Request for Application

Equipping Local Health Departments to Address
Vaccine Hesitancy

Date of release: October 5, 2020

*Applications are due by 11:59 pm PST, October 26, 2020*
**OVERVIEW**

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. NACCHO provides capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad of public health challenges facing communities.

NACCHO, with support from the Centers for Disease Control and Prevention (CDC), will provide funding for the *Equipping Local Health Departments to Address Vaccine Hesitancy* project. The goal of this project is to provide LHDs with the resources to address vaccine hesitancy in at-risk populations or un/under-vaccinated communities. This will include providing one additional staff in the LHD dedicated to addressing vaccine hesitancy and misinformation, building partnerships with other local organizations, and identifying areas of need to improve vaccine confidence.

**BACKGROUND**

Vaccines remain the best defense against infectious diseases and they play a vital role in protecting the health of communities. Due to the development of safe and effective vaccines, immunization is one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention. In the United States, relatively high immunization rates for many recommended vaccines have led to the near elimination of several vaccine-preventable diseases (VPDs) and significant reductions in mortality. Despite the success and strong safety record of vaccines, vaccine hesitancy continues to pose a significant threat to public health. Vaccine hesitancy threatens local public health by producing an environment where vaccine-preventable diseases can spread quickly from person-to-person among un/under-vaccinated individuals and communities.

According to the 2017 National Immunization Survey (NIS), vaccination rates among children have remained stable and high, however there has been a slight increase in the number of children who have not received any vaccines by 24 months. The data also revealed that vaccine rates are lower among those who are uninsured or insured by Medicaid as well as those living in rural areas. The 2018 NIS-Teen Survey indicated that though vaccination rates are increasing, similar to children, disparities exist among those who do not have private insurance or live in non-metropolitan statistical areas. According to recent school vaccine assessment data, in the 2018-2019 school year, 2.5% of kindergarteners had an exemption for one or more vaccines (up slightly from 2.3% in 2017-2018). An additional 2.0% were not up to date and did not have any
exemptions. Overall, these findings are extremely important and demonstrate that possible confounding factors, ranging from access to hesitancy, continue to impact vaccine uptake. As noted by the National Vaccine Advisory Committee’s (NVAC) Vaccine Confidence Workgroup, “data on school exemptions, vaccination delays and declinations, and perspectives of parents, health-care providers, and public health workers indicate that there is room for improvement in building confidence to maintain the currently high vaccination coverage rates.”

As outbreaks of vaccine-preventable disease continue to occur, it is imperative to mobilize LHDs to serve as chief health strategists charged with combatting vaccine hesitancy and misinformation within their communities. Through this funding opportunity, LHDs will receive funding, capacity building assistance, and technical support to promote vaccine confidence within their jurisdictions and further strengthen their existing immunization activities.

**OVERVIEW AND TIMELINE**

With the assistance of a contracted staffing agency, NACCHO will hire and place one consultant staff member in up to three LHDs. NACCHO will pay the staffing agency directly to reduce burden on the LHD, by executing a contract with the staffing agency through July 31, 2021. Applications from LHDs to receive one consultant staff member and serve as a host site must be submitted by October 26, 2020 at 11:59 pm PT, and site selections will occur on or around November 20, 2020. Upon selection of the three LHD host sites, NACCHO will begin the recruitment process to identify a consultant staff member to be placed in the selected LHD through July 31, 2021. All necessary information regarding the project and application process is outlined in this Request for Applications (RFA).

NACCHO will host an optional informational webinar for potential applicants on October 8 at 1:00PM ET (12:00PM CT, 11:00AM MT, 10:00AM PT) to review the RFA and respond to questions. Please note that no new information will be shared during the webinar and applicants need not wait for this optional webinar to begin or submit applications. The webinar will be recorded and posted to NACCHO’s Immunization website as soon as the recording is available. To REGISTER visit: https://naccho.zoom.us/webinar/register/WN_KLs7qKa5QSvKbqv5VTuQ

Please e-mail any questions to immunization@naccho.org.

**KEY DATES**

<table>
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<th>Event</th>
<th>Date</th>
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<tr>
<td>Release of Equipping LHDs to Address Vaccine Hesitancy RFA</td>
<td>October 5, 2020</td>
</tr>
<tr>
<td>Optional informational webinar for potential applicants</td>
<td>October 8, 2020</td>
</tr>
<tr>
<td>Application period closes</td>
<td>October 26, 2020</td>
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<tr>
<td>Anticipated notice of award</td>
<td>November 20, 2020</td>
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HOST SITE ELIGIBILITY TERMS

This funding opportunity is open to LHDs, who are active NACCHO members, with an interest or clearly identified need to promote vaccine confidence and contain vaccine misinformation among at-risk populations within their local jurisdiction. To learn more about NACCHO membership and member benefits, please refer to the Membership section of NACCHO’s website. The applicant should meet the following requirements:

- Interest in building the LHD’s immunization program workforce adding a consultant staff member dedicated to specifically addressing vaccine hesitancy and misinformation to protect at-risk communities
  - The LHD must be willing to:
    - Build and maintain partnerships with other organizations and stakeholders to improve LHD efforts and outreach to address vaccine hesitancy
    - Monitor progress and evaluation outcomes from the local community to identify effective practices that could be replicable in other jurisdictions.
- Ability to support and oversee one new consultant staff member
- Ability to provide a detailed Scope of Work/job description (See Appendix A) including activities and deliverables that would be completed by the new consultant staff member
- Upon selection, willingness to sign a Letter of Commitment (See Appendix B) detailing the LHD’s ability and commitment to serve as a host site; and
- Demonstrated capacity to provide one new consultant staff member with appropriate staff accommodations and training (e.g. space, safety and security, information technology, standards of conduct in accordance with local requirements).

PROJECT EXPECTATIONS AND HOST SITE REQUIREMENTS

NACCHO’s Equipping Local Health Departments to Address Vaccine Hesitancy project seeks to provide capacity building assistance to support and mobilize LHDs in their efforts to address vaccine hesitancy, deliver comprehensive immunization services and education, and mitigate the occurrence of VPDs in communities, especially among those populations and communities determined to be at-risk within local jurisdictions.

Required project activities are listed below. A letter of commitment template further outlining these activities can be found in Appendix B and represents the deliverables associated with the identified one consultant staff, which can be found in Appendix A.

Selected LHDs will be required to:

- Upon notice of selection, submit a Letter of Commitment (Appendix B) to NACCHO agreeing to complete the project activities and deliverables specified in the application
• Partner with NACCHO to on-board one consultant staff member specifically hired to initiate/continue LHD activities to promote vaccine confidence and contain vaccine misinformation within the local jurisdiction
• Identify a LHD staff person to whom the one consultant staff member will directly report
• Plan, organize, direct, and coordinate the consultant staff member’s activities and assignments including, but not limited to, those stated below:
  o Implement LHD efforts to identify at-risk communities, better understand barriers to increasing vaccine confidence, and conduct communication campaigns aimed at combatting vaccine misinformation
  o Develop one workplan detailing the goals, objectives and timeline that will guide the consultant staff member's efforts and activities
  o Collaborate and partner with other organizations to improve education and outreach to at-risk communities impacted by vaccine hesitancy and misinformation
  o Participate in peer sharing and technical assistance calls facilitated by NACCHO to review progress of planned activities and share practices and lessons learned
  o Participate in assessment and evaluation-related activities to track and measure progress towards expressed outcomes
  o Contribute at least one resource, tool or other best practice on addressing vaccine hesitancy to NACCHO’s communication platforms; and
  o Complete a final report detailing the successes, challenges, and lessons learned.

**APPLICATION INSTRUCTIONS**

Applications for the *Equipping Local Health Departments to Address Vaccine Hesitancy* project should use the online Qualtrics application system accessible [here](https://naccho.co1.qualtrics.com/jfe/form/SV_4GXADOVATanbJnn). Applicants should:

1. Review the requirements and expectations outlined in this RFA.
2. The submitted application must include the following items to be deemed complete:
   • Local jurisdiction information that contains the details outlined below
   • Narrative (no more than 7,500 characters total (approximately 1,500-word total)) that addresses the three domains (need, implementation capacity, and partnerships) described below.
   • Detailed Scope of Work/job description for the proposed consultant staff member (see Appendix A).
3. NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may be directed to immunization@naccho.org.
4. Applications should be submitted via the online Qualtrics application system ([https://naccho.co1.qualtrics.com/jfe/form/SV_4GXADOVATanbJnn](https://naccho.co1.qualtrics.com/jfe/form/SV_4GXADOVATanbJnn)) by 11:59pm PT
on October 26, 2020. Submissions after this deadline will not be considered. NACCHO will confirm receipt of application within two business days of submission. All applicants will be notified of their status on or around November 20, 2020.

**SELECTION PROCESS**

Applications for NACCHO’s *Equipping Local Health Departments to Address Vaccine Hesitancy* project will be evaluated by NACCHO and scored based on the following criteria:

- Jurisdictional need (30%)
- Capacity to implement the project (30%)
- Capacity to identify, establish and leverage partnerships (10%)
- Scope of Work/job description for one consultant staff (30%)

In addition, reviewers will consider geographic distribution, type of setting, and size of population served to ensure diversity in demonstration sites selected.

Applications should include:

**A. Local Jurisdiction Information** that includes:

- Applicant organization name, address, city, and state
- Size of jurisdiction served (less than 50,000; 50,000 to 499,999; or 500,000 or more people)
- Characteristic of jurisdiction: rural, urban, suburban, mixed (if mixed, indicate which)
- Name, phone number, and email for primary point of contact for the application

**B. Project Narrative** that includes:

1. **Statement of need (2500-character limit)**
   Description of the impact of vaccine hesitancy and misinformation on the jurisdiction’s ability to control VPDs, particularly among at-risk populations, or un/under-immunized communities. This should include, but is not limited to:
   - Current known burden of VPDs in your area (occurrence of VPD outbreaks or increase in cases).
   - Vaccination coverage and immunization exemptions within your local jurisdiction.
   - Information detailing any identified at-risk (un/under-immunized) or vaccine hesitant populations within the local jurisdiction.

2. **Implementation capacity (2500-character limit)**
   Describe your organization’s capacity to implement this project. This should include, but is not limited to:
   - An overview of the local health departments current immunization programs and services and efforts to address vaccine hesitancy.
• A staffing plan for managing and overseeing the consultant staff member within the LHD Immunization Program.
• Description of organizational structure (particularly related to roles, responsibilities, and accountability for the project).
• Considerations for sustainability, such as how this project will align with other funding streams, how it builds upon past work and supports future goals, and how enhanced LHD capability or new partnerships might be supported or leveraged beyond the funding period.

3. Partnerships (2500-character limit)
• Describe existing relationships with community partners aimed at improving immunization coverage and confidence, including opportunities or challenges to building and maintaining those relationships.
• Describe anticipated partnerships that the consultant staff member will explore to address vaccine hesitancy to improve immunization coverage rates:
  ▪ Applicant will describe a plan to identify and coordinate with new community partners.
  ▪ Applicant will identify anticipated support needed in establishing the collaboration and demonstrate willingness to identify potential community collaborators.

C. Detailed Scope of Work/job description (2500-character limit, not including the uploaded Scope of Work/job description document) that provides a description of how the consultant staff member will work within the LHD host site to address vaccine hesitancy and misinformation. This should include, but is not limited to:
• Description(s) detailing desired experience, education, skills, or other competencies that may be used to identify the best qualified candidate for your LHD host site.
• Description(s) of how the consultant staff member will implement the proposed project activities and deliverables detailed in Appendix A.
• Upload/attach one Scope of Work/job description document to indicate agreement to conduct the required activities and clearly mark selection of at least two additional activities from the option categories (See Appendix A).

D. Attachments
• Appendix A: Sample Scope of Work/Job Description for One Consultant Staff
• Appendix B: Sample Letter of Commitment
• Optional: Letters of support, partnership agreements

Questions can also be directed to immunization@naccho.org.
## SAMPLE – Scope of Work / Job Description for One Consultant Staff

Equipping Local Health Departments to Address Vaccine Hesitancy

The consultant staff member will be REQUIRED to conduct the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Lead Person/Organization</th>
<th>Tentative Timeline</th>
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<tbody>
<tr>
<td>Objective 1. Through the period of performance, participate in activities to address vaccine hesitancy at the local level, and openly share challenges, results, and outcomes of selected site’s experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in regular project calls, facilitated by NACCHO, with other sites and contribute relevant project updates (anticipated to occur monthly)</td>
<td>Consultant staff member for selected jurisdiction</td>
<td>Completed by July 31, 2021</td>
</tr>
<tr>
<td>Provide feedback through participation in project assessment and evaluation activities</td>
<td>Consultant staff member for selected jurisdiction</td>
<td>Completed by July 31, 2021</td>
</tr>
<tr>
<td>Develop one project workplan detailing the goals, objectives and timeline that will guide the consultant staff member’s efforts and activities</td>
<td>Consultant staff member for selected jurisdiction</td>
<td>Completed by January 31, 2021</td>
</tr>
<tr>
<td>Develop and contribute at least one resource, tool, or best practice on addressing vaccine hesitancy to NACCHO’s communication platforms</td>
<td>Consultant staff member for selected jurisdiction</td>
<td>Completed by July 31, 2021</td>
</tr>
<tr>
<td>Identify at least one local organization partner that will assist in outreach or communications to at risk or un/under-vaccinated individuals and communities</td>
<td>Consultant staff member for selected jurisdiction, Local jurisdiction partner</td>
<td>Completed by July 31, 2021</td>
</tr>
<tr>
<td>Complete a final report detailing the successes, challenges, and lessons learned</td>
<td>Consultant staff member for selected jurisdiction</td>
<td>Completed by July 31, 2021</td>
</tr>
<tr>
<td>Provide feedback on national policies and recommendations*</td>
<td>Consultant staff member for selected jurisdiction</td>
<td>As opportunities arise</td>
</tr>
</tbody>
</table>

Please identify at least 2 additional activities from any of the option categories below.

- **Option 1. Advocate to Federal Partners:**
  1. Join the Congressional Action Network and sign up to receive the News from Washington Newsletter
  2. Send a letter to your local elected official to educate him/her on emerging and salient VPD issues and the importance of vaccine confidence
  3. Serve as a contact at the local level for media requests regarding vaccines and vaccine confidence topics
4. Other: _____________________________

- **Option 2: Support Project Learning Opportunities:**
  1. Present a local best practice, major event summary (e.g., VPD outbreak response), or innovative program during a webinar or conference session*
  2. Facilitate a discussion thread with other project awardees through NACCHO’s online [Virtual Communities platform](#)
  3. Share appropriate publications with peers through the [Virtual Communities](#) library
  4. Other: _____________________________

- **Option 3: Communicate LHD Experiences:**
  1. Contribute to an [Essential Elements](#) feature blog post
  2. Highlight your experience and perspective by writing in NACCHO’s [Stories from the Field blog](#)
  3. Promote issue-specific awareness events on your LHD website or social media (e.g., [National Infant Immunization Week](#) or [National Immunization Awareness Month](#))
  4. Other: _____________________________

*As opportunities arise*
APPENDIX B

SAMPLE - LETTER OF COMMITMENT

[Organizational letterhead]

[Date]

Michelle Cantu, MPH
Director, Infectious Disease & Immunization
National Association of County & City Health Officials (NACCHO)
1201 I St. NW, 4th Floor
Washington, DC 20005
Phone: (202) 507-4251; Fax: (202) 783-1583
mcantu@naccho.org

Dear Ms. Cantu:

[Organization name] is a committed partner of the Equipping Local Health Departments to Address Vaccine Hesitancy project. Our goal as a committed partner organization is to increase awareness of the importance and safety of vaccines, as well as engage in opportunities to advance our local health departments’ capacity to increase vaccine confidence and contain vaccine misinformation among at risk communities within our jurisdiction.

As a committed partner to the project, we will: 1) Complete the project activities and deliverables specified in the application; 2) Partner with NACCHO and the hiring firm to on-board one consultant staff member to promote vaccine confidence and contain misinformation within the local jurisdiction; 3) Identify a local health department staff person to whom the one consultant staff member will directly report; and 4) Plan, organize, direct, and coordinate the consultant staff member’s activities and assignments including:

- Implement LHD efforts to identify at-risk communities, better understand barriers to increasing vaccine confidence, and conduct communication campaigns aimed at combatting vaccine misinformation
- Develop one workplan detailing the goals, objectives and timeline that will guide the consultant staff member’s efforts and activities
- Collaborate and partner with other organizations to improve education and outreach to at-risk communities impacted by vaccine hesitancy and misinformation
- Participate in peer sharing and technical assistance calls facilitated by NACCHO to review progress of planned activities and share practices and lessons learned
- Participate in assessment and evaluation-related activities to track and measure progress towards expressed outcomes
- Contribute at least one resource, tool or other best practice on addressing vaccine hesitancy to NACCHO’s communication platforms; and
- Complete a final report detailing the successes, challenges, and lessons learned.

Additionally, [Organization name], through the efforts of one new consultant staff member, plans to conduct the following activities through July 31, 2021 to engage in learning opportunities; exchange promising practices and lessons learned with peers; elevate the visibility of the importance of LHDs in
immunization activities; and provide a voice for LHDs on federal laws, policies, and regulations: [Please identify at least 2 activities selected from different optional categories of the Scope of Work/job description.]

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We are dedicated to promoting vaccine confidence within our jurisdiction and look forward to continued collaboration with your organization!

Sincerely,

[Signature, Name, Title and Organization]