# Vaccine Confidence Grants Requests for Applications (RFA): An Informational Session

Monday, September 9, 2024 1:00 pm – 2:30 pm, PT



## Housekeeping

#### **Reminder to Attendees:**



Today's session slides will be available following the webinar at **CDPH Immunization Branch Provider Webinars** webpage.



If you have post-webinar questions, please email VaccineConfidenceRFA@cdph.ca.gov.

#### Reminder to Panelists:



Please mute yourself when not speaking.

Please monitor the Q&A panel for questions you may be able to answer.

#### Questions

During today's webinar, please use the Q&A panel to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.





## Monday, September 9, 2024

1	Welcome	Leslie Amani	1:00 – 1:05
2	Grants Overview, Eligibility, and Timeline	Edgar Ednacot, PhD, MPH	1:05 – 1:15

**Kerry Kaempf-Wood** 

Rebeca Boyte, MAS

**Leslie Amani** 

Billie Dawn Greenblatt, MPH

Thank you for attending today's session!

Billie Dawn Greenblatt, MPH, Jane Grey, MPH, and Blanca Corona

Time (PM)

1:15 - 1:25

1:25 - 1:40

1:40 - 1:45

1:45 - 1:50

1:50 - 2:30

Speaker(s)

Grants Overview, Eligibility, and Timeline

Application Process, Evaluation, and Selection

**Grant Objectives and Expectations** 

**Grant Funds Usage** 

**Supplemental Materials** 

**Questions and Wrap-up** 

California Department of Public Health

Immunization Branch

Item

3

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# Grants Overview, Eligibility, and Timeline

Edgar Ednacot, PhD, MPH



#### Grants Overview

Total award of \$1.93 million across three categories for projects that seek to use innovative and/or evidence-based strategies to increase vaccine confidence among the following under-vaccinated and hard-to-reach California communities:

- 1) Underserved populations and rural communities
- 2) Adolescents
- 3) Hispanic, Latinx and/or immigrant communities

## Eligibility & Examples of Partnerships

Eligible Entities (EEs) must be California-based and include but are not limited to:

- Community-Based Organizations
- Federally Qualified Health Centers (FQHCs)
- FQHC Look-Alikes
- Non-Profit Organizations
- Multi-County Entities (MCEs)
- Hospitals

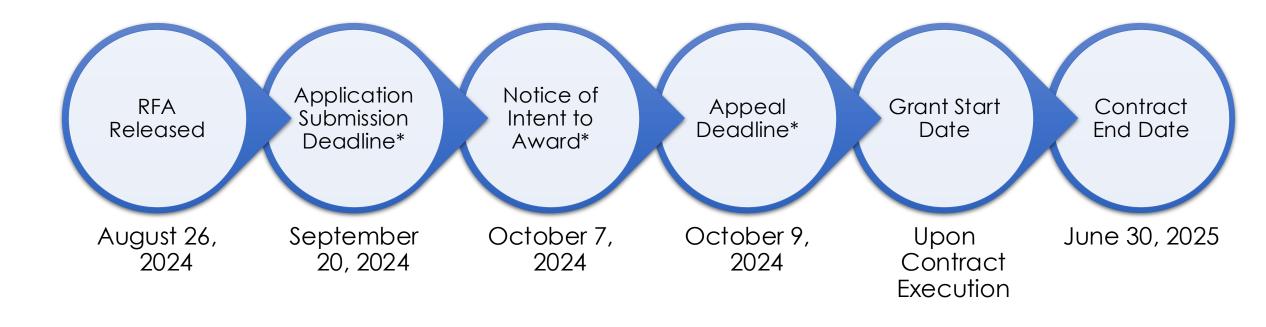
- Pharmacies
- Community Clinics
- Local Educational Agencies (LEAs) and School Districts
- Community Groups (structured as LLCs)
- Providers that Serve Underserved Communities

Eligible Entities may partner with other agencies or organizations to deliver any element of the proposed project, including providing vaccinations. Similarly, applicant may be administrative only and subgrant elements of the project to smaller, specialized organizations. The applicant entity assumes all responsibility for partner entities, subgrantees, and their work.

**Applicant, partner, and subgrantee entities must be in good standing with CDPH:** organizations may not have any prior letter of correction, written notice of breach, or inadequate performance on a current or previous contract or grant relationship with CDPH.

CDPH reserves the right to request additional supporting materials to verify good standing.

#### Timeline



\*Subject to Change

## **Grant Objectives and Expectations**

Billie Dawn Greenblatt, MPH, CDPH Jane Grey, MPH, CDPH Blanca Corona, CDPH



#### CA Communities Vaccine Confidence Grants

- 5 grants of up to \$306,000 each
- Purpose: Increase vaccine confidence in under-vaccinated and hard-to-reach California priority populations. At least one grant will be given to a project focused on Californians in rural communities.
- **Priority Populations:** Rural, Latinx, Black / African American, and Native American communities; immigrants and refugees; migrant farmworkers; people with disabilities; people experiencing homelessness; and those living in zip codes located in <a href="#">Healthy Places Index (HPI)</a> Quartile 1.
- **Objectives**: 1) Increase the number of priority population members who express confidence in COVID-19 vaccines, and optionally, in RSV and flu vaccines; 2) Increase the number of persons up to date on COVID-19 vaccinations (and RSV/flu).
- Additional Priorities: 1) Services offered are culturally and linguistically appropriate for population;
   2) referrals and/or vaccines provided;
   3) innovative approach/use of evidence-based strategies.
- Content must address at least COVID-19. RSV\* and/or flu are highly encouraged but not required.

<sup>\*</sup>Respiratory Syncytial Virus

#### Adolescents Vaccine Confidence Grants

- 8 grants of up to \$25,000
- **Purpose:** Increase vaccine confidence in adolescents through peer-to-peer outreach.
  - Organizations must employ, recruit, and train adolescents (ages 14 18) to perform outreach activities of youth engagement and education which address vaccine hesitancy among young people (ages 11 – 18).
- **Priority populations:** Adolescents in underserved, hard-to-reach communities (e.g., rural, Latinx, Black, Native American, those living in <u>Healthy Places Index Quartile 1</u> regions).
- Objectives: Increase the number of adolescents within the target community who express confidence in and attend vaccination appointments for COVID-19 and HPV vaccines.
   (Content may also include other vaccines.)
- Additional Priorities: (1) Provide culturally and linguistically appropriate services, (2) integrate social, medical, educational, and support services, (3) utilize best practices and evidence-based approaches, (4) be innovative.

# Hispanic, Latinx, and/or Immigrant Vaccine Confidence Grant

- 1 grant of up to \$200,000
- Purpose: To increase vaccine confidence in priority population.
- **Priority population:** Hispanic/Latinx/Immigrant residing in HPI Quartile 1 zip codes
- **Objectives:** Eligible Entities (EEs) develop & deliver vaccine training and education to promotores/ community health workers emphasizing COVID-19. Additional focus on RSV and flu vaccines is highly encouraged, though not required.
- Additional Priorities: Once trained, promotores or CHWs should develop a culturally appropriate community outreach plan.

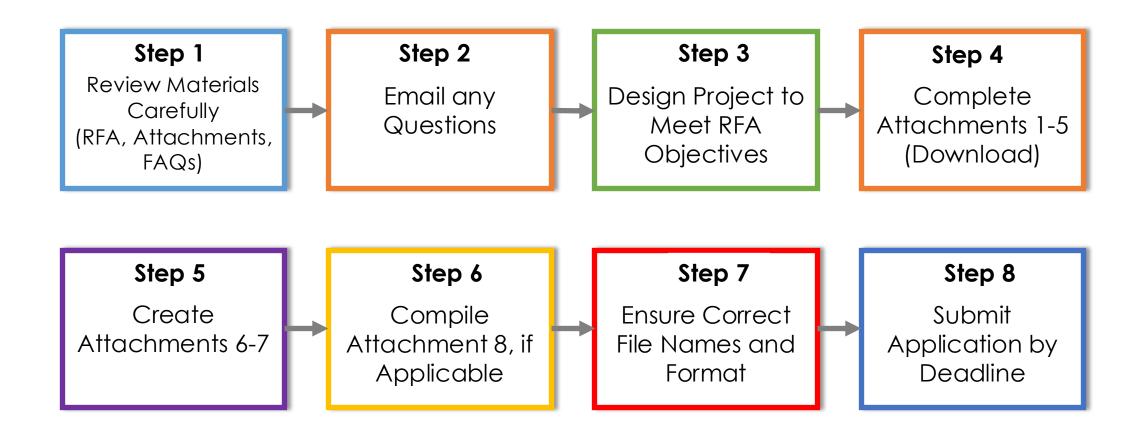
Hispanic, Latinx, and/or Immigrant RFA

# Application Process, Evaluation, and Selection

Kerry Kaempf-Wood, CDPH



## Application Process Overview



#### Attachments 1, 2, and 3

# Attachment 1: Application Checklist

- Helps ensure your application is complete
- Download, mark each item as included
- Fillable PDF

## Attachment 2: Cover Sheet

- Project administrative and contact information
- Signed by an authorized signatory
- Download, complete, fillable PDF

# Attachment 3: Project Synopsis

- One-page project overview
- Address all major elements: organization, project activities, success metrics, timeline, budget, and use of partners
- Download, complete, fillable PDF

### Attachment 4: Budget Form

#### **Budget Summary**

Budget Category	Estimated Total Budget for Category
1. Staffing	\$
2. Professional Development and Training	\$
3. Operating Expenses	\$
4. Equipment	\$
5. Materials and Supplies	\$
6. Travel	\$
7. Subgrantees	\$
8. Other	\$



Total Amount Requested: \$

#### **Budget Justification**

#### 1. Staffing:

Position Title	Salary/Pay Expectations	Duties				
Total Staffing Budget:						

- Download, MS Word document, complete and convert to PDF
- Draft Budget formalized after Award
- Complete in Word, convert to PDF
- Add lines as needed for your project
- Summary has Totals
- Provide detail and justification by Category

## Attachment 5: Application Narrative

- Tell us about your project!
- Download PDF, copy into MS Word, complete and convert to PDF
- 5 Response Categories
  - Priority Populations
  - Community Engagement and Outreach Activities
  - Capacity
  - Program Monitoring and Evaluation
  - Linkage or Referral to Immunization Services
- Copy Category Sections from PDF into an MS Word doc
- Respond to each Category, follow format instructions, max 15 pages
- Flexibility in Response: CDPH Vaccine Confidence RFA FAQs



#### Attachments 6, 7, and 8

#### Attachment 6: Draft Project Workplan

- Project Activities, Timeline, Milestones, Deliverables
- Align with narrative
- Create and Convert to PDF

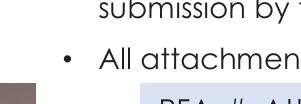
# Attachment 7: Evidence of Qualification to do Business in CA

- Physical presence in the State
- CA SOS certification, business license, IRS 501(c)(3) letter or current insurance showing California address for all partners
- Create and Convert to PDF

# Attachment 8: Letters of Support (if applicable)

- One per partner
- On company letterhead, acknowledging partner project role
- Create and Convert to PDF

## A Note About Application Submission



 All attachments must be submitted as individual PDFs in a single submission by the deadline indicated on the RFA Time Schedule

All attachments must use the following naming convention:

RFA\_#\_Attachment\_#\_ApplicantName Example: RFA\_24-10181\_Attachment\_1\_ABC\_Clinic\_Inc



- Use underscore "\_" for spaces
- You will receive an email acknowledgement of your submission



#### Evaluation and Selection



- ✓ Step 1: Compliance Check: Completion, timeliness, format
- ✓ Step 2: Compliant applications will be read by CDPH Reviewers.
  - Narrative
  - Draft Work Plan
  - Estimated Budget
    - Scoring Rubrics ensure consist evaluation across reviewers
    - Higher score does not guarantee selection for award
- ✓ Step 3: CDPH Leadership will select a set of projects to maximize desired impact on CA priority populations and will notify applicants of results.

## **Grant Funds Usage**

Rebeca Boyte, MAS, CDPH



# Allowable Grant Funds Usage (Not an exhaustive list)

- Personnel (e.g., salary, fringe benefits, travel, indirect expenses)
- Equipment (e.g., fax machines, copiers/printers, computers, laptops, tablets, pagers, cell phones, other office supplies)
- Program and software purchases/upgrades (e.g., needed EHR upgrades for VFC/VFA eligibility)
- Travel expenses to state/local/regional conferences & ad-hoc mtgs.
- State/local conferences (e.g., conference site, materials, hotel accommodations, speaker fees) NO food/meals.
- Vaccine-related supplies (e.g., syringes, digital data loggers, vaccine storage equipment for VFC/VFA vaccines, vaccine shipping supplies)
- Laboratory supplies (e.g., PCRs & influenza cultures)

# NON-Allowable Grant Funds Usage Examples (Not an exhaustive list)

- NO vaccine purchasing
- NO advertising (e.g., NO billboards, social media buys, incentive materials like pens, mugs/cups, or clothing, displays, exhibits)
- NO food/meals (unless part of required travel per diem costs)
- NO entertainment or fundraising costs
- NO honoraria or independent research
- NO land, building, or vehicle purchasing

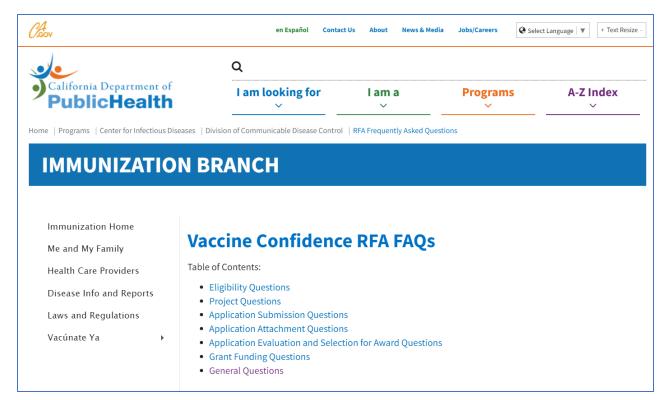
## **Supplemental Materials**

Billie Dawn Greenblatt, MPH, CDPH



#### Supplemental Materials: RFA FAQs Webpage

- Updated weekly and as needed.
- Will be updated proceeding this webinar to include QAs important for all applicants.
- Announcements will not be made about page updates. New additions will be indicated.
- Please check FAQs regularly for latest information.



#### **Vaccine Confidence RFA FAQs**

### Supplemental Materials: Underserved Populations Brief

- Support materials and information about some of the possible priority populations for the CA Communities and Latinx RFAs
- Page will not be changed/updated.
- Includes some links to evidence-based interventions for populations.

#### **Underserved Populations Brief**

#### **Underserved Population Briefs**

#### Overall California COVID-19 Vaccination Data

Refer to the CDPH COVID-19 Vaccination Data webpage to view current statewide vaccination data by county, age, race, ethnicity, and ZIP code.

#### **Rural Communities**

According to the CDC, residents in rural parts of the United States express concerns about vaccine safety and seem to have higher lack of governmental trust than their suburban and urban counterparts. Approximately 50.9% of adults in rural areas reported feeling confident in the safety of the COVID-19 vaccines, compared to 61.7% of urban-dwelling adults. Additionally, a study exploring barriers to COVID-19 vaccination within rural Latinx communities found fear stemming from misinformation to be the biggest barrier to vaccination.

Applicants seeking to improve vaccine confidence for residents of rural communities may wish to refer to the following resource: CDC's State of Vaccine Confidence Insights Report: Vaccination in Rural America Special Report (2023).

#### Black/African Americans

Data on Black Californians indicate they are less likely to be up-to-date with their COVID vaccinations than Whites or Asians. Historic mistrust of health care systems, racism, living in communities with fewer services or other barriers may contribute to vaccine hesitancy or access gaps.

1) <u>Determinants of Vaccine Hesitancy in African American and Black Individuals in the USA</u> (Savoia et al., 2024); 2) <u>A Framework for Inspiring Vaccine Confidence in African American and Latino Communities</u> (Wiley et al., 2022); and 3) <u>A Guide for Community Partners: Increasing COVID-19 Vaccine Uptake Among Members of Racial and Ethnic Minority Communities</u> (CDC, 2021).

#### Latinx Californians

Despite being approximately 40% of the State's population, far fewer Latinx Californians are up to date with COVID vaccinations than White or Asian residents. Latinx Californians may be recent immigrants or have lived in California for generations. They may speak Spanish, English, Portuguese or indigenous languages.

#### **RFA FAQs**

**RFA Landing Page** 

**Underserved Populations Brief** 































#### Questions

During today's webinar, please use the Q&A panel to ask your questions so CDPH panelists and subject matter experts (SMEs) can respond.





## Wrap Up

Leslie Amani, CDPH



# Thank you for attending the Vaccine Confidence Grants Requests for Applications (RFA) Information Session!

For further questions, please contact VaccineConfidenceRFA@cdph.ca.gov

