

**HPV Vaccination Mini-Grant Program**

**in Southwest Georgia 2022-2023**

**Deadline:** August 31, 2022 **Non-binding Letter of Intent:** August 12, 2022

**Informational Webinar**: August 1st at 12 EST via Zoom<https://zoom.us/j/91614635361>

**Background**

The Emory Prevention Research Center (EPRC) (<https://web1.sph.emory.edu/eprc/about/>) and the Emory Cancer Prevention and Control Research Network (CPCRN) (<https://cpcrn.org/> ) work to prevent cancer and other chronic diseases to reduce the burden of health disparities by collaborating with community-based partners. The EPRC and Emory CPCRN invite health departments, school-based clinics, and health systems including Federal Qualified Health Centers in Southwest Georgia to apply for mini-grants to support HPV vaccination efforts. The grant will fund a 1-year project.

**Eligible organizations:**

* Are pediatric, family medicine, or internal medicine practices; university health centers; health departments; or other public and private health clinics offering HPV vaccination in Southwest Georgia
* Patient ages can range from 9-26
* Can provide data on the number of HPV vaccinations delivered including vaccine initiation and vaccine competition rates on the organization’s target patient population during the project or at the end of year period.

**Funded organizations will receive:**

* Up to $10,000 to support HPV vaccination delivery
* A toolkit of evidence-based strategies to increase HPV vaccination rates
* Training and technical assistance from Emory staff on implementing evidence-based strategies for HPV vaccination

**The grant project will include:**

* Conducting a multi-level intervention to increase HPV vaccination in your community; you choose strategies at 2 of 3 levels (patient or caregiver; provider; or health-system) for education, training, or organizational change
* Participation from providers and clinic staff who administer or discuss the HPV vaccine with patients in a one-hour kick off meeting and bi-monthly learning collaborative with all funded organizations via Zoom for an hour conducted by Emory staff
* Participation in technical assistance calls with Emory staff
* Provision of HPV vaccination rates at baseline and a year follow-up
* Participation in evaluation of the intervention delivery (patients/parents surveys and clinic staff surveys and interviews) conducted by Emory

Funded organizations will be reimbursed once at the beginning of the project and after project completion after submitting data, completed evaluation, and project invoices. These grants are made possible with funding from the Centers for Disease Control and Prevention.

**Contact:** Courtney Petagna, MPH, Research Coordinator, cpetagn@emory.edu, 404-727-3983



**Application form**

***HPV Vaccination Mini-Grant Program***

***in Southwest Georgia 2022-2023***

**Name of Organization:**

**Address:**

**Telephone:** ( ) **Fax:** ( )

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Primary Contact:**

**Title of Primary Contact:**

**E-mail Address of Primary Contact:**

**Name of Financial Official:** (authorized to sign for organization) \_\_\_ \_\_\_

**Title of Financial Official:**

**Financial Official’s Phone:** ( ) **Email:** \_\_\_\_

**Type of Organization: □** Health Department **□** Health Clinic □Health System

**□** Student/University Health Center **□** Community Based Organization

**□** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HPV Vaccination Information** / **HPV Vaccination Rate:** What is the current HPV vaccine initiation (≥1 dose) rate at your organization? (If available, please specify the client population by gender, age, and race.) Please complete the data that is available.

Total: Females: Males: Age range:

What is the current HPV vaccine completion (≥2) rate at your organization? (If available, please specify the client population by gender, age, and race.) Please complete the data that is available.

Total: Females: Males: Age range:

Please briefly describe how these rates are calculated. This means the numerator and denominator and source of the data.

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If you cannot answer the HPV vaccination rate questions above, please respond to the next questions:

1. How many HPV vaccinations did you give in your last fiscal year? (Please specify the client population by race, age, and gender) *\_*\_\_\_\_\_\_\_
2. What are the ages range(s) of the patients/community members you serve? \_\_\_\_\_\_\_\_
3. How many clients does your organization serve each year? \_\_\_\_\_\_\_\_\_
4. Approximately how many clinical staff can administer the HPV vaccine? \_\_\_\_\_\_\_\_\_\_

**Introduction to HPV mini-grant Program**

This HPV mini-grant program is for health clinics/systems, health departments, FQHC’s, or community organizations in Southwest Georgia that offer HPV vaccines to implement evidence-based HPV multilevel strategies for vaccine promotion to adolescents and young adults. The organization will receive training and technical assistance to implement a multi-level HPV vaccine intervention.

The organization chooses what levels and strategies to implement for the multi-level intervention. There are 3 levels to choose from and they are individual, provider, and practice/health system. See the table on page 5 for the levels and example strategies.

**Grant Objectives and Organizational Background:**

Who is your primary audience for increasing the uptake of the HPV vaccine? (may mark more than one box if applicable)

**□** adolescents (ages 9-12) **□** olderadolescents (ages 13-17) □young adults (ages 18-26)

1. If applicable, explain what your organization has done in the past to increase the uptake of HPV vaccination to your specific client population. Note that prior work is not required to receive a mini-grant.

2. What has led your organization and members to be interested in improving HPV vaccinations through multiple levels (e.g., individual, provider, practice/health system)?

3. Briefly describe the population this HPV mini-grant program will serve and explain how the project will meet the needs of this population.

4. Provide a brief description of your organization’s structure and what resources your group can commit to the project. Describe how your organizational leaders will support the project. Be sure to include in your description whether the project would be in one or multiple locations, and if there would be an existing group or department primarily implementing it.

**Proposed HPV Multi-level Program:**

Which levels and strategy options(s) do you plan to implement? You should choose 2 out of the 3 levels (i.e., individual and provider, individual and practice, or provider and practice). Mark an X in the box next to the level you choose to implement.

|  |  |  |
| --- | --- | --- |
| **Table 1.** |  | **Interventions to Promote HPV Vaccination Menu** |
|  | Level | Strategies |
|  | Individual Level | Small media (print materials) | Print educational materials |
| Client reminders | Methods (letter, email, text message) to remind members of a target population that vaccinations are due (reminders) or late (recall) |
| Client incentives | Rewards used to motivate clients or family to get recommended vaccinations in exchange for keeping an appointment, getting a vaccination, returning for a vaccination series |
|  | Provider Level |  Provider training | Methods (written materials, lectures, videos, CMEs) to increase providers’ knowledge and change their attitudes about vaccinations |
| Provider recommendation | Methods to educate and counsel parents and adolescents to get the vaccine |
| Provider assessment and feedback (also can be at the practice level) | Assessment of providers’ delivery of one or more vaccinations to a client population and present providers with feedback on their performance |
|  | Practice/Health System Level | Standing orders | Orders that authorize nurses, pharmacists, and other healthcare providers to assess a client's immunization status and administer vaccinations according to a protocol approved by an institution |
| Provider reminders | Methods (notes in charts, EMR alerts, letters/emails) to let providers know when clients are due for vaccinations |
| Reducing client costs | Program/policy changes that make vaccinations or their administration more affordable by reducing out of pocket costs to the clients. May include clinic participation in Title X, SCHIP, and Medicaid. |
| Immunization information system | Confidential, population-based, computerized databases that record all immunization doses given by providers to people who live within a certain geopolitical area |
| Vaccine programs: school or childcare setting centers | Multicomponent interventions delivered on site to improve immunization rates in children and adolescents |
| Reducing structural barriers (hours of operations, transportation assistance) | Methods to remove barriers to screening. Examples include keeping flexible clinic hours, providing transportation, gas vouchers, lay health workers, translators, Vaccines for Children program, etc. |

5. What type of strategies from the table would you like to choose to implement at each of those levels? You can describe new strategies or how they can enhance what you are currently doing. Please describe them briefly here.

6. Please provide an estimated budget and budget justification for 12 months of the project. The proposed budget can range from $8,000-$10,000. Do not exceed *$10,000.* The selection committee may determine an award amount different than the proposed amount, depending on the scope of the proposal. (You may propose other items relevant to your program.)

|  |
| --- |
| **Budget** *(not to exceed $10,000)* |
| **ITEMS** | **AMOUNT** |
| **Personnel** |  |
| Stipend(s) &/or salary support for staff or volunteers  |  |
| **Travel** |  |
| Staff travel |  |
| **Communication** |  |
| **Supplies** |  |
| Support materials and equipment |  |
| Office supplies – paper, folders, binders, etc. |  |
| Printing costs |  |
| Food/refreshments for planning meetings |  |
| Postage |  |
| Telephone cost |  |
|  **Other Items** |  |
|  |  |
| **TOTAL** |  |

**Narrative Budget Justification:**

Please include brief explanations for all of the categories mentioned in your budget above. See budget justification instructions on the next page.

**BUDGET JUSTIFICATION INSTRUCTIONS**

**Example Categories:**

**Personnel:**

**Stipend(s) &/or Salary Support**– Explain the specific need for stipends and/or salary support for staff or volunteers. Identify project responsibilities of each identified person included in the budget. For salary coverage, provide the amount per hour and estimated hours per week.

**Travel** – Explain need for all travel and anticipated expenses. Travel must be directly related to proposed activities.

**Communication** – Explain any communication mechanism that cost money, i.e. social media

**Equipment** – Explain the cost for the intervention materials to support the HPV intervention strategies

*Example: Five posters will be professionally printed to post in the clinic. Each sign is estimated to cost $50 for a total of $250.*

**Office Supplies** – Briefly describe the need for specific supplies and an explanation of how the cost has been estimated.

**Other Costs** – Explain other expenses

**APPLICATION DEADLINE: Wednesday, August 31, 2022**

**RETURN TO:** Courtney Petagna, MPH, Research Coordinator, cpetagn@emory.edu, 404-727-3983