# **COVID-19 Vaccination Incentive Request Form**

# **Approval for Local Jurisdiction Use**

**LPHA, Tribe or Community-Based Organization:** Click or tap here to enter text.

**Date Submitted:** Click or tap to enter a date.

Local jurisdictions, whether health departments, municipalities, community-based organizations, or other COVID-19 vaccination providers, may find that the use of incentives would be beneficial in increasing COVID-19 vaccination rates among disproportionately affected individuals. Incentives should be used for persons who have not already been fully vaccinated and are intended for the vaccine recipient only.

#### **Instructions:**

#### Required sections are indicated with an asterisk.

#### Enter organization/entity name and date above.

#### Complete section A. ‘Proposed Incentive’ by selecting incentives to be utilized.

#### Complete section E. ‘Defined Amount’ with the number of incentives to be requested and the total amount requested.

#### Optionally, add to sections B. D. F. and G. by entering supplemental information about the local plan. There is no word limit; the text box will expand as needed to accommodate the entered text.

#### Plan must be signed (pen or digital) by the Authorizing Official for the requesting organization/entity and submitted to the email address specified below for approval:

#### **LPHAs and Tribes**: [publichealth.policy@state.or.us](mailto:publichealth.policy@state.or.us)

#### **CBOs**: [community.covid19@dhsoha.state.or.us](mailto:community.covid19@dhsoha.state.or.us)

* Requests must be approved prior to obligating any funds or implementing the incentive project.

1. **Proposed Incentive \*Required**

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| Select from the following list of approved incentives:  Chain store vouchers (select specific locations below):  Target  Walgreens  Walmart  Fare cards for public transit  Grocery store vouchers (select specific locations below):  Albertsons  Fred Meyer  Grocery Outlet  Safeway  Hair cut vouchers  VISA/Mastercard gift cards |

1. **Justification**

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| Oregon, like much of the nation, is experiencing decreasing demand for COVID-19 vaccine, with significant pockets of vaccine hesitancy. This fact, combined with the knowledge that marginalized communities may not access healthcare services through traditional channels, requires a vaccine distribution, outreach and education approach that meets Oregonians where they are, be it geographically (e.g., farms or nurseries to reach seasonal workers) or through culturally and linguistically appropriate outreach events. A nimble and responsive vaccination program can only be accomplished through strategic partnerships with the communities themselves, who know and have proven strategies for engaging the target population.  The flexibility to use COVID-19 supplemental funding for incentives allows Oregon’s COVID-19 vaccination implementation to mirror *in action* our stated commitment to end health disparities. We know this approach is needed because of the historic disenfranchisement of communities of color, and also because the data clearly demonstrates the need to improve our outreach to these populations.  Use of incentives by CBOs, LPHAs, Tribes and the UIHP encourages participation in vaccination events and motivates people to take action to be vaccinated. These groups can provide a trusted environment for those who might not otherwise access COVID-19 vaccine.  As demand for vaccinations has slackened, the connections and outreach of CBOs become more critical because they are trusted by people who may have persistent questions that they want addressed before making their vaccination decision.  CBOs provide authentic, inclusive and culturally appropriate outreach to communities that otherwise may not engage with the public health or healthcare system due to longstanding health inequities rooted in systemic racism and oppression. Vaccine events led by CBOs build trust and improve vaccine access. The use of culturally-specific incentives encourages participation and brings more people to events.  **Additional justification from LPHA/Tribe/Community-Based Organization:** |

1. **Reference to the Awardee’s COVID-19 Workplan**

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| Oregon’s COVID-19 Supplement 4 Workplan includes related activities and corresponding performance measures in the following sections:   * Section 1: Improve understanding of disproportionately affected populations and barriers to vaccination access ad uptake   + Activity: Throughout the project period, provide funding to the Public Health Division Director’s Office to allocate to all local public health authorities (LPHAs) to provide culturally and linguistically responsive services through community engagement, outreach and education, vaccination events and communication to the populations they serve.   + Activity: Throughout the project period, provide funding to the Public Health Division Director’s Office to allocate to more than 170 Community Based Organizations (CBOs) to provide culturally and linguistically responsive services through community engagement, outreach and education, vaccination events and communication to the populations they serve. * Section 2: Leverage and support partnerships with local health departments   + Activity: Through the reporting period, provide additional funding to LPHAs to collaborate with other non-immunization programs within the LPHA or local governments by utilizing strategies that ensure greater equity and access to COVID-19 vaccine by those disproportionately affected by COVID-19. * Section 3: Develop, cultivate, and/or strengthen community-based partnerships to reach disproportionately affected populations   + Activity: Beginning July 1, 2021 and throughout the project period, fund multiple VPU teams, all LPHAs, Tribes and over 170 CBOs to develop, cultivate and strengthen partnerships in order to achieve Oregon’s goals to reach health equity in COVID vaccine uptake.   + Activity: Throughout the project period, contract with more than 170 CBOs in Oregon to provide support, outreach, technical assistance, and on-the-ground vaccination services to local partners, including food banks, houseless communities, retail shops and service providers, and local employers. * Section 4: Improve access to COVID-19 vaccines (expand and diversify opportunities for getting vaccinated)   + Activity: Throughout project period, fund and provide technical assistance to VPU, LPHAs, and Tribes to expand and diversify vaccination sites, educational opportunities, clinical and technical support.   + Activity: Throughout project period, fund state-level teams in the VPU to support regional and statewide efforts to supply COVID vaccine to at least 1,000 new provider sites, including providers who will stand up vaccination clinics and those who will deliver vaccine directly to those unable to reach vaccine delivery sites. |

1. **Anticipated Gains** (How will providing the incentive defray societal costs or have a positive return on investment, including by increasing overall COVID-19 vaccination?)

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| The societal benefits of expanded access to COVID-19 vaccine cannot be overstated, though they are also difficult to quantify. We know that the cost of hospitalization for treatment of COVID-19 infection and subsequent complications can run into the tens of thousands. We also know that [populations of color in Oregon have been disproportionately impacted](https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicData) by COVID-19 infection and hospitalization. The costs associated with providing incentives to individuals are minimal compared to the burden associated with infection, missed work or school, hospitalization costs and the potential for loss of life.  One potential negative consequence is the perception that incentives are used to coerce vaccination; however, by encouraging the use of culturally-specific incentives provided by trusted organizations, this negative consequence is largely negated.  **Explain any additional local anticipated gains:** |

1. **Defined Amount \*Required (**Note that the incentive cap is $100 per person.)

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| Cost per incentive: Up to $100 per person  Number of incentives requested:  Total amount requested: |

1. **Qualifications for Issuance** (What makes a person eligible for the incentive? Does it take into consideration issues related to equity in the community?)

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| Individuals who get vaccinated at planned outreach events will be eligible to receive the incentive(s). Incentives are provided to people initiating the vaccine series and for second doses of Pfizer and Moderna (e.g., $50 incentive for dose 1 and $50 incentive for dose 2 or $100 incentive for Johnson and Johnson single dose vaccine). Total incentives per person will not exceed $100.  Staff of the organizations providing incentives are not eligible to receive incentives.  Equity considerations are at the forefront of OHA’s COVID-19 vaccine planning (see previously sections of this document, including the Background, section B. and section D.).  **Explain any additional local qualifications:** |

1. **Method of Issuance and Tracking** (How will the incentive be delivered? Does the proposed plan and implementation align with any relevant policies and procedures governing the organization [e.g., procurement, ethics, etc.]? How will the budget and supply be tracked?)

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| Incentives are provided to the recipient at the time of vaccination. Local public health authorities, Tribes and community-based organizations have been provided a gift card tracking template and will be responsible for tracking purchase and issuance of all allowable incentives.  All organizations report expenditures to OHA quarterly. These reports include expenditures on supplies, including incentives. Expenditure reports are reviewed by OHA programmatic and fiscal staff each quarter. Organizations are also expected to report on activities conducted to vaccinate hard-to-reach and especially vulnerable populations, including use of incentives, as part of their quarterly reporting.  CBOs are required to submit budgets for COVID Immunization Supplemental funding, including the total amount anticipated to be spent on incentives. Budgets are reviewed and approved by programmatic staff.  CBOS, LPHAs, Tribes and the UIHP are required to track the purchase and use of incentives, and OHA provides a template for this purpose. Funded organizations are informed that all incentive documentation must be available for OHA to view upon request  **Explain additional local information on issuing and tracking incentives:** |

1. **Method of Evaluation** (How will the incentive plan be evaluated for effectiveness?)

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| OHA has been actively tracking COVID-19 vaccine administration statewide and by sub-populations such as county, age group and race/ethnicity.  OHA is committed to closing the COVID-19 vaccination gap for communities of color and Tribal communities and reaching, at minimum, an 80% vaccination rate everywhere in the state. Because of this and other vaccination metrics, OHA is well positioned to track increases in vaccine uptake as CBOs, LPHAs, Tribes and the UIHP ramp up outreach to their respective communities.  OHA will continue to monitor vaccine uptake gaps between racial/ethnic groups, as well as between counties to monitor disparities in order to ensure the entire state is reaching vaccination benchmarks. Differences between Oregon’s urban, rural and frontier counties are examined to understand the role of socioeconomic status and lower vaccine confidence, particularly in the rural/frontier counties. OHA expects to demonstrate increased vaccination rates across all counties as state and local partners work together to implement these new strategies for reaching affected populations.  **Please provide any additional local evaluation planned:** |

I agree to comply with all state and federal regulations related to the use of federal (CDC) funds for the purchase of incentives.

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Authorizing Signature

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Awardee Oregon Health Authority Manager Signature