

January 10, 2019

Board of County Commissioners  
 Clackamas County

Members of the Board:

Approval of a Revenue Grant Agreement with Health Share of Oregon for  
Vaccine Hesitancy Program

<b>Purpose/Outcomes</b>	Build a tri-county committee to collaborate on dispelling myths and changing behaviors in our communities to reduce the number of non-medical vaccine exclusions.
<b>Dollar Amount and Fiscal Impact</b>	The maximum Agreement value is \$67,500.
<b>Funding Source</b>	Funding provided by Health Share of Oregon. No County General Funds are involved.
<b>Duration</b>	Effective January 01, 2019 and terminates on December 31, 2020
<b>Previous Board Action</b>	No Previous Board Actions have been taken.
<b>Strategic Plan Alignment</b>	1. Improved Community Safety and Health 2. Ensure safe, healthy and secure communities
<b>Contact Person</b>	Dawn Emerick, Public Health Director – (503) 655-8479
<b>Contract No.</b>	9132

**BACKGROUND:**

The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests the approval of a Revenue Grant Agreement with Health Share of Oregon for the Vaccine Hesitancy Program.

The local public health administrators in Clackamas, Multnomah, and Washington Counties and Health Share of Oregon have identified a mutually beneficial partnership that will address vaccine hesitancy across the Tri-County area and create a culture of prevention. Over the next two years (2019-2020), Tri-County Public Health and Health Share (the Partnership) will collaborate to design and implement a multifaceted community mobilization initiative targeted towards shifting perception and behavior relating to childhood vaccines and ultimately increasing childhood immunization rates. CCPHD will take the lead role on this project and is responsible for contract administration, fiscal oversight and assure outcomes are achieved.

This Agreement has a maximum value of \$67,500. This Agreement is effective January 1, 2019 and continues through December 31, 2020. This Agreement has been reviewed by County Counsel on September 20, 2018.

**RECOMMENDATION:**

Staff recommends the Board approval of this Agreement and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Richard Swift".

Richard Swift, Director  
Health, Housing, and Human Services

cc# 9132

## GRANT AGREEMENT

This Grant Agreement (“**Agreement**”) by and between Health Share of Oregon, an Oregon nonprofit corporation (“**Health Share**”) and Clackamas County, by and through its Public Health Division, a local governmental organization (“**Grantee**”) is entered into on the date of the Agreement’s full execution and is effective as of the 1<sup>st</sup> of January, 2019 (the “**Effective Date**”).

### RECITALS

- A. Health Share is qualified for exemption from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the “**Code**”), and is further classified as a non-private foundation within the meaning of Code Section 509(a).
- B. Health Share’s exempt purposes include developing an integrated community health system that achieves better care, better health, and lower costs for the Medicaid population in the communities that Health Share serves.
- C. Health Share will further Health Share’s exempt purposes by sponsoring Grantee’s performance of the activities described in the statement of work attached to this Agreement as Exhibit A (the “**Statement of Work**”).
- D. Grantee has agreed to perform the activities described in the Statement of Work in accordance with this Agreement, including the budget attached hereto as Exhibit B (the “**Budget**”).

### AGREEMENT

#### 1. Grant Award.

- 1.1. Amount. Health Share awards a grant in the amount of \$67,500 (sixty seven thousand five hundred dollars), to Grantee, subject to the terms and conditions of this Agreement.
- 1.2. Invoicing. To receive grant funds, Grantee must prepare and submit monthly invoices to Health Share that document the actual expenses Grantee has incurred during the preceding month in Grantee’s performance of the activities described in the Statement of Work. Grantee must submit Grantee’s invoice no later than thirty (30) calendar days from the end of the month for which Grantee is seeking reimbursement. Invoices must include the designated project code provided by Health Share. The project code will be: 360091. Invoices must be submitted to one of the following addresses:

[vendorinvoice@healthshareoregon.org](mailto:vendorinvoice@healthshareoregon.org)

OR

Health Share of Oregon  
Attn: Finance Department  
2121 SW Broadway, Suite 200  
Portland, Oregon 97201

- 1.3. Payment. Health Share will disburse grant funds to reimburse Grantee for invoiced amounts within thirty (30) calendar days of receiving the invoice, assuming Grantee’s

continued compliance with the terms and conditions of this Agreement, including any benchmarks established in the Statement of Work, and provided that Grantee has submitted the invoice in accordance with this Section 1.3 and Health Share has determined that the amounts shown on the invoice are correct and represent amounts properly incurred by Grantee in the performance of the activities described in the Statement of Work.

## **2. Use of Grant Funds.**

- 2.1. Required Use.** Grantee will use the grant funds solely for the activities described in the Statement of Work and in accordance with the Budget. Furthermore, Grantee will use the grant funds exclusively for charitable purposes within the meaning of Code Section 501(c)(3). Use of any portion of the grant funds, including any interest earned, for any other purpose must be approved in writing by Health Share before Grantee spends the funds.
- 2.2. Prohibited Use.** Grantee will not use any portion of the grant funds: (i) to carry out propaganda, or otherwise attempt to influence legislation; (ii) to influence the outcome of any specific election of a candidate for public office; (iii) for any grants to individuals awarded on a nonobjective basis; or (iv) for any non-charitable purpose within the meaning of Code Section 501(c)(3). Grantee will repay, on demand, to Health Share any portion of the grant funds that is not spent in accordance with this Agreement, including the requirement that all grant fund be spent for charitable purposes within the meaning of Code Section 501(c)(3).

## **3. Reporting and Recordkeeping.**

- 3.1. Required Reports.** Grantee will, at a minimum, provide annual written reports to Health Share as to the expenditure of the grant funds, covering both the substance of Grantee's activities funded with the grant award and Grantee's financial administration of the grant, as well as a final report that details all expenditures of the grant funds and the progress made towards the grant's goals, including Grantee's progress toward any benchmarks established in the Statement of Work. Grantee's annual reports is due no later than sixty (60) days from the end of Grantee's tax year and Grantee's final report is due within sixty (60) days from the date that the grant funds are fully expended. Other provisions in this Agreement, including provisions in the Statement of Work, may specify additional requirements for Grantee's annual and final reports and impose additional reporting requirements.
- 3.2. Separate Accounting.** Grantee will maintain Grantee's books so as to show the grant fund separately and will keep adequate records to substantiate all expenditures of the grant funds. Grantee will make these books and records available to Health Share at reasonable times for review and audit upon Health Share's request and will comply with all reasonable requests by Health Share for information and interviews regarding Grantee's use of the grant funds. Health Share may, at Health Share's own expense, conduct an independent financial and programmatic audit of Grantee's expenditures of this grant and Grantee will cooperate with any such audit.
- 3.3. Additional Information.** Grantee will supply Health Share with such other information as Health Share may reasonably request for purposes of exercising Health Share's responsibility for supervising Grantee's expenditure of the grant funds.

- 3.4. **Term.** The term of this Agreement begins on the Effective Date. Unless earlier terminated as provided in the Standard Terms and Conditions below, the termination date shall be December 31, 2020.
- 3.5. **Acknowledgement of Health Share.** Grantee will acknowledge Health Share in any announcement or publication Grantee makes regarding the grant or Grantee's grant-funded activities; provided, however, that Grantee will submit such materials in advance to Health Share, for review and revision in Health Share's sole discretion.

4. **Changes in Control.**

- 4.1. **Corporate Changes.** Grantee will notify Health Share within thirty (30) days of any significant changes to Grantee's corporate legal or tax status.
- 4.2. **Personnel Changes.** If requested, Grantee will notify Health Share of the personnel responsible for the performance of the activities described in the Statement of Work and will notify Health Share within thirty (30) days of any changes in such personnel.

5. **Miscellaneous.**

- 5.1. **Notices.** All notices and other communications under this Agreement will be in writing and deemed effectively given when personally delivered or when actually deposited in the mail as prepaid, registered or certified mail, return receipt requested, to the address set forth below or to any other address which either party may designate to the other by written notice, including email:

**Health Share:**

Health Share of Oregon  
Attn: Michael Anderson-Nathe  
2121 SW Broadway, Suite 200  
Portland, Oregon 97201

**Clackamas County:**

Clackamas County, Public Health Division  
Attn: Richard Swift  
2051 Kaen Road  
Oregon City, Oregon 97045

5.2.

- 5.2. **Attachments and Exhibits.** In addition to the terms and conditions set forth in the body of this Agreement, the rights and obligations of the parties are subject to the Standard Terms and Conditions for Grant Agreements (the "**Standard Terms and Conditions**") and any Exhibits attached to this Agreement and incorporated by this reference. The Standard Terms and Conditions and Exhibits will be construed with and as an integral part of this Agreement to the same extent as if the Standard Terms and Conditions and Exhibits had been set forth verbatim in the body of this Agreement.

*[signature page follows]*

The parties' proper and duly authorized officers have signed and executed this Agreement, effective as of the Effective Date set forth in this Agreement's preamble.

**HEALTH SHARE OF OREGON**, an Oregon nonprofit corporation

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name: Maggie Bennington-Davis, MD

Title: Interim CEO

**CLACKAMAS COUNTY**, through its Public Health Division

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name: Richard Swift

Title: Director, Health, Housing and Human Services

**STANDARD TERMS AND CONDITIONS  
FOR GRANT AGREEMENTS**

1. **Termination.** This Agreement may be terminated:
  - a. By Health Share and Grantee, by mutual written agreement, at any time.
  - b. By Health Share, in the event that Grantee breaches the Agreement and fails to cure such breach within fifteen (15) days of receiving notice from Health Share regarding the breach; provided, however, that Health Share may immediately terminate this Agreement in the event of any denial, suspension, revocation or non-renewal of any license, permit or certificate that Grantee must hold in order to engage in the activities described in the Statement of Work.
  
2. **Effect of Early Termination.** Upon early termination of this Agreement, Health Share will have no obligation to make additional disbursements of grant funds to Grantee and Grantee will return any unexpended grant funds; provided, however, that Health Share will reimburse Grantee for any costs and non-cancelable commitments incurred prior to such termination in accordance with this Agreement. Nothing in this paragraph will be construed as limiting Grantee's obligation to repay to Health Share any portion of the grant funds that is not spent in accordance with this Agreement.
  
3. **Remedies.** In the event that Grantee breaches this Agreement, all remedies provided under this Agreement will be independent of the others and severally enforceable and will be in addition to, and not in lieu of, any other rights or remedies available to Health Share at law or in equity. If Health Share breaches this Agreement, Grantee's remedy will be limited to termination of the Agreement and the receipt of any outstanding grant funds that Grantee is entitled for appropriate work already performed, as determined under this Agreement. Health Share will not be liable for direct, indirect or consequential damages. Termination will not result in a waiver of any other claim Health Share may have against Grantee.
  
4. **No Third Party Beneficiaries.** Health Share and Grantee are the only parties to this Agreement and are the only parties entitled to enforce this Agreement's terms. Nothing in this Agreement gives or provides any benefit or right, whether directly, indirectly, or otherwise, to third persons unless such third persons are individually identified by name in this Agreement and expressly described as intended beneficiaries of this Agreement.
  
5. **Intellectual Property.** As between Health Share and Grantee, all work product that results or arises from Grantee's activities described in the Statement of Work, and all intellectual property rights associated therewith (together "**Grantee Work Product**"), will be solely owned by Grantee, **provided however**, Grantee grants to Health Share an irrevocable, worldwide, royalty-free, with the right to sublicense, license to use, copy, modify, distribute, publish, perform and otherwise exploit such work product for any purpose whatsoever. Further, Grantee agrees to make, and makes, such Grantee Work Product available to third parties under the same or similar license terms.
  
6. **Successors in Interest.** The provisions of this Agreement will be binding upon and inure to the benefit of the parties and their successors and approved assigns, if any.
  
7. **Access to Records and Facilities.** Grantee will maintain all financial records related to this Agreement in accordance with generally accepted accounting principles or National Association of Insurance Commissioners accounting standards. In addition, Grantee will maintain any other records, books, documents, papers, plans, records of shipment and payments and writings of grantee, whether in paper, electronic or other form, that are pertinent to this Agreement in such a manner to clearly document Grantee's performance. All clinical records, financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of

Grantee whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as "**Records.**" Grantee acknowledges and agrees that the Oregon Health Authority ("**OHA**"), the Oregon Secretary of State's Office, the Center for Medicare and Medicaid Services, the Comptroller General of the United States, the Oregon Department of Justice Medicaid Fraud Control Unit and their duly authorized representatives may be entitled to access Grantee's Records in order to perform examinations and audits and make excerpts and transcripts and to evaluate the quality, appropriateness and timeliness of Grantee's performance of the activities described in the Statement of Work. Grantee will retain and keep accessible all Records for the longer of:

- a. For non-clinical records, six (6) years following final disbursement of the grant or termination of this Agreement, whichever is later;
- b. For clinical records, seven (7) years following the date of service;
- c. The retention period specified in this Agreement for certain kinds of records;
- d. The period as may be required by applicable law, including the records retention schedules set forth in Oregon Administrative Rules ("**OAR**") Chapters 410 and 166; or
- e. Until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement.

Grantee will, upon request and without charge, provide a suitable work area and copying capabilities to facilitate such a review or audit. This right also includes timely and reasonable access to Grantee's personnel for the purpose of interview and discussion related to such documents. The rights of access in this paragraph are not limited to the required retention period, but will last as long as the records are retained.

8. **Information Privacy/Security/Access.** If Grantee's activities described in the Statement of Work require Grantee to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Grantee access to such OHA Information Assets or Network and Information Systems, Grantee will comply with OAR 943-014-0300 through 943-014-0320, as such rules may be revised from time to time. For purposes of this paragraph, "**Information Asset**" and "**Network and Information System**" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.
9. **Compliance with Applicable Law.** Grantee will comply with all federal, State, and local laws, regulations, executive orders and ordinances applicable to this Agreement or to Grantee's performance of the activities described in the Statement of Work as they may be adopted, amended or repealed from time to time, including but not limited to the following: (i) Oregon Revised Statutes ("**ORS**") Chapter 659A.142; (ii) OHA rules pertaining to the provision of integrated and coordinated care and services, OAR Chapter 410, Division 141; (iii) all other OHA Rules in OAR Chapter 410; (iv) rules in OAR Chapter 309 pertaining to the provisions of mental health services; (v) rules in OAR Chapter 415 pertaining to the provision of Substance Use Disorders services; (vi) state law establishing requirements for Declaration for Mental Health Treatment in ORS 127.700 through 127.737; and (vii) all other applicable requirements of State civil rights and rehabilitation statutes, rules and regulations. These laws, regulations, executive orders and ordinances are incorporated by reference to the extent that they are applicable to this Agreement and required by law to be so incorporated. Health Share's performance under this Agreement is conditioned upon Grantee's compliance with the provisions of ORS 279B.220, 279B.230, 279B.235 and 279B.270, which are incorporated by reference. Grantee will, to the maximum extent economically feasible in the performance of this Agreement, use recycled paper (as defined in ORS 279A.010(1)(gg)), recycled PETE products (as defined in ORS 279A.010(1)(hh)), and other recycled products (as "recycled product" is defined in ORS 279A.010(1)(ii)).
10. **Indemnity.** Subject to the Oregon Tort Claims Act and the Oregon Constitution Grantee will defend, save, hold harmless, and indemnify Health Share and Health Share's employees and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any



nature whatsoever, including attorneys' fees, resulting from, arising out of, or relating to the activities of Grantee or Grantee's officers, employees, subgrantees or agents under this Agreement. Grantee will have control of the defense and settlement of any claim that is subject to this paragraph. However, neither Grantee nor any attorney engaged by Grantee will defend the claim in the name of Health Share, nor purport to act as legal representative of Health Share, without first receiving from Health Share, authority to act as legal counsel for Health Share, nor will Grantee settle any claim on behalf of Health Share without the approval of Health Share. Health Share may, at Health Share's election and expense, assume Health Share's own defense and settlement.

11. **Insurance.** Grantee will ensure that they have the type and levels of insurance that are commercially prudent to engage in the activities described in the Statement of Work.
12. **Waiver.** The failure of Health Share to enforce any provision of this Agreement will not constitute a waiver by Health Share of that or any other provision. Waiver of any default under this Agreement by Health Share will not be deemed to be a waiver of any subsequent default or a modification of the provisions of this Agreement.
13. **Governing Law and Venue.** This Agreement will be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, any "**claim**") between Health Share and Grantee that arises from or relates to this Agreement will be brought and conducted solely and exclusively within the Circuit Court of Multnomah County for the State of Oregon; provided, however, that if a claim must be brought in a federal forum, then that claim will be conducted solely and exclusively within the United States District Court for the District of Oregon.
14. **Severability.** If any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions will not be affected, and the rights and obligations of the parties will be construed and enforced as if the Agreement did not contain the particular term or provision held invalid.
15. **Merger Clause.** This Agreement and the attached Exhibits constitute the entire agreement between the parties. All understandings and agreements between the parties and representations by either party concerning this Agreement are contained in this Agreement. No waiver, consent, modification or change in the terms of this Agreement will bind either party unless in writing signed by both parties. Any written waiver, consent, modification or change will be effective only in the specific instance and for the specific purpose given.
16. **Anti-discrimination Clause.** Grantee will not discriminate based on race, religion, color, sex, marital status, familial status, national origin, age, mental or physical disability, sexual orientation, gender identity, source of income, or political affiliation in programs, activities, services, benefits or employment. Grantee will not discriminate against minority-owned, women-owned or emerging small businesses. Grantee will include a provision in each sub-agreement requiring subgrantees to comply with the requirements of this clause.
17. **Representations and Warranties.**
  - a. Grantee represents and warrants to Health Share that:
    - i. Grantee has the power and authority to enter into and perform this Agreement;
    - ii. This Agreement, when executed and delivered, will be a valid and binding obligation of Grantee enforceable in accordance with this Agreement's terms;
    - iii. Grantee has the skill and knowledge possessed by well-informed members of Grantee's industry, trade or profession and Grantee will apply that skill and knowledge with care and diligence to engage in the activities described in the Statement of Work in a professional manner and in accordance with standards prevalent in Grantee's industry, trade or profession;

- iv. Grantee will, at all times during the term of this Agreement, be qualified, professionally competent, and duly licensed to engage in the activities described in the Statement of Work; and
    - v. Grantee prepared Grantee's application related to this Agreement, if any, independently from all other applicants, and without collusion, fraud, or other dishonesty.
  - b. The warranties set forth in this paragraph are in addition to, and not in lieu of, any other warranties provided.
- 18. **Independent Status of Grantee.**
  - a. Grantee is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
  - b. If Grantee is currently performing work for the State of Oregon or the federal government, Grantee by signature to this Agreement, represents and warrants that the activities described in the Statement of Work to be performed by Grantee under this Agreement create no potential or actual conflict of interest as defined by ORS Chapter 244 and that no statutes, rules or regulations of the State of Oregon or federal agency for which Grantee currently performs work would prohibit Grantee from engaging in the activities described in the Statement of Work. If funds granted to Grantee under this Agreement are charged against federal funds, Grantee certifies that Grantee is not currently employed by the federal government.
  - c. Grantee is responsible for all federal and State taxes applicable to compensation paid to Grantee under this Agreement and Health Share will not withhold from the grant funds any amounts to cover Grantee's federal or State tax obligations. Grantee is not eligible for any social security, unemployment insurance or workers' compensation benefits as a result of the funds granted to Grantee under this Agreement, except as a self-employed individual.
  - d. Grantee's performance of the activities described in the Statement of Work will not create an employment or agency relationship between Grantee and Health Share. Grantee is responsible for determining the appropriate means and manner of performing the activities described in the Statement of Work.
- 19. **Record Confidentiality.** Grantee agrees to keep all client specific information confidential in accordance with state and federal statutes and rules governing confidentiality.
- 20. **Assignment.** Grantee will not assign or transfer Grantee's interest in this Agreement, voluntarily or involuntarily, whether by merger, consolidation, dissolution, operation of law, or in any other manner, without prior written consent of Health Share. Any such assignment or transfer, if approved, is subject to such conditions and provisions as Health Share may deem necessary in Health Share's sole discretion. No approval by Health Share of any assignment or transfer of interest will be deemed to create any obligation of Health Share in addition to those set forth in this Agreement.
- 21. **Subgrants.** Grantee will not subgrant any portion of the grant funds awarded under this Agreement without the prior written consent of Health Share.
  - a. In the event that Health Share consents to Grantee's subgranting all or any portion of the grant funds to a third party, the following conditions will apply:
    - i. Grantee will remain responsible for all obligations under this Agreement;
    - ii. Grantee will include all requirements of this Agreement in each subgrant, and will be responsible for the performance of Grantee's subgrantees; and
    - iii. Grantee will supply Health Share with a copy of each subgrant upon request.
  - b. Health Share by this Agreement incurs no liability to third persons for payment of any grant funds provided under this Agreement to Grantee.
- 22. **Informal Dispute Resolution.** The parties will use the following procedure if Grantee has complaints or concerns regarding this Agreement:
  - a. Grantee may contact Health Share to informally discuss Grantee's complaints or concerns.

- b. If the matter remains unresolved after the informal discussion, Grantee may submit a letter or other documentation to:

Health Share of Oregon  
Attn: Chief Executive Officer  
2121 SW Broadway, Suite 200  
Portland, Oregon 97201

setting forth Grantee's complaints or concerns. Within ten (10) business days of receiving Grantee's letter, Health Share will contact Grantee and attempt to resolve the matter.

- c. If the matter remains unresolved, Grantee may submit a letter or other documentation to the CEO setting forth Grantee's complaints or concerns. The CEO or the CEO's designee will contact Grantee promptly and attempt to resolve the matter.
  - d. If the matter remains unresolved, the parties may enter into mediation, if mutually agreed upon by the parties. Parties will share equal responsibility for cost associated with mediation.
  - e. Nothing in this paragraph will affect either party's rights or obligations under this Agreement.
23. **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all counterparts together will constitute one and the same instrument.

**Exhibit A**  
**Statement of Work**

**Project Description**

The local public health administrators in Clackamas, Multnomah, and Washington Counties and Health Share of Oregon have identified a mutually beneficial partnership that will address vaccine hesitancy across the Tri-County area and create a culture of prevention. Over the next two years (2019-2020), Tri-County Public Health and Health Share (the Partnership) will collaborate to design and implement a multifaceted community mobilization initiative targeted towards shifting perception and behavior relating to childhood vaccines and ultimately increasing childhood immunization rates.

**Project Goals** Clackamas County goal is to increase awareness and decision to vaccinate in our communities.

- Design and implement multifaceted community initiatives, with the purpose of influencing vaccine perception and behavior
- Advocate for supportive protocols that promote and reward provider immunization practice improvement utilizing the AFIX program model
- Convene a group of stakeholders to discuss the feasibility of removing the non-medical exemption option for children entering school and child care in Oregon State Law

**Project Reporting**

Grantee shall submit quarterly progress reports to Health Share of Oregon outlining the following:

- Update on key activities from Section 2. Project Goals
- Narrative summary on accomplishments and challenges related to Section 2. Project Goals
- Narrative summary on key learnings and outcomes of the project oversight committee
- Other reports or contributions to reporting and data as requested

<b>Reporting Period</b>	<b>Report Due</b>
January – March 2019	April 15, 2019
April – June 2019	July 15, 2019
July – September 2019	October 15, 2019
October – December 2019	January 15, 2020
January – March 2020	April 15, 2020
April – June 2020	July 15, 2020
July – September 2020	October 15, 2020
October – December 2020	January 15, 2021

Exhibit B  
Budget

**Project: Vaccine Hesitancy Partnership**  
**Funding Period: 1/01/2019 - 12/31/2020**

**Project Code: 360091**

<b>Activity</b>	<b>Amount Awarded</b>
Project administration and oversight	\$ 67,500.00
<b>TOTAL</b>	<b>\$ 67,500.00</b>

**Exhibit C**  
**Complete Project Plan**

**I. Project Synopsis**

The local public health administrators in Clackamas, Multnomah, and Washington Counties and Health Share of Oregon have identified a mutually beneficial partnership that will address vaccine hesitancy across the Tri-County area and create a culture of prevention. According to the World Health Organization (WHO), “vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence.”<sup>1</sup>

Over the next two years (2019-2020), Tri-County Public Health and Health Share (the Partnership) will collaborate to design and implement a multifaceted community mobilization initiative targeted towards shifting perception and behavior relating to childhood vaccines and ultimately increasing childhood immunization rates.

In support of the project aim, the Partnership will promote and advocate for childhood vaccination as recommended by the Centers for Disease Control & Prevention. Subsequent to the discovery phase, and based on qualitative and quantitative data, the age range of the target population may expand, and will be reflective of immunization disparities within the Tri-County area. At this point in time, for the purpose of the proposal, the project design will continue to highlight childhood vaccines. The Partnership will engage with experts representing public health communications strategy, existing vaccine advocacy (or education) groups, the parent community, the health care provider community, schools and early learning partners, and culturally specific groups representing populations that may be vaccine hesitant to both design and implement the vaccine hesitancy focused community mobilization initiative and to create a platform for policy advocacy.

It will be particularly important to involve culturally specific representatives as well as other groups already engaged in similar work from project inception to inform and influence project design and execution for success in populations where historic distrust of government and the medical system may exist.

**II. Background & Context**

Although Oregon’s two-year old immunization rates (full series) have continued to increase year after year, going from 60% in 2014 to 68% in 2017, the State average is still well below the recommended safety threshold of 80% to prevent disease outbreaks. The Tri-County immunization rates (for children younger than school age) range from 80-89% (depending on the county and the individual vaccine). Vaccine hesitancy is a growing concern as evidenced in part by the non-medical vaccine exemption rates. The non-medical exemption rates (kindergarten) across Oregon

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<sup>1</sup> World Health Organization. (2018, September 21). Addressing Vaccine Hesitancy. Retrieved from: [https://www.who.int/immunization/programmes\\_systems/vaccine\\_hesitancy/en/](https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/)

have risen sharply since 1999 and they continue to rise despite 2013 legislation (SB132) aimed at decreasing non-medical exemption. The 2017-18 non-medical exemption rates for Clackamas, Multnomah and Washington Counties respectively are 9.1%, 8.5% and 5.5%.

Health Share and the Public Health departments in the Tri-County area have a history of working together and this project presents a new opportunity for collaboration. This project would allow the Partnership to bring additional partners together around a common vision and funding to have collective impact on the current and future state of childhood immunization and prevention of infectious diseases.

### **III. Project Vision, Goal & Strategies**

The longer-term *vision* from this project is to increase childhood immunization rates and change perception of the importance of vaccines as a method to prevent infectious disease and create healthy communities. The overarching *goal* during the project period is to increase awareness and possibly choice to vaccinate in target populations. Potential activities are outlined below under three (3) strategies. A detailed work plan and associated budget will be developed in the initial discovery period of the oversight committee.

**Strategy #1:** Design and implement multifaceted community mobilization initiatives, utilizing evidence-based and promising practices, targeted towards multiple audiences with the purpose of influencing vaccine perception and behavior.

#### Possible activities

##### 1) Target audience – *parents/families*

- Identify & segment 1-3 target populations where quantitative data suggests that vaccine hesitancy and opportunity to influence exist
- Gather target population(s) voice to understand perspective; this may include groups who are vaccine hesitant for cultural, religious or social reasons, groups who are not aware of the importance of vaccine as prevention or groups who may prioritize vaccination if convenience is improved.
- Involve target population in design & delivery of types of outreach efforts, especially groups that may have distrust or suspicion of the government or medical community
- Identify effective methods for outreach rollout, relying on community systems and networks to deliver outreach efforts
- Partner with local/regional parent, school, cultural and social groups (e.g. Boost Oregon, Oregon PTA, OR Association for Education of Young Children, IRCO, Coalition of Communities of Color, Unite Oregon, Oregon Health Equity Alliance)
- Execute identified outreach methods of delivery via network of partners assembled as part of oversight committee
- Evaluate results based on evaluation plan

##### 2) Target audience – *health care providers*

- Identify & segment health care provider population using available data (state public health/AFIX data and regional payer data, other sources)
- Gather health care provider voice to understand provider perspective and need for support around practice change/improvement and supporting vaccine hesitant families
- Involve provider community in focus area and initiatives/outreach/message design & delivery
- Identify effective methods for campaign rollout to providers, including AFIX quality improvement program
- Partner with key stakeholders to influence provider community (OHA PHD Immunization program, OHA Health Policy & Analytics, provider professional associations - Oregon Pediatric Society, Oregon Association of Family Physicians, Oregon Nurses Association, Oregon Primary Care Association, health systems serving Tri-County)
- Execute identified outreach methods of delivery

**Strategy #2:** Advocate for a supportive policy that promotes and rewards provider immunization practice improvement utilizing the AFIX program model

Planned activities

- Identify policy levers and relevant policy landscape to identify feasible actions for influence on provider immunization practice behavior/performance
- Vet and prioritize organizational/institutional policy levers and public policy opportunities with partners
- Develop policy recommendations and associated advocacy plan
- Execute 1-2 policy-related activities and/or advocacy plan

**Strategy #3:** Convene a group of stakeholders to discuss the feasibility of removing the non-medical exemption option for children entering school and child care in Oregon State Law

Planned activities

- Review other non-medical exemption state law
- Review effectiveness of state law on immunization rates and controlling preventable infectious diseases
- Develop draft policy recommendations and associated advocacy plan

**IV. Oversight & Implementation**

Leadership from each member of the Partnership will assign one (1) member to serve as the official representative and point person for the project *oversight committee*. Clackamas County and Health Share will each assign an oversight committee representative who will serve in a lead role and serve as the *co-project administrators* to assure progress toward goals. The oversight committee will also include representatives from *essential partner groups* as outlined in section V. Participation in activities of the oversight committee is not restrictive - additional staff and partners with needed expertise will and may participate in design and implementation of the project.



The oversight committee will convene initially and throughout the project to collaboratively design, plan, and execute all aspects of project strategies. The oversight committee will define and determine best structure and processes for accomplishing work toward articulated vision, goals, and strategies, including developing a work/execution plan and evaluation plan.

## **V. Essential Partnerships**

The Partnership will identify and recruit additional key partners to join the project oversight committee and participate in all aspects of the project design and implementation. The essential partnerships include:

*Public communications group/firm:* Expert support from firm to design, plan and execute targeted outreach campaign and facilitate beginning-to-end process

*Organization representing parent community:* Expert opinion and support to inform the design, planning and execution of overall project (including both campaign and policy components)

*Organization(s) representing cultural communities:* Expert opinion and support to inform the design, planning and execution of overall project (including both campaign and policy components)

*Organization representing provider community:* Expert opinion to inform the design, planning and execution of targeted outreach, specifically to health care providers

*Organization representing school health:* Expert opinion to inform the design, planning and execution of overall project (including both campaign and policy components)

## **VI. Measurement & Evaluation**

The project oversight committee will design an evaluation plan to measure anticipated success of the project accounting for timeline, available data and resources available to evaluate project activities, outcomes, and product development. Potential measures of success could include:

*(Process measures)*

- # of partners participating/engaged
- Formation of a coalition
- Reach - # of individuals touched via any outreach method
- # of earned media
- Click through rate
- # of policy opportunities prioritized and acted upon
- Legislative/administrative bill proposal developed (Outcomes measures)
- Change in perception of target population(s)
- Change in vaccination rates in target population(s) pre/post campaign

(Product Development)

- Toolkit for addressing vaccine hesitancy
- White paper(s) – including overview of project development, implementation and assessment (e.g. lessons learned)

**VII. Project timeline**

Q1 2019	Q2 2019	Q3-4 2019	Q1-2 2020	Q3-4 2020
<ul style="list-style-type: none"> <li>• Partner recruitment</li> <li>• Discovery phase (examination of existing data &amp; best/promising practices)</li> <li>• Work plan &amp; evaluation plan creation</li> <li>• Baseline measurement for evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Research/data collection to inform community mobilization initiative (survey, focus groups, interviews)</li> <li>• Identify policy levers &amp; feasibility</li> <li>• Campaign/outreach methods design</li> </ul>	<ul style="list-style-type: none"> <li>• Community mobilization initiative</li> <li>• Phase I campaign/outreach execution</li> <li>• Plan for policy advocacy work</li> </ul>	<ul style="list-style-type: none"> <li>• Phase II campaign/outreach execution</li> <li>• Implement policy advocacy</li> <li>• Collect/analyze needed mid-point data for evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Phase III campaign/outreach execution</li> <li>• Policy advocacy</li> <li>• Project wrap-up &amp; future planning</li> <li>• Collect/analyze data for final evaluation</li> </ul>

**VIII. Funding allocations**

The total amount of funding proposed for this project is \$450,000 over the 2 year project period. Of this amount, Health Share will distribute \$67,500 to Clackamas County for project administration and oversight. Health Share will set aside the remaining \$412,500 to be used toward contracted partnership support as described below.

Category	Description	Amount or in-kind
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<p>Project administration &amp; oversight</p>	<p>One appointed project lead to assure deliverables and progress toward project goals. This amount will also include any contract administration activities.</p> <p>Participation from each of three public health departments and Health Share in oversight committee</p>	<p>\$67,500</p> <p>In Kind</p>
<p>AFIX policy support &amp; technical assistance provision</p>	<p>Existing government relations/affairs group from the Partnership will identify policy levers and create advocacy plan to support the LPHD accountability re: AFIX with OHA. The policy advocacy work (strategy 2) will support the efforts of LPHDs in working with providers in immunization quality improvement.</p> <p>The method and plan for AFIX technical assistance provision across the three LPH entities will be in partnership with OHA, Health Share, and possibly others and may vary based on unique county needs.</p>	<p>In-kind</p> <p>TBD</p>

Contracted partnership support	<i>Public communications group/firm:</i> Expert support from firm to design, plan and execute targeted outreach campaign and facilitate beginning-to-end process	Up to \$270,000
	<i>Organization representing parent community:</i> Expert opinion and support to inform the design, planning and execution of overall project (including both campaign and policy components)	Up to \$45,000
	<i>Organization(s) representing cultural communities:</i> Expert opinion and support to inform the design, planning and execution of overall project (including both campaign and policy components)	67,500
	<i>Organization representing provider community:</i> Expert opinion to inform the design, planning and execution of targeted outreach, specifically to health care providers	In Kind
	<i>Organization representing school health:</i> Expert opinion to inform the design, planning and execution of overall project (including both campaign and policy components)	In Kind
	<i>Organization representing early learning community:</i> Expert opinion to inform the design, planning and execution of overall project	In Kind