National Network of Public Health Institutes

FUNDING ANNOUNCEMENT
REQUEST FOR PROPOSAL

National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities: The Vaccine Equity Project

Funding amount: Five awards, funded at $600,000 each
Funding period: December 2021 – July 30, 2022
Application deadline: 5pm ET Friday, November 22, 2021
To apply:
https://app.smartsheet.com/b/form/5130a4b5ddb54dbc88fcd41eb0b78901

We are seeking to fund vaccine equity focused projects that address the systemic disadvantages experienced by communities of color, rural communities, and communities that face a disproportionate burden of adverse outcomes from public health threats. It has been well established that some communities of color experience high rates of disease, hospitalization, and serious negative health outcomes. Additionally, for rural communities, place may have a strong impact on not only vaccine uptake but other health outcomes. With these disparities in mind, we are seeking to support multilevel targeted outreach to vaccine hesitant or underserved populations across five geographic areas, in order to enable communities to respond more effectively to the needs of constituents with lower vaccine uptake. While the current focus is on

COVID19 vaccinations, the knowledge and experience gained will also help to advance future outreach for flu and other adult immunizations.

Project Objective:

- To implement evidence-based or promising strategies to reduce vaccine hesitancy, increase access to vaccines, and/or increase vaccine uptake among underserved or vulnerable communities.
- To identify promising strategies, challenges, and successes in outreach to communities, such as rural and Tribal areas and communities with legacies of social or historical injustices, that may be used for COVID19 vaccination uptake and may be translated to other adult vaccination programs.
- This project specifically seeks to provide resources and support to organizations who work with Tribal communities (also identified as Indigenous or Indian populations), African American, Latinx, immigrant communities, or rural communities, although justification may be provided for proposals that target other appropriate communities within the spirit of this request for proposals.
- This project seeks to fund promising practices to be implemented in at least three (3) of these categories: environmental, community and clinical, interpersonal, individual.

What are the Regions that Should be Identified in the Application?

We are funding projects in the following five geographic regions:

- Tribal Communities, Indian Nations, or Indigenous Lands;
- Northwest, northern Midwest, and Alaska;
- Southwest and southern Midwest;
- Southeast and Hawaii;
- Northeast US and US territories.

Who is Eligible to Apply?

Organizations applying for this funding:

- Must be 501c3 organizations in the United States or non-profit institutions of higher education, which may include community-based organizations, faith-based organizations, public health institutes, colleges or universities, regional coalitions, Tribal affiliated organizations, or local health care delivery organizations, or care associations;
- Collaborative organizations may apply together, as long as one organization is identified as the primary lead, with responsibility for managing funds and deliverables;
- Must have access to an existing infrastructure and capacity to provide effective outreach to the targeted population or community;

- Have established relationships in communities who experience structural racism or other impacts of injustices resulting in adverse health outcomes and vaccine hesitancy or lack of access is present;
- Have capacity to provide outreach to the targeted population or community using appropriate and culturally responsive language and approaches;
- Will be willing to work with a contracted communications specialist to design and launch an outreach campaign in concert with other interventions or strategies; the person working with this contract would benefit from having management experience and/or managing contractor relationships;
- Will be willing to work with technical support to design a logic model for the intervention and implement standardized data collection protocols for evaluation of the intervention/strategies used;
- Will have capacity to manage a federal subcontract and reporting requirements;
- Will have capacity to manage data collection and program evaluation (with support from the funder or a contracted entity).

Proposal Requirements

Applicants shall provide a Project Abstract - (maximum of 500 words). The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information.

Proposals should:

- Identify the target population or community and provide justification and evidence to support the assertion of need. Include an identification of barriers and community strengths that currently exist and how the strategies being proposed will address or circumvent those barriers and build on community strengths.
- Identify one of the strategies from Appendix B that have been identified as promising interventions in a recent environmental scan of available evidence, or propose an alternate strategy. Provide justification for why the strategy is likely to improve vaccine uptake, reduce hesitancy, and/or improve vaccination access in the targeted community.
- Consider how communication and earned, social or paid media can be used as a part of the overall plan and present the way in which you can work with a specialist advisor to design and implement an outreach strategy.
- Identify the likelihood of success, as measured by reduced vaccine hesitancy and vaccine uptake and provide potential metrics for measuring success. A final analysis plan does not need to be included, as this will be developed with technical assistance, however demonstration of capacity to provide data collection and engage in evaluation and clear target conceptualizations are important to demonstrate.

- Include organizational information to demonstrate that capacity for completing the project is available, as well as capacity for management of a federal subcontract and required reporting.

Selected subawardees will commit to implement and evaluate culturally responsive outreach and intervention strategies to successfully reach vaccine hesitant people or areas without access to the COVID19 vaccines through implementation of either one of the strategies identified in this solicitation (see Appendix B) or another strategy for which solid justification can be made. Selected subawardees will receive funding, technical assistance, and collaboration from a communications specialist for targeted media outreach as part of this initiative. Selected subawardees will be expected to allocate budget resources and staff time to engage in technical assistance, communications, media design and outreach, and program evaluation.

Note: See Appendix A for more information regarding funder parameters for proposed interventions. This document uses the CDC guidance regarding use of the term "intervention" to describe strategies, activities, programs, policies, and/or practices. The document also refers to "multi-level interventions," meaning interventions that address factors in at least three of the four categories below:

•Environmental: interventions addressing social and cultural norms or health, economic, educational, and social conditions related to immunization

•Community and clinical: interventions addressing settings in which social relationships occur, such as a school or a neighborhood or settings where healthcare is provided

•Interpersonal: interventions addressing social and personal relationships with neighbors, colleagues, healthcare providers, friends, loved ones, or others

•Individual: interventions addressing attitudes, beliefs, and behaviors

Application

Application Headings	Requirements	
Abstract	500 word maximum. Include a brief description of the organization's mission and reach, the organization's population(s) of focus, a summary of how the organization meets the selection criteria, and a brief description of the organization's intended activities for the project period.	Will be entered into application system
Narrative 1. Context and Population 2. Approach	Five pages maximum, Times New Roman 12 point font, 1-inch margins, saved as a Word or pdf document (.doc or .pdf).	Uploaded document

3. Communications and Outreach 4. Project Evaluation and Proposed Metrics 5. Proposed Timeline		
	ALTERNATE OPTION: Proposals may include a 10-minute maximum length video for the narrative section of the proposal. Videos should be saved and uploaded to the internet, and a link may be provided in the application. Video submissions will include a video release form.	Link provided to video
Appendix I: Organizational Context and Resources	2 pages maximum, Times New Roman font, 1 inch margins, no less than 10 point font in tables	Uploaded document
Appendix II: Budget proposal and budget narrative	See Appendix C for template and example text. Include itemized table that includes line items for staff FTE, contracts with identified sole source vendor and with a technical assistance provider of your choice, media purchasing, program evaluation and other appropriate domains for the proposal. Also include a narrative justification section that describes the responsibilities of staff assigned to the project, as well as explanations of identified expenses. If you plan to work with non-English speaking populations, be sure to include translation and/or interpretation in your budget.	Uploaded document
Please note that critical information regarding the substance of the project should be included in the narrative. Appendices should not be used to circumvent page limits. You may submit either a video or a written narrative, but not both. If submitting a video, you must still submit a written Abstract, Appendix I and II in writing as indicated. Incomplete applications will not be reviewed. Video submissions will become the property of NNPHI and may be used in reports or media about the campaign.		

Criteria for Funding

Proposals will be scored by reviewers on the following criteria.

Proposals must meet the following screening requirements or will be disqualified:

- Is the proposing organization a 501c3 organization or a non-profit institution of higher education, or is there a 501c3 organization or non-profit institution of higher education identified as the lead?

- Is a region identified in the application?
- Did they provide an audited financial statement and/or an audit for the most recent fiscal year and a single audit?
- Do they describe prior experience managing federal funding, or provide evidence of capacity to do so for this project?
- Does the proposal identify a program evaluator or identify a budget line to contract with an evaluator?
- Does the proposal target Tribal communities (Indigenous/Indian populations), African American populations, Latinx, immigrant or rural populations, or provide a clearly identified alternate target population that experiences disparities and high need for adult vaccine uptake improvement?
- Does the proposal use one of the suggested strategies from Appendix B or provide a clearly defined alternative strategy for the target population/community?
- Does the proposal include objectives to be implemented in at least three of these categories: environmental, community and clinical, interpersonal, individual?

The following criteria will be scored on a scale of 1 (low)-9 (high) and a mean score for all items will be calculated:

- Is justification for the target population in the identified community clearly provided, with appropriate valid evidence of need and disparities?
- Does the proposal identify barriers and strengths currently existing and propose strategies that address them?
- How strong is the evidence provided for the choice of strategy?
- Is the approach sufficiently justified?
- Does the plan consider collaborative opportunities with the communication specialist to develop outreach strategies appropriate for the targeted population/community?
- Is the plan being proposed feasible given available resources and the proposed design?
- To what extent does the proposal use strategies that are transferable beyond the current COVID19 pandemic, to support adult vaccination uptake for other types of vaccines?
- Is the budget proposal appropriate and does it include all required elements?

How Much Funding is Available and What are the Budgetary Requirements?

A total of $600,000 will be awarded to successful community-based applicants ("subawardees"). Each subawardee will be required to commit to the following budget requirements:

- A sole source vendor for this outreach campaign has been identified to support the work: $40,000 of the budget must be allocated for contracting with this vendor to co-create and test at least five (5) pieces of media content that are appropriate for the target community.

- There must be a budget allocation for outreach/purchasing media in the targeted market.
- There must be a budget allocation for staff time (FTE) to work with the vendor on communications.
- There must be a budget allocation for staff time (FTE) for a program evaluator (either internal or external) to work with technical advisors to design and implement evaluation of the program, including logic model design and data collection. Proposal should incorporate collaboration with the funder evaluation team to evaluate observed and anticipated impact of strategies implemented, challenges and successes experienced during the process, and sustainability and transferability for future vaccination campaigns.
  If unable to identify an evaluator by the proposal due date, we recommend reserving 10% of the budget for evaluation TBD. Assistance can be provided to identify an appropriate external evaluation partner, if needed.

What is the Timeline for Projects?

Awards will be made in December 2021. Program orientation and kick-off will be scheduled in December 2021. Selected subawardees will be expected to implement their proposal beginning in December 2021 or January 2022, with an ending date for funding of July 30, 2022.

Timeline	Dec	Jan	Feb	March-June	July
Awards & contracts					
Kick-off and orientation					
Collaboration with identified sole source vendor to identify and launch media strategies					
Consultation as needed with technical advisors to launch proposed intervention					
Collaboration with evaluation team to develop logic model and data collection plan					
Ongoing program implementation and technical support as needed					
Project wrap up and data summary					

Important Dates

Open forums for questions, support, or technical assistance	Tuesday, November 9th, 10-11am ET: https://meetings.ringcentral.com/j/1474176108 Friday, November 12th, 1-2pm ET: https://meetings.ringcentral.com/j/1462353702 Wednesday, November 17th, 4-5pm ET: https://meetings.ringcentral.com/j/1485350068
Proposal submission deadline	**November 22 by 5pm ET**

Invites sent for pre-contract meetings for verifications of capacity and scope	**December 10**
Pre-contract meetings	**Week of Dec 13-17**
Notices of award	**December 17**
Kickoff meeting and orientation (to be held virtually)	**December 20 or 21** *(date subject to change depending on availability of teams)*

Evaluation Considerations

All subawardees should expect to engage in program evaluation. This may be either an evaluator who is on staff internally, or this may be a contract with an external evaluator. The funder evaluation team will work collaboratively with subawardees to support program specific evaluation as well as to engage each subawardee team in an overarching evaluation plan. The overarching evaluation will include measures that are cross-cutting across programs, and will be focused on identifying areas of impact, potential for future success or growth, barriers, and challenges experienced at the program level. Technical support and coaching will be provided to subawardees, to support capacity building for evaluation for future endeavors, as a part of this award.

The evaluator will be expected to engage with the funder evaluation team in the following ways:

- Regular meetings with the evaluation team beginning in January.
- Design a logic model for the proposed intervention.
- Identify program specific metrics, outcome measures and data collection methodology for an outcomes evaluation.
- Launch data collection and produce a final report for the project.
- Facilitate access to team members (approx. two-three key informants) for brief qualitative interviews via video meeting for process evaluation with the evaluation team.

Required Reporting and Deliverables

The following deliverables will be expected:

- Pre-contract meeting with NNPHI to ensure capacity and facilitate planning.
- Attendance at Kick-off and Orientation meeting (virtual) in December or early January.
- Evidence of contract executed with sole source vendor for outreach campaign.
- Logic model developed in collaboration with the evaluation team, due by February 2022.
- Data collected as part of the evaluation plan developed, which may include resources to be disseminated; this will be reported through the developed evaluation plan.
- Scheduled meetings with the evaluation team over the course of the project.
- Scheduled brief check-in meetings with the NNPHI Program Coordinator over the course of the project.
- Monthly invoices with progress reports as required by federal awards.

- A presentation to NNPHI regarding the outreach work done with the sole source vendor, sometime between March and the end of June.
- Sign-up for the Learning Community hosted online through the CDC network.

Application Deadline

Application deadline: 5pm ET Friday, November 22, 2021
Technical assistance for proposals is available.
For Questions or Assistance, please contact Dr. Tracy Wharton, E2A@nnphi.org

To apply:
https://app.smartsheet.com/b/form/5130a4b5ddb54dbc88fcd41eb0b78901

Please join our open forums about this project:
Tuesday, November 9th, 10-11am ET: https://meetings.ringcentral.com/j/1474176108
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Appendix A

NNPHI

The National Network of Public Health Institutes (NNPHI) is the official organization representing over 40 public health institutes in more than 30 states spanning all ten Department of Health and Human Services regions. Public health institutes are nonprofit organizations that improve the public's health by fostering innovation, leveraging resources, and building partnerships across sectors, including government agencies, communities, the health care delivery system, media, and academia. NNPHI and its member institutes work together to implement public health policy and program initiatives throughout all 50 states. NNPHI also serves as the National Coordinating Center for Public Health Training.

Awards made in response to this solicitation are considered federal sub-awards.

Notice to Applicants

Please be advised that NNPHI reserves the right to modify the terms of the RFP with reasonable notification to all interested parties. This RFP and any related discussions or evaluations by anyone create no rights or obligations whatsoever. NNPHI may cancel or delay this solicitation at any time at its own discretion. Anything to the contrary notwithstanding, the contract executed by NNPHI and the selected applicant, if any, will be the exclusive statement of rights and obligations extending from this solicitation.

CDC program requirements for community-based interventions

This program is authorized under the Public Health Service Act Section 317(k)(1) of the Public Health Service Act (42 U.S.C. 247b(k)(1)), as amended. The funding authority is the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260).

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,000,000 with 100 percent funded by CDC/HHS. The contents of this document are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

CDC guidelines for this funding call for implementation of interventions that:

- Address distribution, administration, and/or uptake of vaccinations in the adult immunization schedule, and
- Include promising practices to be implemented at three or more categories (e.g., environmental, community and clinical, interpersonal, individual).
- Identify and engage other local organizations or partners as needed to implement the projects.

Local organizations and partners may include:

- Dialysis centers, prenatal care centers, well-baby care clinics, dentists' offices, and other specific provider sites that could administer adult vaccinations where patients are already seeking healthcare for themselves or family members.
- Places of worship, community organizations, recreation programs, food banks, schools and colleges, grocery stores, major employers, or other community institutions.

Appendix B

Promising practices identified by environmental scan of available evidence

Based on our analysis, the six evidence-based interventions and promising practices we recommend are the following (in no particular order):

#1 – Partnerships with Trusted Community Businesses for COVID-19 Vaccine Advocacy

#2 – Vaccine Outreach and Education through a Community Health Worker Model

#3 - Organize Vaccine Equity Tasks Forces through Community Partnerships

#4 - Initiatives to Meet the Community Where They Are – Mobile Health Clinics and Home Visits

#5 - Improvement of Healthcare Provider Vaccination Education

#6 - Communication Campaigns (Peer Perception & Narratives)

Strategy #1 – Partnerships with Trusted Community Businesses for COVID-19 Vaccine Advocacy

Partnering with barbershops, hair and beauty salons, and other trusted community businesses for COVID-19 vaccine education, outreach, and administration. For nearly two decades, partnerships with barbershops and hair salons have proven effective for chronic disease education and prevention, and emerging data show their promise for improving vaccination education and uptake, particularly in Black, urban and other historically underserved communities. Not only do most people get haircuts every few weeks or months, in the US black community barbershops are often a place to unwind, "speak freely, receive feedback about who [they] are, who [they] want to be, and what [they] want to believe to be true about the world around us."[14,15] As owners, barbers, and stylists are seen as respected members of the community,[16] individuals are more likely to trust information from such sources.

Businesses rooted in the culture of a community provide a trusting and accessible setting to exchange health information**.**

A strong body of evidence shows that by placing a cluster of interventions at these trusted community establishments, researchers were able to improve hypertension rates in a randomized control trial by 8.8%[17] and later prove they were highly cost-effective[18] and likely to generate substantial health benefits at scale[19]. The Biden Administration has taken notice of one specific model - Health Advocates In-Reach and Research (HAIR) led by Dr. Stephen Thomas at the University of Maryland[20] - and their recent success in adapting these interventions to COVID-19 vaccine education and administration at Black barbershops and beauty salons.[21,22] Emerging evidence suggests that partnerships with barbershops and hair salons, such as modeled after

HAIR, may be highly effective in improving vaccine understanding, acceptance, and uptake. Research in this area is however limited in the number of unique interventions studied and published on, and of those published, research teams have traditionally focused on Black men; similar interventions for Black women deserve more attention.[16]

Strategy #2 – Vaccine Outreach and Education through a Community Health Worker Model

Creating channels of outreach and education through Community Health Workers and Promotoras to tackle vaccination hesitancy. Promotores De Salud (Promotoras)[23,24] -Community Health Workers (CHWs) in Spanish-speaking communities – have a strong evidence base for effectiveness in other areas of health, and offer an opportunity to provide vaccine education and improve uptake among Hispanic, immigrant, limited English proficient, and other communities. In a systematic review of 934 articles and studies published in 2015, community- based health workers (CBHW - *including promotores*) interventions were effective at improving chronic disease management in vulnerable populations.[25] For example, of the 8 studies that focused on HbA1C or fasting glucose as a primary outcome in diabetes control, all but 2 found significant improvement. Promotores based interventions thrive because they give communities and individuals the opportunity to discuss their health concerns in a language they're comfortable with, with someone who *understands* their story. Two areas of concern in this approach are training and sustainability. When comparing the level of training from one CBHW intervention to another in the earlier referenced systematic review, the authors found that training varied from as little as 4 hours to as many as 240 (with an average of 41). Additionally, of the 38% (twenty-three out of 61) of studies reporting details on payment, most were funded from grants. Some interventions were able to maintain and expand CBHW interventions following cessation of those grants by exporting the interventions into outpatient clinics, community sites, and rural and urban communities, but many were not.

The Kansas Health Foundation, Stanford University, and the state of Illinois have all funded efforts to either combat COVID-19 vaccine conspiracy theories or generally discuss COVID vaccination through Promotores De Salud[26–28.] Like the efforts of HAIR for Black barbershops and beauty salons within the Black community, promotores focused efforts like those of the ***¡Sí Se Puede!* Collective** in Santa Clara and San Mateo communities stand as promising strategies to improve vaccine acceptance and uptake in the U.S. Spanish-speaking population. Adapting a community health worker model in areas minority population groups can mitigate the cultural and hesitancy barriers to increase vaccine uptake.

Strategy #3 – Organize Vaccine Equity Tasks Forces through Community Partnerships

Assembling vaccine equity task forces grounded in community-based partnerships. The development of principal partnerships that are rooted in the community are highly necessary in order to build trust and raise awareness amongst underserved populations.[29,30] For the American Indian/Alaskan Native (AIAN) population, these partnerships are imperative as

accessibility, resource allocation and elevated morbidity rates are all prominent issues AI/AN people face when attempting to prevent disease.[31]

A case study was done in Alaska, during the COVID-19 pandemic, in order to determine the rate of COVID-19 vaccinations amongst AIAN people as a result of these partnerships.[32,33] As tribal communities operate both within tribal and federal law, programs require initiation of implementation from tribal leaders. In the case study leaders partnered with: The Alaska Department of Health and Social Services, The Alaska Native Tribal Health Consortium and The Alaska Native Health Board. [29] Together these entities created the Alaska Vaccine Task Force. The task force then identified target areas (areas with a high concentration of tribal elders and multigenerational households), and coordinated with locals to for transportation, dissemination and education on how to administer the vaccine. As a result, 65,000 AIAN (57.7% of the AIAN population in Alaska) were able to receive at least one dose of the COVID-19 vaccine.[31,34]

This intervention was executed with high success as tribal councils, leaders and other members of the community were able to guide the discussion and explain to government officials that were assisting, what were best practices of education and administration.35 These partnerships are easily reproducible and often are curated by the Indian Health Service. There are other instances, in which these tribal based partnerships have influenced an increase in disease preventative practice as they promote self-governance and guidance from within the community.[36,37] Shortcomings displayed in the implementation of this strategy showed that there was no follow-up to these communities to ensure a second-dose was provided. The duration of the study as well as the financial resources used were also not mentioned which could potentially affect reproducibility in other communities. Clarity on these aspects when replicating this intervention is crucial in order to obtain the best outcome. Having state and federal assistance in tandem with tribal input is crucial in accessing resources for quality care, thus improving prevalent disparities that affect AIAN individuals and other underserved populations.[38]

Strategy #4 – Initiatives to Meet the Community Where They Are – Mobile Health Clinics and Home Visits

Meeting communities where they are to improve access and uptake of vaccinations through mobile health clinics and home visits for rural, immigrant, minority, and elderly population groups. Mobile health clinics are a cost effective, convenient, and impactful mode of delivering health care for vulnerable population groups and reducing health disparities.[39–41] This non-traditional route of care is useful for providing urgent care, preventative services such as immunizations, chronic disease management, and disaster care management (especially vaccinations).[40,42] Several studies have shown the effective return on investment for mobile health clinics including avoidable costs from emergency department visits as well as years of lives saved values.[39,43] In another study, the Health Hut in Louisiana reported a 30% decrease in blood pressure readings from the initial diagnosis for hypertensive patients after three months

of care.[44] By leveraging the existing community assets, mobile health clinics can offer affordable services during urgent needs.

Home visits, another form of mobile healthcare visits, have shown to increase vaccination rates.[45] Recommended by the Community Preventative Services Task Force, home visits can help the almost two million homebased individuals in the United States overcome barriers to access COVID-19 vaccinations.[45,46] One such example of the program is the Indiana State Department's Homebound Hoosier EMS Vaccination program. The program works to deliver available vaccines through hospitals and local health departments to those homebound.[47]

In the face of the recent pandemic, many state governments are utilizing mobile health units for rapid turnaround of vaccination in hard-to-reach populations. State departments from Mississippi, Delaware, Minnesota, and South Carolina are using this creative mode of transportation to increase vaccine uptake.[48,49] The GOTVAX campaign is utilizing a door-to-door canvassing strategy to bring vaccinations to the front steps of homes of residents in Boston. Within a span of 9 weeks, the GOTVAX program immunized over 4,000 individuals of which 80% of recipients identified as a person of color and 40.8% did not have insurance.[50] Although many communities are turning to this non-traditional method to increase COVID-19 vaccination, rigorous evaluations of these programs are still necessary to further provide evidence on the impact of mobile health clinics in increasing COVID-19 vaccination rates. Resources and tools from CDC and the Rural Information HUB exist to assist communities to set up mobile health units.

Strategy #5 – Improvement of Healthcare Provider Vaccination Education

Improving healthcare provider education, training and skills to help patient understanding and uptake of vaccination.[51] Getting a vaccination is a modifiable behavior and healthcare providers are often the first source people turn to when they are hesitant about this behavior.[52] Since healthcare providers are frequently the people that are educating others on these topics, it is crucial that the providers themselves receive proper information, not only on the vaccination at hand but also on how to tactfully disseminate that information to parents and patients.

The Development of Systems and Education (DOSE) for HPV Vaccination is an intervention that focuses on health education for healthcare professionals about the HPV vaccination so that those professionals can then have an effective dialogue with patients and their parents (if underage) about getting the vaccine.[53] This program focuses on spreading awareness and modifying certain behaviors with the goal of decreasing the rates of HPV through increased rates of HPV vaccinations. This intervention serves a wide range of individuals, both males and females, a wide range of ethnic and racial backgrounds, and those from varying community types. The seminars that were implemented to inform the health care providers in this study showed a drastic improvement in vaccination initiation from their patients after attending the seminars. The study found that both female and male patients were more likely to initiate the

first dose of their HPV vaccination when compared to controls during the active phase of the intervention (males: 48% vs 30% & females: 47% vs 28%). Setback in this study would be willingness of participation from the healthcare providers. The healthcare providers included in this intervention were in a controlled seminar of classes for several weeks, however replicating for providers who may have less time due to urgency or high volume of patients may prove to be difficult. Implementing similar health professional education strategy and tailoring it to specific vaccinations could prove to be useful in the future as the ongoing pandemic results in comorbidities with other vaccine preventable diseases.[54]

Strategy #6 – Communication Campaigns (Peer Perception & Narratives)

Rolling out communication campaigns focused on narrative to increase vaccine confidence and integrate COVID-19 vaccination into social norms. The influence of group identity is tied to individual vaccination behavior and attitude. Several vaccination studies provide support that individuals are more willing to be immunized if they perceive their peers are also likely to do so either through social normative acceptance or through imitation.[55–57] In fact, according to the CDC's VaxView Survey, those with all or almost all friends and family members immunized with the COVID-19 vaccination were twice as likely to be vaccinated (90%) than those with some or no friends or family members vaccinated (41%).[58] To increase vaccination rates, health communication strategies should focus on drawing attention to peer perception and behaviors through narratives.[55,59] Exemplifying social norm behaviors from peers even outside of an individual's social group through narratives has shown to influence and modify behavior. Interventions encouraging peers and family members to share COVID-19 vaccination experiences can lead to creating community wide dialogue and conversations about the necessity of vaccination.[60–62] Communication tools and resources for social media outreach as well as how to create conversations around COVID-19 vaccination can be found through CDC, UNICEF, and NIH.

Additional information:

Knowledge increase approaches that have been successful have included general knowledge about vaccines, clinical trials, and emergency use authorizations, specifically (1) how vaccines work, (2) procedures for testing and licensing, (3) efficacy and side effects, and (4) conflicts of interest and motives.

Trust and perception of balance of risk are both key factors related to vaccine rates, as well as other preventative health behaviors, that emerge in the literature. For some groups, access to information is lacking or limited, but for other groups, motivation and reasoning are behind behavioral drivers.

Monetary incentives do not have evidence of working and may create unintentional adverse responses in some groups. This is related to a perception that monetary incentives may be used to blur issues of safety and efficacy by government sponsored outreach.[63]

Theoretical frameworks that have been useful to some communities include Motivational Reasoning Theory, the Health Justice Framework Principles,[64] and the 5As: Access, Affordability, Awareness, Acceptance, and Activation.[65]

References related to these practices:

1. Kaiser Family Foundation, Ndugga N, Hill L, Artiga S, Haldar S. Latest Data on COVID-19 Vaccinations by Race/Ethnicity. *KFF*. Coronavirus (COVID-19). Published October 26, 2021. Accessed October 25, 2021. https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/
2. Centers for Disease Control and Prevention. COVID-19 Vaccine Equity for Racial and Ethnic Minority Groups. Published September 9, 2021. Accessed October 25, 2021. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/vaccine-equity.html
3. Murphy T, Marema T. Gap Between Rural and Urban Vaccination Rates Narrows Slightly. *The Daily Yonder.* Published October 26, 2021. Accessed October 28, 2021. https://dailyyonder.com/gap-between-rural-and-urban-vaccination-rates-narrows-slightly/2021/10/26/
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5. Garcia-Navarro, Artiga S. How the demographics of COVID-19 deaths has changed since vaccinations became available. *NPR*. Published 2021. Accessed October 25, 2021. https://www.npr.org/2021/10/03/1042802535/how-the-demographics-of-covid-19-deaths-has-changed-since-vaccinations-became-av
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Appendix C: Instructions and template for Appendix I and II

Appendix I: Organizational Context and Resources	Uploaded documents, including 2 pages maximum narrative, Times New Roman font, 1 inch margins, no less than 10 point font in tables	Uploaded document
Appendix II: Budget proposal and budget narrative	Include itemized table that includes line items for staff FTE, contracts with identified sole source vendor and with a technical assistance provider of your choice, media purchasing, program evaluation and other appropriate domains for the proposal. Also include a narrative justification section that describes the responsibilities of staff assigned to the project, as well as explanations of identified expenses. If you plan to work with non-English speaking populations, be sure to include translation and/or interpretation in your budget.	Uploaded document

Appendix I to your proposal should include the following, uploaded as a single .pdf file:

- Provide an audited financial statement and/or an audit for the most recent fiscal year and a single audit
- Documentation of non-profit status
- This is a federal subaward. Provide two pages maximum of text describing prior experience managing federal funding, or evidence of capacity to do so for this project.
- Resume or biosketch for principal investigator(s) (resumes or biosketches for other staff may be provided, as appropriate, but are not required)

Appendix II should include budget and narrative justification:

THIS IS AN EXAMPLE ONLY, AND ANY TEXT OR NUMBERS INCLUDED ARE SIMPLY TO PROVIDE AN EXAMPLE.

BUDGET & BUDGET JUSTIFICATION

Budget Period: December 17, 2021- July 30, 2022

Line Item	*Quantity*	*Total Budget*
Personnel: ***Name, Title & Wages***	***FTE %***	***Total***
Person 1, Project Director	15%	$
Person 2, Project Manager, Technical Advisor	30%	$
TBN, Research Assistant	20%	$
TBN, Research Assistant for Evaluation	10%	$
SUBTOTAL PERSONNEL		**$**
Fringe Benefits (35%)		$
PERSONNEL TOTAL		**$**
Consultant Costs		**$**
Contractual Services		**$-**
Sole source provider for communications		**$40,000**
Technical assistance for evaluation		**$**
Technical assistance for implementation		**$**
Supplies (Office)		**$**
Travel Costs		**$**
Other Expenses		
Rent/Facilities		$
Office Equipment Maintenance		$

Communications & Media		$
Reproduction/Printing		$
Postage & Delivery		$
Participant-related Costs		$
Interpretation and Translation		$
Program Support Costs		$
OTHER EXPENSES TOTAL		**$**
Total Direct Costs		**$**
Indirect Costs at ...% of Total Direct Costs		**$**
Total Budget		**$**

Personnel Salaries: For each requested position, please describe the scope of responsibility and assets for each position, relating it to the accomplishment of program objectives.

Example: Salaries are based on rates contained in the Public Health Institute Title and Pay Plan. Paid absences for vacation, holiday and sick leave are included in salary expenses. Overall level of effort budget period is 0.65 for 7 months.

Project Director – Person Name will be responsible for the overall conduct of the project. She will be responsible for the development ….

Project Manager, Technical Advisor - Person will …

Research Assistant – Person will assist with …. (coordinate with media campaign and contractor)

Research Assistant for Evaluation - Person will assist with evaluation, including coordinating with funder evaluation team, process evaluation… etc….

B. Fringe Benefits: Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Example: Fringe benefits include payroll taxes, life insurance, health insurance, unemployment insurance, and tax-sheltered annuity plan. The project is only charged for the actual cost of the fringe benefits; but for the purpose of budgeting, benefits for any employee whose total commitment equal or exceeds 20 hours per week are calculated at a rate of 30% salaries.

C. Sub-contractual Costs: A subcontractor is an entity that performs duties that are either the same as or directly related to the scope of work of the project. Their efforts contribute directly to the outcome of the project. Please provide the method of selection of a subcontractor, the name of the contractor if known, scope of work, method of accountability, and budget.

A subcontract with identified sole source vendor will be executed as described in the proposal text. This will be a flat-rate contract of $40,000, pending negotiation and execution of contract with the vendor directly.

(insert text for scope of work/workplan, method of accountability)

D. Consultant Costs: This category is appropriate when hiring an individual to give professional advice or services (e.g., technical, or skilled consultant, etc.) for a fee but not as an employee of the contracted organization. If applicable, please describe the method of selection for a consultant, name (if known), scope of work, and expected rate of compensation, including travel.

A consultant will be identified to …. Consultant costs are estimated at $.....for … hours.

E. Travel: Please provide clear travel information regarding who, when, where, why, and how, and how does it relate to or support specific project objectives.

F. Supplies: Individually list each item requested showing the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives.

… ….

G. Other: **This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.**