, how would you envision handling media buys directly with vendors to avoid the agency acting as the financial intermediary? Is a viable option for UC Davis Health to receive and pay for media buys/expenses directly to eliminate any confusion about who the official payee is? Are there any existing processes or alternative arrangements UC Davis Health has used for managing these payments with previous media agency relationships?

We have long-standing relationships with all our media partners who are accustomed to this process. The media outlets invoice our agency after the ads run, our agency invoices us, we pay the agency and then the agency pays the media outlet. Once an agency is selected, we sign a letter announcing our agency of record which is distributed to all our media partners. Then we sign an authorization to buy (ATB) with our agency at the beginning of each campaign for each spend by media outlet. This ATB obligates us to fulfill all payments to the agency for purchases with media outlets. UC Davis Health will NOT setup direct accounts with all vendors, this is what we expect our Media Agency of Record to handle. (there are a couple of minor exceptions in which we have long standing accounts.)

29. What are the key performance indicators (KPIs) for measuring the success of major campaigns, such as Cancer Screening and recruitment initiatives?

Basic KPIs include impressions, clicks/views, CTR, CPC and VCR (where applicable). More specific measures, such as total screenings or applications are provided by the departments.

30. How is media attribution and ROI currently measured, and are there specific pain points the agency could address to enhance this process?

Media attribution is measured via the use of utm codes and the current process is very smooth. We don't measure ROI in this way and do not need that service at this time.

31. What tone of voice and creative mission should the agency adhere to, particularly when speaking to varied audiences (medical, patients, research, vendors, etc.)?

See graphic standards link on page 4 of RFP. All other brand voice information will be shared with successful bidder(s).

32. Can you share any additional relevant details about the expected process for the review itself?

This is explained throughout the RFP.

33. Are video production costs part of the overall agency retainer?

There is not an overall retainer, as UC Davis Health does not work under retainer arrangements, and video production costs are billed as an expense and part of the overall campaign budget.

34. Are talent costs and buyouts included in the overall agency retainer?

There is not an overall retainer, as UC Davis Health does not work under retainer arrangements, and talent costs and rights buyouts are billed as an expense and part of the overall campaign budget.

35. Is UC Davis SAG Signatory, or do they require the use of SAG talent in their videos/commercials?

UC Davis Health primarily uses real patients in its advertising, but occasionally talent is required to augment creative. We do not require the use of SAG talent.

36. Are there specific insights needed from the Competitor Report?

We are mostly looking for sample ads, unique and interesting approaches to marketing, strategic thinking, innovative tactics, and total annual paid media spend by channel by competitors in our market.

37. Are tables, charts and graphics acceptable in the narrative submission?

Yes, as long as the total submission is within the RFP's page limits specifications.

38. Are there Primary, Secondary, and Extended Service markets within the greater catchment area/ADI? Can this be provided to inform the recommendation for the Cancer Service Line campaign?

Primary market is Sacramento DMA, Secondary is San Joaquin County and surrounding areas, Extended Markets would not be included.

39. How are campaigns/media activities currently prioritized (in terms of % of budget, if possible)? Are there tiers for strategic support, such as priority service lines, key growth initiatives, employee and academic recruiting, and brand-building campaigns (e.g. Quality campaigns, always-on campaigns, etc.)? How are these prioritized?

All campaigns are prioritized with budget allocations recommended in Q1 of each year by the Director of Brand Management & Marketing for fiscal year starting July 1. The current priorities MAY change after the selection of a new agency.

40. Have you/are you looking to further support secondary audiences/stakeholders/influencers (e.g., local business leaders, payers, UC Davis staff/administrators)?

Yes, see page 5 of RFP.

41. Are SEO services desired as part of the scope? (we have seen quantifiable benefits by planning and approaching organic and paid in conjunction)

We have our own in-house analytics and SEO staff. However, we welcome SEO insights in relation to the work outlined in this RFP.

42. Various research studies are mentioned in the RFP – has an MMM been conducted and if so, can this data be shared to inform a media recommendation?

We do not measure conversions or ROI so we have not conducted any media mix modeling in the past, nor do we have a current need. We do not measure conversions or ROI because we do not sell anything nor generate revenue online. Any other type of non-monetary conversion such as number of new capitated members, new students, new hires, or new study participants are captured in other systems or websites that the Marketing team does not control.

43. Does the Believe in Better campaign concept span all service lines and initiatives?

Not exactly, as it is an overall 'post brand' campaign that does not focus on specific calls-to-action for our services. There are separate CTA campaigns for specific service lines.

44. For the sample project outlined in Part B-2, should the total budget of \$1MM be inclusive of all creative concepting and production? (in some cases, a global creative approach can be developed and utilized across many/all campaigns, making the creative costs more efficient on a per-campaign basis but may not be revealed in a one-off sample project basis).

\$1M is the complete budget.

45. Does the annual \$1.25M creative fee include production costs?

The \$1.25M estimated annual creative budget is “all in” and therefore, would need to cover any and all expenses related to creative development of the campaign.

46. Is it possible to allocate the collective \$2.5M budget as needed over the two years to optimize creative output?

No it is not. The \$1.25M is an estimated budget per year. The budget per project will be provided to the successful Creative Agency at the onset of planning for each campaign.

47. Who is your current creative and media agency?

BPD (formerly Revive) was the successful bidder for Creative last time and Innocean for Media.

48. In what year was your last bid for similar services?

2021

49. Will the current "Believe in Better" brand platform need refreshing or updating?

Yes, we plan to update the creative for 2025.

50. Does UC Davis Health have a CRM? If so, which one and its marketing uses?

We are in the planning stages for this and are budgeting for a CRM FY 25-26 (which starts July 1, 2025).

51. Has UC Davis Health done statement or concept testing?

Yes to both.

52. How important is it to hire a California/West Coast-based partner?

There is no criteria or preference for location of the agency. However, agencies should be very familiar with market and available during west coast business hours.

53. Will creative samples count toward the page limit (or can they be included as an addendum and will online links to past work/case studies be allowed)?

They count toward the total page count.

54. For clarification regarding the Work Statement/Cancer campaign, are you looking for strategic recommendations for creative and media, or more about the agency's approach to service line marketing with potential cost scenarios? Does the \$1M need to assume both creative and media fees and all associated out-of-pocket costs (production/media placements/travel/etc)?

We are looking for both strategic recommendations and information about the agency’s approaches to brand marketing and service line marketing. Yes, the \$1M includes all expenses related to campaign creation.

55. The RFP timing mentions proposals are due on both Nov. 18 and 21st.—which is preferred?
RFP page 1 states DUE DATE: Nov. 18, 2024, 3:00 pm PST via Email. And, on page 16 “Proposal deadline: Nov. 18, 2024 – 3:00 pm PST” See *schedule repeated at top of this document.*

56. For shortlisted agencies that are invited to present: can you share any details around expectations (i.e. will the presentations be capabilities-focused or will speculative creativity and media planning be required)?

Refer to page 13 in the RFP, “*If artwork/creative is provided/presented it WILL NOT be used for scoring purposes.*” And, “*While we are not requiring a fully prepared campaign for presentation prior to the awarding of the contract, we do want a narrative description of the process you would use to accomplish the following campaign.*”

The in-person presentation will be a mix of capabilities presentation, service line idea and panel questions.

57. Page 4 mentions *We are currently in the “post healthcare” brand stage*, can you further expound on what this means?

- a. **What work has been done during the healthcare stage, the focus on NPS, loyalty and preference? Any other items to note?**
- b. **What is the next stage, getting campaigns into market?**

The post-brand campaign has been explained in prior answers. It is a fully developed campaign and currently in-market. A) We typically refer to NPS, loyalty and preference. B) We plan to update the campaign and run spring 2025.

58. What is the current focus of your marketing budgets toward recruitment vs service lines, clinical studies, etc.?

Page 4 of the RFP outlines primary campaigns in order of priority.

59. Are there any existing brand elements or frameworks (beyond the guidelines provided) that we need to incorporate into the new creative work?

Yes, and they are included in the Believe in Better sample artwork provided in the RFP attachment. The successful Creative Media agency will receive working files.

60. Are there specific messaging priorities or themes (beyond "Believe in Better") that should drive the campaigns?

Messaging themes are dictated by the strategic goals of each campaign in support of the larger brand.

61. Will each campaign have a standard set of assets across channels (e.g., digital, print, social), or are there priority channels where UC Davis Health wants to focus efforts?

All required assets across any channels included in the final media plan will be created by the Creative Agency or in-house by UC Davis Health. There is not a standard set of assets across channels, as each campaign and channels used are bespoke to the goals of the specific campaign. However, UC Davis Health regularly utilized all common channels including digital, print, out-of-home, video, OTT, social, etc.

62. Can you clarify if video and photography assets are pre-existing, or will we need to concept and produce new media?

Assume new media will need to be created for major campaigns such as OE and BinB. UC Davis Health has a staff photographer who provides imagery as needed for minor campaigns.

63. For campaigns targeting diverse communities (Spanish-speaking, LGBTQ+, etc.), will UC Davis Health provide translations and cultural guidance, or do you expect us to develop these components?

The successful Creative Media firm will need to create; tv, radio, print and digital Spanish translations for primary campaigns such as OE and brand. Other translations such as Russian and Asian are created by the media outlet.

64. Page 7 mentions the NRC Dashboard. Clarifying this Is this the National Research Corporation, aka NRC Health?

Yes.

65. Page 8 includes a request for Competitive Analyses, how in depth is the expectation for these audits? Is this mostly focused on paid media and site analytics or more inclusive of social channels, email, and other owned media?

See Q36 - We are mostly looking for sample ads and total annual paid media spend by channel by competitor to inform future campaign planning and benchmarking of UC Davis Health spending as compared to spending by competitors.

66. Are there any priority actions on site that are being tracked whether in paid media campaigns or separately for consideration (i.e. Find A Provider engagement, Appointment Requests)?

Through SiteImprove, we track page views, time on page, bounce rates and actions taken such as Find a Provider, Apply today, Learn more, etc. Those will be shared with the awarded agency(s).

67. Terms and conditions and attachment 1 on page 21 were provided; if we have redlines to this, are you expecting them with our RFP submission?

Our terms and conditions are not normally changed and any redlines would have to be included with the bid and an award may not be made to the vendor if the requests are deemed unreasonable.

68. Often, Google Ads accounts are transitioned to us to take over management of. Is this the case for UC Davis, or will we be rebuilding?

These would be transitioned to a new media agency.

69. What can you tell us about your current media mix? Including: How much of your spend is typically concentrated to the Sacramento DMA? What is your typical channel mix (ie split between OOH / TV / Cable for traditional media)?

Our geotarget is almost 100% in the Sacramento DMA except for National Reputation and Hiring Recruitment which are national campaigns. The channel mix for major campaigns in terms of dollars is about 50-50 between TV/OTT/CTV and OOH.

70. Do you have any fixed media contracts on the traditional side that need to be considered and / or any sponsorship costs that come out of the media budget allocation?

There are a couple of small local contracts, but those costs are not factored into the budget numbers provided in this RFP, and that information will be shared with the selected agency. The preference is for the Media Agency of Record to hold contracts.

71. What CRM, analytics, CDP, marketing automation, call tracking, and / or other MarTech solutions have you invested in?

We have a number of tools for market research and analytics, which will be shared with the selected agency(ies). We are in the process of purchasing and launching a CRM in the coming fiscal year.

72. In the RFP you stipulate that you do not pre-pay for any media. This can be a challenge for us and we propose billing monthly based on approved media forecasts / plans. Is there flexibility on this stipulation?

No, UC Davis Health does not pre-pay for media. Please see the answer to Q28.

73. What are the top marketing pain points, challenges, or opportunities that a new partner can address this year, in 3 years, in 5 years?

These goals will be determined in partnership with the selected agency(ies).

74. Page 16 of the RFP lists that the proposal is due 3:00 p.m. on November 21st. All other instances of the due date are written as November 18. Can you please confirm the RFP due date and time?

Nov. 18 at 3:00 pm PST. *See schedule repeated at top of this document.*

75. The main sections of the proposal are limited to 50 pages. Are we allowed to include a link to sample creative, that will not fall within the page count limit?

The review committee will only be scoring materials provided within the individual response packets.

76. On page 8 the RFP states advertising pixels will not be allowed on the UCDH website. Even though pixels are not allowed, will the agency be able to have access to website analytics?

Yes.

77. Will Google search ads be placed on existing UCDH Google Business Manager account or will agency place ads on their own (new) account?

Google Search ads would be transitioned to the selected agency's account.

78. In Part D (Cost Proposal) for the Creative Services contract, it states we are required to provide hourly rates for staff members. Can you confirm that we are not required to provide a breakdown for the \$2.5 million contract?

No breakdown is necessary. The \$2.5M is simply an ESTIMATED spend. Actual budgets will be assigned per campaign.

79. In your current agency partnership, what have you enjoyed versus looking to improve with your next agency partner?

Prior agency relationships are not a factor in the selection of agencies through this RFP process.

80. What keeps you up at night as it pertains to marketing and brand?

Lack of clear strategy, lack of innovation, lack of connecton to key audiences in meaningful ways in the current noisy, distrusting, and overwhelmed marketplace.

81. What will success look like for UC Davis in one year's time and what do you see as the current barriers to accomplishing your objectives?

Success will look like meeting or exceeding the goals identified for each campaign. Barriers include: resources, competing priorities, shifts in the marketplace in terms of competition, nationwide healthcare professional shortages and access issues.

82. Outside of routine rebidding process required by your organization, are there other factors driving the search for new agency partners or important attributes that you are seeking in an agency partner?

We are looking for partners who bring innovative and fresh ideas that help us achieve and exceed our strategic goals, which include stand-out creative, innovative and attention-getting approaches, and strategy-driven campaigns that deliver real results beyond just 'impressions'. We look to this partner(s) to look for new ways to make UC Davis Health the top of mind brand for selection in our market.

Prior agency relationships are not a factor in the selection of agencies through this process, and each submission will be evaluated based upon its own merits.

83. Are you able to assign relative importance between the primary campaign types identified in Section II of the RFP (open enrollment, primary care clinics location awareness, etc.) and will Open enrollment and brand campaigns be run as distinct campaigns?

The campaigns were listed in order of relative importance. OE and brand campaign run as separate campaigns.

84. What campaign work (within industry or out) moves you and why?

We are always watching other industries for anything that is new, different, stand-out, innovative marketing, breakthrough strategy, unexpected connections and effective in delivering real and measurable results. It's even more interesting when it's done on a tight budget.

85. What do you like most about your current creative campaigns, and what do you think is lacking?

Believe in Better was launched in early 2024 and for purposes of this RFP, consider that it has been performing well. We are looking for potential agency partners to review the campaign to date, and based upon their expertise, tell us what they believe it is lacking and to describe opportunities they believe could improve or expand the campaign and make it even more successful.

86. Are there specific market research or analytic solutions that UC Davis desires that are not currently available through existing agencies?

We are asking potential agency partners to suggest whatever market research or analytic solutions they believe are the best or will perform the best in the context of their proposed approach.

87. Is it important to UC Davis to track campaign performance and enrollment gains to the diverse audiences reflected in the primary target consumer audiences?

To some degree, yes. All campaign elements need to be evaluated with some level of measurement.

88. As it relates to the cancer service line assignment, what subspecialties are you focused on driving volume to?

Page 12 of the RFP specifies Adult Screenings and Cancer treatments. For purposes of responding to this RFP, agencies should plan to broadly target these identified areas.