

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:**

* Legal Name:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Phone Number: Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT:

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es):

A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration

E. Other (specify):

* Is this application being submitted to other agencies? Yes No What other Agencies?

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:

* Start Date * Ending Date

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

* Organization Name:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="899,998.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="899,998.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

<p>* Signature of Authorized Representative</p> <input type="text" value="NICHOLAS N NOVAK"/>	<p>* Date Signed</p> <input type="text" value="02/25/2013"/>
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20. Pre-application

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Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 2 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Performance Sites

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

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RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? Yes No

4.a. * Does this project have an actual or potential impact on the environment? Yes No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

4.d. If yes, please explain:

5. * Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.a. If yes, please explain:

6. * Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. * Project Summary/Abstract

8. * Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

Abstract - Project Summary

The objective of this research is to develop interventions to train family physicians and pediatricians to communicate effectively with parents of 11-12 year-olds about human papillomavirus (HPV) vaccination. Success in reaching this objective will be measured primarily by increases in clinic-level vaccination rates and secondarily by changes in knowledge, attitudes, and self-efficacy in health care personnel and parents. In the first of two phases, using interviews and focus groups, the researchers will assess the communication strategies used by clinicians and the supporting role of clinical staff when recommending HPV vaccination to parents of 11-12 year old children, as well as the knowledge and perceptions of parents regarding HPV vaccination. The input of an advisory group of clinicians, medical assistants, and parents will assist researchers in applying the results of the assessments in Phase 1 to the development of interventions in Phase 2 to train clinicians to communicate effectively with parents and to implement clinic procedures that support this communication. This inclusion of community-based participation in the research will provide the flexibility to adapt interventions to fit the needs of participating clinics. Based on findings in published literature, the researchers anticipate that training sessions will include modules addressing discussing sexuality with parents and the use of recall and reminder systems. To engage clinics in the control group and to compare the interventions in this study to standard continuing medical education, all participating clinicians will receive a large group lecture on HPV-related cancers. Training sessions will utilize some aspects of commercial marketing including, 1) ongoing collegial relationships between professionals with similar backgrounds and 2) recurrent, interactive, onsite presentations to small groups of clinicians and clinical support staff. To evaluate the effects of the training sessions, follow up surveys and focus groups will be conducted with clinicians, medical assistants, parents to assess changes in knowledge, attitudes, and self-efficacy about HPV vaccination decision making. Clinic-level vaccination rates will be calculated in the years before, during and after the training sessions using lists of 11-12 year olds provided by the clinics, vaccination records in the state immunization registry, and analytic software (CoCASA) from the Centers for Disease Control and Prevention (CDC). Involvement of members of professional societies of family physicians and pediatricians in the advisory group will facilitate dissemination of results through presentations at professional conferences, interactive webinars and peer-reviewed literature. Researchers' involvement in public health associations will facilitate dissemination via educational outreach from local health departments to clinicians. Completing the 3-dose series prior to onset of sexual activity is needed to maximize the effectiveness of the HPV vaccine. Teaching physicians effective communication skills in discussing HPV vaccination with parents of 11-12 year olds is essential in public health efforts to increase vaccination rates and prevent HPV-related cancers.

Project Narrative

This proposal seeks to increase physicians' skills at providing strong, effective recommendations to parents in favor of vaccinating their young adolescent children against HPV. Teaching physicians effective communication skills in discussing HPV vaccination with parents of 11-12 year olds is essential in public health efforts to increase vaccination rates and prevent HPV-related cancers.

Facilities and Other Resources

Laboratory:

Not applicable

Animal:

Not applicable

Computer:

University of Wisconsin Center for Urban Population Health

All CUPH computer workstations contain computers that are Internet connected and networked to Laserjet printers. All CUPH computers are connected to the Aurora Health Care mainframe, with full access to bibliographic indexes (e.g., Web of Science and Academic Search) and statistical software packages (e.g., SAS and SPSS). All research data is kept confidential by storing files in password protected server spaces. CUPH faculty and research staff also have access to the Aurora Health Care medical library system and the University of Wisconsin library. The Center's technological capacity includes:

- Approximately 36 workstations equipped with desktop PC's or laptops that are less than 3 years old (Windows 2000 or greater), internet-connected, and connected to Laserjet printers
- Scanner for use with Teleform
- ArcGIS software and databases
- SPSS, STATA, Minitab, nVIVO, and other analysis software
- Secure servers (utilized through both Aurora & UW-Milwaukee's Data Centers) to host secure web applications and databases used in our research functions
- Color copier & printers
- Digital cameras
- 5 Digital Voice Records
- Portable LCD projector for off-site presentations and trainings

Milwaukee Health Department

The Milwaukee Health Department has a Windows Active Directory network over 100-BaseT Ethernet with 280 users. Major applications include Microsoft Office 2010, Exchange Server 2010, Microsoft SQL Server, Adobe Acrobat Professional, ArcView GIS, Trend Micro OfficeScan (antivirus), SharePoint 2010, MS Project, MS Visio, Crystal Reports, SPSS, TeleForms, Backup Exec, and Track-It!. Custom web-based applications include WEDSS, SPHERE, WIR, CityWatch, ESSENCE, Vital Statistics, Nurse-Family Partnership, POM, Well Woman Case Management Tracking, SmokingViolationsComplaint, Cribs for kids, and client-based custom applications CHILI, HR Plus!, Men's Health, and MAOutreach intake.

- 20 network servers, running mostly Windows Server 2003, plus the Laboratory Information System (LIS) running on IBM AIX provided by SSC Soft Computer. 14 are run under VMWare version 4, and 6 are physical servers.
- Approximately 250 desktop PCs, 60 laptops, and 25 tablet PCs. We are in the middle of migrating the desktop CPUs from Windows XP to Windows 7 and are approximately 40% completed except for 15 in the Lead program which need Windows 2000. All PCs and laptops have Internet access
- 65 networked printers, most LaserJet are Black/White; several are LaserJet color
- 73 personal desktop printers mostly inkjet;
- 16 Multifunction devices (print, scan, copy, fax), and 2 high-speed scanners for use with Teleform
- 10 portable LCD projectors for off-site presentations and trainings.
- Digital cameras

Office:

University of Wisconsin Center for Urban Population Health

Aurora Health Care, Inc., one of the Center's partner organizations, provides approximately 6,200 square feet of office space at its Aurora Sinai Medical Center campus, located in the heart of downtown Milwaukee. In addition, the Center for Urban Population Health is able to access Aurora Health Care's services and operational support for the space. This building is located within near the central city area of downtown Milwaukee for easy access via public transportation, quick access to freeways, and close proximity to the neighborhoods and venues where this project will take place. The Center's office area houses Center faculty and staff, and provides additional project-specific space for Center Scientists and Affiliates. The Center for Urban Population Health facility includes:

- Approximately 6200 square feet of office space
- Two dedicated *conference rooms* for large and small project team meetings, both of which are equipped with conference phones, whiteboards, and audio-visual capabilities;
- Access to a variety Aurora Sinai Medical Center's conference rooms and auditoriums for large-scale meetings;
- Approximately 36 workstations equipped with desktop PC's or laptops that are less than 3 years old(Windows 2000 or greater), internet-connected, and connected to Laserjet printers;

Milwaukee Health Department

The City of Milwaukee Health Department (MHD) is headquartered at the Zeidler Municipal Building, 841 N. Broadway, in downtown Milwaukee adjacent to City Hall. At the municipal building, the MHD occupies part of the first floor where the department's Communicable Disease and Immunization Programs are housed. The entire second floor is dedicated to the MHD Laboratory, one of two BSL-3 laboratories in the state. The third floor is also entirely dedicated to the department, and houses its administrative offices as well as the offices of the Commissioner of Health and Medical Director.

The MHD operates three satellite clinics, Keenan Health Center, Northwest Health Center, and Southside Health Centers which are geographically dispersed through out the city. The MHD's approximately 250 staff are organized into multidisciplinary divisions organized to accomplish specific community health outcomes, with staff. MHD operates its Family Health Clinic, Walk in Immunization Clinics, WIC Clinics at all three locations, with a wide array of programs at each of its health center sites.

Clinical:

*The **mission of the City of Milwaukee Health Department (MHD) is to ensure that services are available to enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community.*** The **City of Milwaukee Health Department** is a leader in assuring that Milwaukee is the healthiest city in the nation, with the best personal health care, environmental health, and population-based preventive services possible. Four multidisciplinary divisions make up the City of Milwaukee Health Department and are organized to accomplish specific community health outcomes. They assess public health needs, develop healthy public policy, assure that the public, non-profit, and private sector work together to accomplish outcomes, and provide direct services when needed.

- The Division of **Disease Control and Prevention** works to prevent and control communicable diseases through surveillance, education, prevention, and case management for all reportable diseases, including tuberculosis and sexually transmitted diseases. This division is also responsible for reducing and managing hazardous contamination of air, water and soil, including brownfield (contaminated property) mitigation, through surveillance, education, technical assistance, and partnerships with public and private groups. In addition, this group coordinates the preparation and response to public health emergencies such as epidemics, hazardous material releases, and weather emergencies.
 - The **Immunization Program's** Public Health Nurses provide immunization services to the uninsured/under-insured children to reduce and/or eliminate vaccine preventable diseases. Immunization Program staff work with schools, day cares, preschools, head starts, community workers, and professional staff, including medical students and residents, to increase

immunization knowledge and awareness and to improve immunization practice in our community. The Immunization Program provides guidance, advice and resources to private providers with an overall goal of increasing immunization compliance in the City of Milwaukee. Program strategies focus on improvement of immunization delivery systems, including assurance of clinical immunization policy, procedures and protocols. The Immunization Program is also the central intake for data entry into the Wisconsin Immunization Registry for MHD nurse-vaccinators.

- The Immunization Program is an active member of the **Immunize Milwaukee Coalition**, a county-wide partnership of various community groups dedicated to ensuring that all children are properly immunized and protected from suffering preventable diseases. This coalition is an outgrowth of the Milwaukee Immunization Task Force, a collaboration with Milwaukee Public Schools (MPS), the Milwaukee County District Attorney, Boys and Girls Club, and the Division of Public Health. The original focus of the task force was to increase compliance with school required vaccinations within MPS. Activities of the taskforce included reconciliation of immunization records between schools and the state immunization registry, education and outreach to parents, and collaboration with schools (see below) to increase compliance rates. The taskforce was successful in increasing the compliance rate within MPS from 64% to 81% over four years.
- The Immunization Program is an active member of CHIMC – **Community Health Improvement in Milwaukee’s Children** - a community-based participatory research project led by the Medical College of Wisconsin with the goal of increasing immunization rates in children 14 and under in select zip codes (05, 06, 08, 10) by increasing parental knowledge through education in marketing.
- The **Immunization Medical Order Review Team** is an internal group with the purpose of addressing nursing practice and clinical service issues related to the Milwaukee Health Department’s immunization medical orders and protocols. The group’s representation includes the Milwaukee Health Department’s Immunization Medical Director, Immunization Program Manager and Public Health Nurse Immunization Coordinators and Public Health Nurse representatives from each of MHD’s clinical locations. The Immunization Medical Order Review Team is responsible for immunization-related in-service training of staff Public Health Nurses, assurance of safe nursing practice, and responding to client needs in relation to immunization and service delivery.
- Immunization Program staff members participate in more than 30 **health education fair events** every year. In addition, MHD provides education materials for health events. Child Health Week is held in August in conjunction with back to school activities, Child Health Week is a collaboration with local health maintenance organizations. The focus of the week is to promote childhood wellness and preventative health including immunizations and lead testing. The week involves 2 major health fairs and several small mini health fairs to increase access to preventive health services along with a marketing campaign to raise awareness.
- Public health nurses in the Immunization Program collaborate with **schools and childcare** facilities to implement interventions tailored to the facilities particular needs. Interventions may include record reconciliation, outreach/education to parents, and on site immunization clinics.
- The MHD Immunization Program staff members are available upon request to **visit healthcare provider offices** to provide education sessions on immunizations and vaccine preventable diseases. MHD is also available upon request to conduct **chart audits** to assist providers in establishing a baseline immunization rate for their practice. Furthermore, public health nursing staff will assist providers with identifying and addressing gaps in their immunization practice.
- The MHD Immunization Program sponsors an **annual immunization symposium** for nurses, nurse practitioners, medical assistants and other health care professionals who serve children and promote immunizations.
- The MHD **Sexually Transmitted Disease (STD) and HIV Program** works to prevent the spread of STD and HIV in the City of Milwaukee through both primary and secondary

prevention. This is accomplished through partnerships with community agencies and the Wisconsin State Division of Health STD Program to provide health education and services in the community, and through direct service provision such as screening and treatment for STDs, counseling and testing for HIV, and communicable disease surveillance, case management, and follow up. The City of Milwaukee's Central Health STD Clinic provides screening, diagnosis, treatment, counseling and follow-up for individuals 12 years of age and over who present themselves with signs and symptoms of or risk factors for sexually transmitted diseases (STDs). The clinic provides services to uninsured and under-insured clients of Milwaukee and surrounding communities. The clinic also provides clinical training for medical students, medical residents and graduate nursing students, as well as educational materials and presentations to schools, agencies and the community.

- The **Tuberculosis Control Clinic** focuses on the control of tuberculosis by assuring that all cases of disease are identified and adequately treated and that high-risk individuals with latent TB infection are identified and treated as appropriate. The Health Commissioner has legal authority to order cases to cooperate with testing and treatment, including legal isolation if needed. The program also protects the health of the community by screening new refugees for communicable disease, including TB. The TB staff members are recognized by the community as an important resource on tuberculosis, and they provide education to clients and the overall community. The TB staff also provide family-centered case-management services for suspect and actual tuberculosis cases. Clients are followed from the time of diagnosis until follow-up is complete. New refugees are offered extensive screening for communicable diseases and other conditions and follow-up is provided for any significant findings.
- The **Childhood Lead Poisoning Prevention Program (CLPPP)** has three primary goals. The first goal is to reduce the blood lead levels of children identified with lead poisoning through comprehensive service delivery. The second goal is to prevent childhood lead poisoning through controlling lead-based paint hazards in high-risk housing stock before a child is exposed. The third goal is to engage in meaningful program evaluation and research that results in cost effective lead hazard reduction techniques that protect the children while maintaining affordable City of Milwaukee housing. Case management is done by Public Health Nurses and Public Health Aides.
- **Family and Community Health** outcomes include reducing disparities in infant death and increasing school-readiness of preschool children. Activities include family case management and home visiting programs for pregnant women and young children, follow-up of infants with special needs, and community-based promotion of healthy pregnancy and childrearing. Staff at Women Infant and Children (WIC) nutrition centers and nursing clinics assess health needs and provide care or referral as needed.
 - **Walk-in Clinics:** Public health nurses provide free services for immunizations and pregnancy testing.
 - **Immunization Clinics** at the MHD are on a non-appointment, walk-in basis. Seven clinics are scheduled per week at three citywide locations. Each clinic is three hours in length and clinic times are varied throughout the day and evening. Clinics are staffed with Public Health Nurses, clinic assistants, translators, and other para-professionals. Services include an immunization assessment utilizing the Wisconsin Immunization Registry, immunization administration, immunization education and counseling, and information on follow-up needs. Additional services offered through these clinics include pregnancy testing, pregnancy result counseling, education and referral, TB testing for identified at-risk individuals and medical assistance information. Translation services are currently provided using staff translators or a telephone language resource line.
 - **Women Infant and Children (W.I.C.)** is a nutrition program that has a goal to promote and maintain the health and well-being of nutritionally at-risk pregnant and breast-feeding and postpartum women, infants and children up to age five. W.I.C. provides nutrition risk assessments, supplemental nutritious foods, nutrition education, nutrition and breast-feeding information and referrals to other health and nutrition services. Clients are seen by appointment.
 - **WIC One-Stop Shop:** Public health nurses provide nursing services in City of Milwaukee WIC clinics, including, but not limited to education, pregnancy testing, and immunizations.

- **Home Visits:** Public health nurses visit individuals and families to assess, educate, and refer as necessary in order to achieve our goals. The nurse works as an advocate for the individual and/or family.
- The **Community Healthcare Access Program** assists community members apply for the health care coverage to which they are entitled, as well as making referrals for clients to receive other important healthcare services. There are several sites throughout the community at which the health care coverage assistance is offered. The program also provides translator services in Spanish, Lao, Thai, and Hmong.
- The Division of **Consumer Environmental Health** promotes the outcomes of safe food, and equity, fairness, and safety of consumer purchases in retail establishments. These outcomes are assured through licensing, inspection, investigation and enforcement, as well as education and consultation. The division is responsible for permanent, temporary and mobile food vendors, food vending machines, tattoo and body piercing establishments, weighing and measuring devices, fire safety, convenience store security, and advertised sales.

Community Partners

MilwaukeeCares is a voluntary public-private partnership lead by the **Medical Society of Milwaukee County** that works to improve access to appropriate care for low income, uninsured patients in Milwaukee County who are ineligible for Medicaid, the State's "Badger Care" program, or the County's GAMP coverage. The primary goal of MilwaukeeCares is to develop and manage a coordinated system that helps uninsured people access healthcare services. MilwaukeeCares will provide appropriate access to free primary and specialty care, hospital services and medication for uninsured people who cannot afford needed services. The project goals include building a sustainable, community-wide provider network for primary and specialty care in Milwaukee. MHD will partner with the MilwaukeeCares program in order to identify healthcare providers for participation in the proposed intervention strategies.

MHD has developed successful partnerships with specific providers in the medical community, especially those serving the medically underserved, including local Federally Qualified Health Centers.

- The goal of **Milwaukee Health Services, Inc. (MHSI)** is to be the most accessible, effective, and efficient community-based health care provider specifically serving medically underserved families and individuals (more than 18,000 clients in total). MHSI operates as a Federally Qualified Community Health Center at two sites: The **Isaac Coggs Health Connection** at 2770 North 5th Street and the **MLK Heritage Health Center** at 2555 N. Martin Luther King Drive.
- **Sixteenth Street Community Health Centers (SSCHC)** have been providing quality health care services to residents of Milwaukee's near south side for several decades. Sixteenth Street is a Federally Qualified Health Center (FQHC) providing Primary Health Care (Medical, Dental and Behavioral care), social services, alcohol and other drug abuse (AODA) counseling, health education and HIV outreach. The clinic is located in a federally-designated "Medically Underserved Area" (MUA) and currently serves a diverse patient population exceeding 15,000. Sixteenth Street is a member of the Wisconsin Primary Health Care Association, a consortium of state health care providers serving the medical needs of all persons regardless of financial, cultural or linguistic barriers. SSCHC's model of preventive care is dedicated to achieving the health promotion and disease prevention objectives set forth by Healthy People 2010.
- **Healthcare for the Homeless Health Care** manages an extensive network that provides comprehensive services – including medical, dental, mental health, substance abuse, emergency housing, crisis intervention, case management, outreach and advocacy – for the community's homeless population of approximately 20,000. Established in 1985 as a demonstration project funded by the Robert Wood Johnson Foundation and Pew Memorial Trust, the project currently sponsors five medical clinics, four of which are located in emergency shelters and meal sites and one mental health clinic located at its Administrative Office site.
- **Progressive Community Health Centers'** mission is to provide primary health care services to the residents of the inner city west of the city of Milwaukee. The Westside Healthcare Association's Lisbon Avenue Health Center and Hillside Family Health Center are located in medically underserved areas. There are approximately 70,000 residents living in the community served by the WHA. Most families

are considered as the "working poor" with a large number of the population without health benefits and/or who cannot afford the employee contribution to the health benefits

Other:

Not Applicable

Equipment

Not applicable, the proposal "HPV Squared: Increasing Health Professionals' Voice in HPV Vaccine Recommendation" does require any major equipment.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator				
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="PAUL"/>	
		Middle Name:	<input type="text" value="HENRY"/>	
* Last Name:	<input type="text" value="HUNTER"/>	Suffix:	<input type="text" value="MD"/>	
Position/Title:	<input type="text" value="ASST PROFESSOR"/>	Department:	<input type="text" value="FAMILY MEDICINE"/>	
Organization Name:	<input type="text" value="The Board of Regents of the University of Wisconsin System"/>		Division:	<input type="text" value="Medicine and Public Health"/>
* Street1:	<input type="text" value="1100 DELAPLAINE CT"/>			
Street2:	<input type="text" value="DELAPLAINE CT 1100"/>			
* City:	<input type="text" value="MADISON"/>	County/ Parish:	<input type="text" value="Dane"/>	
* State:	<input type="text" value="WI: Wisconsin"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code:	<input type="text" value="53715-1840"/>
* Phone Number:	<input type="text" value="4142860924"/>	Fax Number:	<input type="text"/>	
* E-Mail:	<input type="text" value="PHHUNTER@WISC.EDU"/>			
Credential, e.g., agency login:	<input type="text" value="PHHUNTER"/>			
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
* Attach Biographical Sketch	<input type="text" value="Biosketch_Hunter1013824232.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1				
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Julia"/>	
		Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Lechuga"/>	Suffix:	<input type="text" value="PhD"/>	
Position/Title:	<input type="text" value="Assistant Professor"/>	Department:	<input type="text" value="Psychiatry and Behavioral Medi"/>	
Organization Name:	<input type="text" value="Medical College of Wisconsin"/>		Division:	<input type="text"/>
* Street1:	<input type="text" value="2071 N. Summit Avenue"/>			
Street2:	<input type="text"/>			
* City:	<input type="text" value="Milwaukee"/>	County/ Parish:	<input type="text"/>	
* State:	<input type="text" value="WI: Wisconsin"/>	Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code:	<input type="text" value="532260509"/>
* Phone Number:	<input type="text" value="(414)955-7769"/>	Fax Number:	<input type="text"/>	
* E-Mail:	<input type="text" value="jlechuga@mcw.edu"/>			
Credential, e.g., agency login:	<input type="text"/>			
* Project Role:	<input type="text" value="Co-Investigator"/>	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text" value="Ph.D."/>			
Degree Year:	<input type="text" value="2008"/>			
* Attach Biographical Sketch	<input type="text" value="LechugaBio_20121013824257.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 2			
Prefix:	<input type="text"/>	* First Name:	DAVID
		Middle Name:	A
* Last Name:	FRAZER	Suffix:	<input type="text"/>
Position/Title:	OUTREACH PROG MGR I	Department:	CENTER FOR URBAN POPULATION HE
Organization Name:	The Board of Regents of the University of Wisconsin System		Division:
* Street1:	945 N 12TH ST		
Street2:	SINAI SAMARITAN MED CTR-MKE		
* City:	MILWAUKEE	County/ Parish:	<input type="text"/>
* State:	WI: Wisconsin	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	53233-1305
* Phone Number:	4142195101	Fax Number:	<input type="text"/>
* E-Mail:	DFRAZER@WISC.EDU		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	Other Professional	Other Project Role Category:	Project Coordinator
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
* Attach Biographical Sketch	<input type="text" value="Frazer_Bio1013824535.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 3			
Prefix:	<input type="text"/>	* First Name:	Courtenay
		Middle Name:	<input type="text"/>
* Last Name:	Kessler	Suffix:	MS
Position/Title:	Associate Researcher	Department:	CENTER FOR URBAN POPULATION HE
Organization Name:	The Board of Regents of the University of Wisconsin System		Division:
* Street1:	945 N 12TH ST		
Street2:	SINAI SAMARITAN MED CTR-MKE		
* City:	MILWAUKEE	County/ Parish:	<input type="text"/>
* State:	WI: Wisconsin	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	53233-1305
* Phone Number:	414.219.5114	Fax Number:	<input type="text"/>
* E-Mail:	courtenay.kessler@aurora.org		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	Other Professional	Other Project Role Category:	Project Evaluator
Degree Type:	MS		
Degree Year:	2008		
* Attach Biographical Sketch	<input type="text" value="Kessler_Bio1013824266.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 4			
Prefix:	<input type="text"/>	* First Name:	Fred
		Middle Name:	<input type="text"/>
* Last Name:	Radmer	Suffix:	MPH
Position/Title:	Public Health Surveillance Analyst	Department:	<input type="text"/>
Organization Name:	City of Milwaukee Health Department	Division:	<input type="text"/>
* Street1:	841 N. Broadway		
Street2:	<input type="text"/>		
* City:	Milwaukee	County/ Parish:	<input type="text"/>
* State:	WI: Wisconsin	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	53202-3653
* Phone Number:	(414) 286-5494	Fax Number:	<input type="text"/>
* E-Mail:	FRADME@milwaukee.gov		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	Other Professional	Other Project Role Category:	Epidemiologist
Degree Type:	MPH		
Degree Year:	2003		
* Attach Biographical Sketch	Radmer_Bio1013824270.pdf	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment View Attachment

PROFILE - Senior/Key Person 5			
Prefix:	<input type="text"/>	* First Name:	Julia
		Middle Name:	<input type="text"/>
* Last Name:	Lechuga	Suffix:	PhD
Position/Title:	Assistant Professor	Department:	Psychiatry and Behavioral Medi
Organization Name:	Medical College of Wisconsin	Division:	<input type="text"/>
* Street1:	2071 N. Summit Avenue		
Street2:	<input type="text"/>		
* City:	Milwaukee	County/ Parish:	<input type="text"/>
* State:	WI: Wisconsin	Province:	<input type="text"/>
* Country:	USA: UNITED STATES	* Zip / Postal Code:	532260509
* Phone Number:	(414)955-7769	Fax Number:	<input type="text"/>
* E-Mail:	jlechuga@mcw.edu		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	Co-Investigator	Other Project Role Category:	<input type="text"/>
Degree Type:	PhD		
Degree Year:	2008		
* Attach Biographical Sketch	LechugaBio_20121013824293.pdf	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support	<input type="text"/>	Add Attachment	Delete Attachment View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 6			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Denise"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="Uyar"/>	Suffix:	<input type="text" value="MD"/>
Position/Title:	<input type="text" value="Associate Professor of Obstetrics and Gynecol"/>		
Department:	<input type="text" value="Obstetrics and Gynecology"/>		
Organization Name:	<input type="text" value="Medical College of Wisconsin"/>		Division:
* Street1:	<input type="text" value="9200 West Wisconsin Avenue"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Milwaukee"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text" value="WI: Wisconsin"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="532260509"/>
* Phone Number:	<input type="text" value="414-805-6623"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text" value="duyar@mcw.edu"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text" value="Faculty"/>	Other Project Role Category:	<input type="text"/>
Degree Type:	<input type="text" value="MD"/>		
Degree Year:	<input type="text" value="1997"/>		
* Attach Biographical Sketch	<input type="text" value="Uyar_Bio1013824298.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 7			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Fred"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="Radmer"/>	Suffix:	<input type="text" value="MPH"/>
Position/Title:	<input type="text" value="Surveillance Analyst"/>		
Department:	<input type="text"/>		
Organization Name:	<input type="text" value="City of Milwaukee Health Department"/>		Division:
* Street1:	<input type="text" value="841 N. Broadway"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Milwaukee"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text" value="WI: Wisconsin"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="53202-3653"/>
* Phone Number:	<input type="text" value="(414) 286-5494"/>	Fax Number:	<input type="text"/>
* E-Mail:	<input type="text" value="FRADME@milwaukee.gov"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text" value="Other Professional"/>	Other Project Role Category:	<input type="text" value="Epidemiologist"/>
Degree Type:	<input type="text" value="MPH"/>		
Degree Year:	<input type="text" value="2003"/>		
* Attach Biographical Sketch	<input type="text" value="Radmer_Bio1013824308.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Hunter, Paul		POSITION TITLE Assistant Professor of Family Medicine, University of Wisconsin School of Medicine and Public Health Associate Medical Director, Milwaukee Health Dept.	
eRA COMMONS USER NAME (credential, e.g., agency login) PHHUNTER			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
University of Wisconsin (Madison, WI)	B.S.	09/81-05/85	Medical Science
University of Wisconsin (Madison, WI)	M.D.	09/85-05/89	Medicine
Eau Claire Family Practice Residency (Eau Claire, WI)		07/89-06/92	Family Practice Residency
American Academy of Family Physicians		04/10-03/11	Vaccine Science Fellowship

A. Personal Statement

Dr. Hunter has a broad range of clinical, teaching, research and public health experience. 17 of his 19 years of clinical practice in family medicine were in underserved communities, including 7 years at Federally Qualified Health Centers, 6 years as faculty in a family practice residency clinic, and 2 years in a private medical group. He started his clinical career delivering babies and progressed through the life course of patient care to end-of-life care of disabled elderly patients in nursing homes. Since 2009 he has focused on the more clinical aspects of local, governmental public health, especially immunizations, sexually transmitted diseases, tuberculosis, and obesity prevention.

At every point in his career, Dr. Hunter has incorporated community-based research, including 9 years as academic medical faculty at both medical schools in Wisconsin. He currently spends 1% of his professional effort consulting with Dr. Julia Lechuga on her NIH R21 grant entitled "Mother-Daughter Joint Decision Making to Obtain HPV Vaccine" to help recruiting primary care clinics and provide advice on the medical content of dissemination products. He also spends 5% of his effort working with Mary Ann Kiepczynski and others at the Milwaukee Health Department on developing the Immunize Milwaukee Coalition. As Principal Investigator from 2010 to 2012, he worked with David Frazer, Courtenay Kessler, and others at the Center for Urban Population Health to bring nutrition education to Mobile Markets in low-income areas of Milwaukee.

Dr. Hunter is active nationally and regionally in immunization policy and practice. He is liaison from the American Academy of Family Physicians (AAFP) to the working group on General Recommendations for the Advisory Committee on Immunization Practices (ACIP) for the CDC. From 2010 – 2011 he participated in the AAFP's year-long Vaccine Fellowship, which included attending meetings of the ACIP and National Vaccine Advisory Council as well as a tour of a vaccine manufacturing facility. In January 2013, he joined the Immunization Work Group of the National Association of County and City Health Officers. He serves on the Wisconsin Council of Immunization Practices with Dr. Svapna Sabnis. He speaks regularly on immunization topics, including an annual update on immunization practices for family medicine residents in Milwaukee and invited lecture on vaccine waivers to 50 members of the Southern Wisconsin Immunization Coalition. He writes and updates the detailed standing orders for immunizations used by 60 public health nurses at the nurse-run, outreach and walk-in clinics of Milwaukee Health Department.

Having worked clinically in all four health systems in Milwaukee, Dr. Hunter is very well connected to a broad array of clinicians. He speaks regularly at meetings of clinicians and nurses at primary care clinics in Milwaukee about immunizations, sexually transmitted diseases, and tuberculosis. He regularly emails public health recommendations for clinical practice to dozens of clinicians in Milwaukee. He works with the Medical Society of Milwaukee County on the Immunize Milwaukee Coalition and filled in as a board member for a few

months in 2012. He has been a member of the Wisconsin Academy of Family Physicians since 1989 and served a committee chair in the past.

Dr. Hunter has published on the topic of training medical students and residents about public health. He was co-author with current ACIP chair, Dr. Jon Temte, on a paper about family medicine research when they were both family medicine residents. He is first author an article on nutrition education and another on sexually transmitted diseases that will appear in 2013.

B. Positions and Honors

Positions and Employment

1992 - 1996	Family Physician, Crusader Clinic (Federally Qualified Health Center, FQHC), Rockford, IL
1996 - 1999	Family Physician, MLK-Heritage Health Center (FQHC), Milwaukee WI
1996 - 2002	Assistant Professor, Department of Family and Community Medicine, Medical College of Wisconsin (MCW), Milwaukee WI
2002 - 2005	Family Physician, Covenant Medical Group, South Milwaukee, WI
2005 - 2011	Family Physician, Community Care for the Elderly, Milwaukee, WI
2009 - Present	Associate Medical Director, City of Milwaukee Health Department, Milwaukee, WI
2009 - Present	Center Scientist, Center for Urban Population Health, Milwaukee WI
2009 - Present	Assistant Professor, Dept of Family Medicine, School of Medicine & Public Health, University of Wisconsin (UW), Madison WI

Other Experience and Professional Memberships (selected)

1989 – Present	American Academy of Family Physicians & Wisconsin Academy of Family Physicians
1992 – Present	Wisconsin Research and Education Network
2009 – Present	American Public Health Association & Wisconsin Public Health Association
2009 – Present	Wisconsin Partnership on Activity and Nutrition, Families and Communities Subcommittee, http://dhs.wi.gov/health/physicalactivity/PartnersResources/WIPAN.htm
2009 – Present	Wisconsin Council for Immunization Practices, WI Department of Health Services (DHS).
2009 – Present	Region V Infertility Prevention Project, http://www.rvipp.org/ , Centers for Disease Control, Region V = MN, WI, MI, IL, IN, OH
2011 – Present	Advisory Committee on Immunization Practices for the CDC, Work group on General Recommendations, Liaison from the American Academy of Family Physicians to the for the
2013 – Present	Immunization Work Group, National Association of County and City Health Officials

Honors (selected)

1997	Faculty of the Year, Columbia Family Practice Residency, Medical College of Wisconsin, Milwaukee
1998	Award for Community Involvement, Department of Family and Community Medicine, MCW
1999	Distinguished Clinical Preceptor, School of Nursing, University of Wisconsin - Milwaukee

C. Selected peer-reviewed publications (in chronological order).

Temte JL, **HUNTER PH**, Beasley JW. Factors associated with research interest and activity during family practice residency. *Fam Med.* 1994 Feb;26(2):93-7. PMID:8163072

Wolff M, Hamberger LK, Ambuel B, Ahmed S, Swain GR, **HUNTER P**, Smith D. The development and evaluation of community health competencies for family medicine. *Wisconsin Medical Journal.* 2007 Oct;106(7):397-401. PMID:18030828

D. Research Support

Ongoing Research Support

Wisconsin Partnership Project, University of Wisconsin – Madison

<http://www.med.wisc.edu/wisconsin-partnership-program/main/499>

Immunize Milwaukee Coalition

Dates of Award: 4/2011 - 3/2013 (with no cost extension from 4/2013 - 12/2013)

Amount of Award: \$50,000

Role in project: Co-Director, Academic Partner, 5% FTE.

NIH R-21, National Institute of Child Health and Human Development, PA-11-105

Mother-Daughter Joint Decision Making to Obtain HPV Vaccine

Dates of Award: 7/1/2012 - 6/30/2014

Role in project: Consult on accessing survey participants and medical aspects of questionnaire, 1% FTE.

NIH, National Institute of Drug Abuse, RFA-DA-10-017

A Systemic Approach to Seek, Test, and Treat Strategies for Correctional Populations (HIV)

Dates of Award: 9/2010 - 6/2015

Amount of Award: grant \$3,197,092

Role in project: Coordinate access to data on STD infection rates after intervention, 2% FTE

Completed Research Support

Ira and Ineva Reilly Baldwin Wisconsin Idea Endowment, University of Wisconsin - Madison

<http://www.provost.wisc.edu/baldwin/projects10.html>

Mobile Markets: Education with Healthy, Affordable Food at the Neighborhood-level

Dates of Award: 7/2010 – 6/2012

Amount of Award: \$107,000

Role in project: Principal Investigator

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Julia Lechuga	POSITION TITLE Assistant Professor		
eRA COMMONS USER NAME jlechuga	Center for AIDS Intervention Research (CAIR) Psychiatry and Behavioral Medicine Medical College of Wisconsin		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
The University of Texas at El Paso, El Paso Texas	B.A.	1999	Psychology
The University of Texas at El Paso, El Paso Texas	M.A.	2003	Experimental Psychology
The University of Texas at El Paso, El Paso Texas	Ph.D.	2008	Cross-Cultural Psychology
The Medical College of Wisconsin, Milwaukee Wisconsin	Postdoctoral	2010	Health Decision-Making

A. Personal Statement

The goal of the proposed research is to design, implement, and test an educational intervention for clinicians to communicate effectively with parents of 11-14 year old-children regarding HPV vaccinations. The goal of the proposed project will be to increase the rates of HPV vaccination among young adolescents. As a psychologist trained in both qualitative and quantitative research methods and having conducted prior research on HPV vaccine acceptance research, I have the expertise, leadership and motivation necessary to contribute meaningfully to the proposed work. In a prior collaboration with the Milwaukee Health Department, I conducted a research project titled, "The Cross-Cultural Variation of Determinants of Parental HPV Acceptance." In this project, I evaluated the determinants of acceptance of the HPV vaccine in 150 ethnically diverse, medically underserved mothers. This work resulted in the following published manuscripts: "Perceived Need of a Parental Decision Aid for the HPV Vaccine: Content and Format Preferences," "The Cross-Cultural Variation of Predictors of Human Papillomavirus Vaccination Intentions," and "The impact of framing on intentions to vaccinate daughters Against HPV: A cross-cultural perspective." Furthermore, this prior work served as the basis for a currently funded R21 from the National Institute of Nursing Research which aims at understanding parental information needs regarding the HPV vaccine. For the proposed project, I will oversee the conduct of the formative phase (interviews and focus groups with providers and parents) to ensure that adequate information is gathered to inform the design of the intervention. Furthermore, I will help design and implement the intervention.

B. Positions and Honors

Positions and Employment

2002-2003	Research Intern, Center for Evaluation Research and Planning, The University of Texas at El Paso.
2003-2008	Assistant Instructor, Department of Psychology, The University of Texas at El Paso.
2005-2007	Adjunct Faculty, Department of Social Sciences, Autonomous University of Juarez, Mexico.
2007-2008	Research Assistant, Department of Health Promotion, College of Health Sciences, The University of Texas at El Paso.
2008-2010	NRSA Postdoctoral Fellow Center for AIDS Intervention Research (CAIR), Medical College of Wisconsin.
2010-Present	Assistant Professor, Medical College of Wisconsin, Psychiatry and Behavioral Medicine, Center for AIDS Intervention Research (CAIR)

Other Experience and Professional Memberships

- 07/2000 - The Society for Personality and Social Psychology
- 04/2005 - The Society for Behavioral Medicine
- 07/2005 - American Psychological Association
- 09/2006 - The Society for Judgment and Decision-Making
- 09/2008 - The Psychonomic Society
- 09/2008 - Member, Behavioral and Social Science Volunteer Program (BBSSV), American Psychological Association

Honors

- 1998 American Psychological Association (APA) Minority Student of Excellence
- 2010 Harry and Pola Triandis Outstanding Dissertation Award Finalist Honorable Mention, International Association of Cross-Cultural Psychology (IACCP)

C. Peer-Reviewed Publications

Lechuga, J. (2008). Is acculturation a dynamic construct? The influence of priming culture on acculturation. *Hispanic Journal of Behavioral Sciences, 30*, 324-339.

Maldonado, B., Moreno, A., Quintana, L., & Lechuga, J. (2009). Familias monoparentales de madre en Chihuahua: Su estructura [The structure of the single parent family in Chihuahua] in V. Orozco (Ed.), *Chihuahua Hoy: Visiones de su Historia, Economía, Política y Cultura* (7ma ed.). Chihuahua, Mexico: Instituto Chihuahuense de la Cultura.

Lechuga, J., & Wiebe, J. S. (2009). Can language prime culture in Hispanics? The differential impact of self-construals in predicting intention to use a condom. *International Journal of Psychology, 44*, 468-476. PMID: 22029664

Lechuga, J. (2009). Familialismo: Ventajas y desventajas de “mi familia” [Familism: pros and Cons of “my family”]. *Revista Cuadernos Fronterizos, 13*, 18-20.

Galletly, C., Lechuga, J., & Layde, J. (2010). The sexual health curriculum in U.S. medical schools: Defining educational objectives. *Academic Psychiatry, 34*, 333–338. PMID: 20833900

Kersten, A. W., Meissner, C. A., Lechuga, J., Schwartz, B. L., & Albrechtsen, J. S. (2010). Conceptualization of motion events in English and Spanish speakers: Different patterns of attention to manner of motion and path. *Journal of Experimental Psychology: General, 139*, 638-653. PMID: 20853990

Lechuga, J., Swain, G. R., & Weinhardt, L. S. (2011). The impact of framing on intentions to vaccinate daughters Against HPV: A cross-cultural perspective. *Annals of Behavioral Medicine, 42*, 221-226. PMID: 21533624

Lechuga, J., Santos Maldonado, B., Garza-Caballero, A., & Villarreal, R. (2011). Holistic Reasoning on the Other Side of the World: Validation of the Analysis/Holism Scale in Mexicans. *Cultural Diversity and Ethnic Minority Psychology, 17*, 325-330. PMID: 21787065

Lechuga, J., & Fernandez, N. P. (2011). Assimilation and individual differences in emotion: The dynamics of anger and approach motivation. *International Journal of Intercultural Relations, 35*, 196-204. PMID: 21625350

Lechuga, J., Swain, G. R., & Weinhardt, L. S. (2011). The cross-cultural variation of predictors of HPV vaccination intentions. *Journal of Women's Health, 20*, 225-230. PMID: 21314448

Owczarzak, J., Petroll, A., & Lechuga, J. (2011). HIV testing as a standard of care for men who have sex with men: Patient and provider perspectives. *Journal of Primary Care and Community Health*, 2, 116-121.

Lechuga, J. (2011). Collectivism. In S. Loue & M. Sajatovic (Eds.), *encyclopedia of immigrant health*. New York, NY: Springer.

Lechuga, J. (2011). Explanatory Models of Illness. In S. Loue & M. Sajatovic (Eds.), *encyclopedia of immigrant health*. New York, NY: Springer.

Lechuga, J., & Wiebe, J. S. (2011). The cross-cultural variation of probability judgment accuracy: The influence of reasoning style. *Journal of Cross-Cultural Psychology*, 42, 1054-1065.

Lechuga, J., Swain, G. R., & Weinhardt, L. S. (2012). Perceived need of a parental decision-aid for the HPV Vaccine: Content and format preferences. *Health Promotion & Practice*, 13, 214-22.

Per Reviewed Presentations:

International

Scott E. Culhane, Osvaldo, F. Morera, Julia Lechuga, Eva M. de la Riva. Gender, acculturation, and the factor structure of need for cognition. Western Psychological Association, Vancouver, British Columbia, Canada, (05/2003).

Julia Lechuga. Individualism-collectivism: Are the horizontal and vertical dimensions supported in a sample of individuals of a Mexican-American background? International Association of Cross-Cultural Psychology, Budapest, Hungary, (07/2003).

Julia Lechuga, Norbert K. Tanzer. Speed accuracy tradeoffs in timed tests as sources of bias in culturally and linguistically diverse test settings. European Congress of Psychology, Vienna, Austria, (07/2003).

Julia Lechuga, Ana I. Schwartz. The effects of culture priming on cross-language activation. Can culture prime language? Joint American Association of Applied Linguistics, Montreal, Canada, (04/2006).

National

Ulrich Schimack, Julia Lechuga. Bilingual representations of emotions disgust vs. asco, Cross-Cultural Psychological Association, Santa Fe, N.M., (02/1999).

Julia Lechuga, Phanikiran Radhakrishnan. Availability of self and group representations among collectivists. Cross-Cultural Psychological Association, Santa Fe, N. M., (02/1999).

Azenett A. Garza, Michael A. Zarate, Eric Chaparro, Julia Lechuga. Self, cultural pluralism, and prejudice. Western Psychological Association, Irvine, CA, (04/1999)

Ulrich Schimack, Julia Lechuga. Bilingual representations of emotions the role of disgust vs. asco. American Psychological Society, Miami, FL, (06/2000).

Azenett A. Garza, Patricia Espinoza, Oscar Ybarra, Julia Lechuga, Michael A. Zarate. To be alike or different? Cultural differences in intergroup behavior. Society for Personality and Social Psychology, Savannah, GA. (02/2002)..

Norbert, K. Tanzer, Julia Lechuga. Competence testing in culturally diverse populations: A case study of student learning through innovative assignments. Sun Conference on Teaching and Learning, El Paso, TX, (03/2002).

Eva M. de la Riva, Julia Lechuga, Michael A. Zarate, Scott E. Culhane. Does stereotyping reduce prejudice in members of contextualist cultures? Society for Personality and Social Psychology, Los Angeles, CA, (02/2003).

Julia Lechuga, Osvaldo F. Morera, Scott E. Culhane, Eva M. de la Riva. Individualism/collectivism: A revised scale for Mexican-Americans. Society for Personality and Social Psychology, Los Angeles, CA, (02/2003).

Norbert K. Tanzer, Julia Lechuga. Facilitating student learning through innovative assignments. Sun Conference on Teaching and Learning, El Paso, TX, (03/2003).

Julia Lechuga, John S. Wiebe. Ethnicity and health: Conceptual and methodological issues in the measurement of key constructs. Society of Behavioral Medicine, Boston, MA, (04/2005).

Norma P. Fernandez, Osvaldo F. Morera, Julia Lechuga. How much information is too much? A comparison of decompositional and holistic strategies. Society for Judgment and Decision Making, Houston, TX, (09/2006).

Julia Lechuga, Osvaldo F. Morera, Norma P. Fernandez. Probability judgment accuracy: Does the overconfidence phenomenon replicate in Mexico?, Society for Judgment and Decision Making, Houston, TX, (09/2006).

Julia Lechuga, Johns S. Wiebe. The influence of priming culture on intentions to use a condom. Society of Behavioral Medicine, Washington, D. C., (03/2007).

Julia Lechuga. The cross-cultural variation of probability judgment accuracy: The influence of reasoning style, Psychonomic Society, Chicago, IL, (11/2008).

Alan, W. Kersten, Christian A. Meissner, Julia Lechuga, Bennet L. Schwartz, Justin S. Albrechtsen, & Antony Iglesias. Classification of novel manners of motion by monolingual English and Spanish speakers. Psychonomic Society, Boston, MA, (11/2009).

Julia Lechuga. Gain versus loss framing and vaccination intentions across cultures. Society of Behavioral Medicine, Seattle, WA, (04/2010).

C. Research Support

5P30 MH052776-16 (Kelly, PI) 04/01/94 – 07/31/14 NIH/NIMH
The Cross Cultural Variation of Determinants of Parental HPV Vaccine Acceptance
This study is designed with the purpose of illuminating cross-cultural commonalities and specifics of HPV vaccine acceptance.
Role: Principal Investigator, Developmental Research Study

2R01DA020350-06A1 (Dickson-Gomez, PI) 07/01/2005 – 01/31/2016 NIH/NIDA
High Risk Crack Use Settings and HIV in El Salvador
This renewal continues the work to test a multi-level community-based intervention developed in the parent project in collaboration with community residents, crack users, the Ministry of Public Health and Social Services. The project continues research collaborations with the Center for AIDS Intervention Research, the Universidad Centroamericana Jose Simeon Canas, and the Fundacion Antidrogas de El Salvador.
Role: Co-Investigator

1R21NR013247-01 (Lechuga, PI) 08/17/2012 – 07/31/2014 NIH/NINR
Mother-Daughter Joint Decision Making to Obtain the HPV Vaccine
This study proposes to inform the development of an intervention to promote HPV vaccination in Latina mothers.
Role: Principal Investigator

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME David Frazer		POSITION TITLE Community Partnerships and Communications Manager	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE	MM/YY	FIELD OF STUDY
University of Wisconsin, LaCrosse, WI	BS	1996	Marketing
Mahidol University, Asia Institute for Health Development, Bangkok, Thailand		1999	Management of Primary Health Care and Quality of Life Development
University of Havana, School of Public Health, La Havana, Cuba		1999	The Cuban Health Care System
Tulane University, School of Public Health & Tropical Medicine, New Orleans, LA	MPH	2002	International Health and Development - Management and Policy Track

Positions and Honors

1995-1997 Program Assistant, Reach & Share, University of Wisconsin La Crosse, La Crosse, WI,
 1997-1998 Special Events Associate, AIDS Resource Center of Wisconsin, Special Events Associate, Milwaukee, WI
 1998-1999 HIV Drug Adherence by Illicit Drug Users Research Assistant, Tulane University, School of Public Health and Tropical Medicine, New Orleans, LA
 1999 Monitoring and Evaluation Internship, World Health Organization (WHO), Thailand, Southeast Asia
 2000-2002 Water, Sanitation, and Health Specialist, United States Peace Corps, El Salvador, Central America
 2002-2003 Community Health Planner, United States Peace Corps, Peru, South America
 2004-2007 Associate Director of Prevention Services, AIDS Resource Center of Wisconsin, Milwaukee, WI
 2007- Community Partnerships and Communications Manager, Center for Urban Population Health (CUPH), Milwaukee, WI
 2007- Grant Reviewer, Wisconsin Partnership Program, UW School of Medicine and Public Health
 2008- Federal Grant Reviewer, Substance Abuse and Mental Health Services Administration
 2010- Federal Grant Reviewer, Centers for Disease Control
 2012- Committee Member, United Way of Greater Milwaukee Health Ancillary Committee

Relevant Health Program Development and Management**Mobile Markets: Education with Healthy, Affordable Food at the Neighborhood Level**

Ira and Ineva Reilly Baldwin Wisconsin Idea Endowment. 07/2010-06/2012

Lead community engagement in the development of evidence based, culturally and capacity appropriate placed-based nutrition education. Reached 4 distinct communities, created new educational materials with community

Developing a Men's Wellness Network to Improve Community Health Outcomes.

Wisconsin Partnership Program Community Academic Partnership Grant. 04/01/10-02/28/13

Awarded to the Lindsay Heights Neighborhood Alliance and the Walnut Way Conservation Corps. Co-facilitated the development and implementation of the Men's Wellness Council.

Community Investment in Health: Developing the Lindsay Heights Wellness Commons

Wisconsin Partnership Program Community Academic Partnership Grant. 04/01/11 – 09/1/13

Wellness Commons builds upon the neighborhood's collective work and significantly advances key strategies of the Lindsay Heights Quality of Life plan. It will house organizations and businesses that provide integrated services accessible to all residents and will create a hub for integrated health programming, community health research, education and training opportunities, and neighborhood action.

Reducing Cancer Disparities through Comprehensive Cancer Control

Wisconsin Partnership Program Medical Education and Research Committee Dean's Special Initiative. 01/01/06-12/31/09

Facilitate Milwaukee Regional Cancer Care Network and coordinate a pilot colorectal screening initiative with the Progressive Community Health Centers (FQHC), and an advisory board for the pilot project

Reducing Racial Disparities through Improved Hypertension Control in African Americans,

Healthier Wisconsin Partnership Program 01/01/12-12/31/14

Partnership with Progressive Community Health Centers (FQHC) to develop, implement, and evaluate a portable, cost-effective hypertension control strategy in a primary care setting serving low-income African-Americans. Assisted with the development of the advisory board for the project.

Community and Research Information on Healthy Births (CRIHB.net).

Centers for Disease Control 09/01/10 – 08/31/12

Developed the Community and Research Information on Healthy Births (CRIHB.net), which centralizes greater Milwaukee's research, programs, interventions, and policies related to birth outcomes.

Milwaukee Regional Cancer Care Network: Local Survivor Resource Guide and Website.

National Comprehensive Cancer Control Program and ProHealth Care 01/01/12-06/30/12

The overall goal of this project is to provide easy access to survivorship resources for disparate populations in the Milwaukee/Waukesha area with the goal of reducing cancer disparities in underserved populations, specifically uninsured, underinsured, and racial/ethnic minorities.

Piloting the SHOW Project Community Advisory Board: Partners in Dissemination

Wisconsin Partnership Program Community Academic Partnership Grant. 04/01/09-01/31/11

Collaboration with the Social Development Commission to develop a community dissemination plan for the Survey of the Health of Wisconsin (SHOW).

Using Social Networks to Increase HIV Testing in Vulnerable Populations.

Healthier Wisconsin Partnership Program funding. 07/01/07-06/31/12

Provided technical assistance to the AIDS Resource Center of Wisconsin in their development of an implementation grant for a Social Network Testing Initiative, increasing the identification, diagnosis and linkages to care for people living with HIV.

O²P² Opiate Overdose Prevention Program

Tides Foundation 08/01/06 – 12/31/06

Co-created fatal overdose prevention programming with current opiate users. Program provides naloxone directly to participants in its clean injection/HIV/AIDS prevention outreach, with standardized instruction on prevention, treatment and aftercare of drug overdose.

I'M Sex Ed: Instant Message Sex Education

AIDS Resource Center of Wisconsin. 01/01/05 – 06/31/05

Co-created online/social media based HIV education and screening program to increase rural HIV screening among men who have sex with men. Developed protocol, volunteer training and promotional materials.

Presentations

LoConte,N,Tully, M, Kos,A, Esner, J, **Frazer,D.** Academic and Community Clinic Partnership to Improve Colorectal Cancer Screening. Wisconsin Research and Education Network, Wisconsin Health Improvement & Research Partnerships Forum, Monona Terrace Community and Convention Center, Madison, WI. September 21, 2012.

Dunbar, E, Galvao, LW, **Frazer, D**, Grande, K, Holland, S. Integrating Community Engagement with Health Research: Creating an Environment for Co-learning. Leading the Way: A Joint Conference of Advancing a Healthier Wisconsin and Wisconsin Partnership Program. Italian Community Center, September 27, 2012.

Harley, AE, Tobin, J, Sabir, M, **Frazer, D**. Weber, T, Odom-Williams, **C**, Jenkins, S. Men's Wellness Council: The Participants have Names not Numbers. Leading the Way: A Joint Conference of Advancing a Healthier Wisconsin and Wisconsin Partnership Program. Italian Community Center, September 27, 2012.

Harley, AE, Tobin, J, Sabir, M, **Frazer, D**. Weber, T, Odom-Williams, C, Jenkins, S. Men's Wellness Council: The Participants have Names not Numbers. 2012 Science of Eliminating Health Disparities Summit. Gaylord National Resort and Conference Center, December 17 – 19, 2012.

Odom Williams, C, **Frazer, D**, Tobin, J, Sabir, J, Njoroge K, Holland, S., Weber, T. Lindsay Heights Neighborhood Community Research Council. 2012 Science of Eliminating Health Disparities Summit. Gaylord National Resort and Conference Center, December 17 – 19, 2012.

Harley, A; **Frazer, D**; Odom-Williams, C. Men's Wellness Council: The Participants have Names not Numbers. Poster presentation, American Public Health Association Annual Meeting, San Francisco, CA, USA, October 27-31, 2012.

Kessler CL, Hunter P, Harley AE, Greer Y, **Frazer DA**. Mobile Markets as a setting for nutrition education: Findings from a community-engaged pilot project. Poster presentation, American Public Health Association Annual Meeting, San Francisco, CA, USA, October 27-31, 2012.

Cisler, RA, **Frazer, D**. The Power of Partnerships and Data. *Milwaukee County Department on Aging Luncheon*. Italian Community Center, Milwaukee, WI. December 7, 2012.

Ratteree, K; Arneson, M; Stehman, C; Kessler, C; **Frazer, D**; Community Engagement in the Mobile Markets Nutrition Education Project. Wisconsin Research and Education Network, Wisconsin Health Improvement & Research Partnerships Forum, Monona Terrace Community and Convention Center, Madison, WI. September 21, 2012.

Stehman, C; Hahn, A; Kessler, C; **Frazer, D**; Hunter, P. Benefit or Burden?: Evaluating a Collaborative Process of Creating a Nutrition Education Program. Wisconsin Research and Education Network, Wisconsin Health Improvement & Research Partnerships Forum, Monona Terrace Community and Convention Center, Madison, WI. September 21, 2012.

Frazer, D., Galvão, L., Zerpa-Uriona, V., Dunbar E., Soares Lynch, A. (2010). Forging Power balanced with Community and Academic Experts: A Five-Year Experience of Community Engagement of a Midwestern Urban Academic Center. *Community Campus Partnerships for Health 11th Conference*, Portland, OR May 2010

Frazer, D., Brunner, Conlon, Sanchez. Implementing the Wisconsin Comprehensive Cancer Control Plan: The Milwaukee Regional Cancer Care Network. Poster presentation, *Population Health Sciences in Wisconsin and Beyond – Providing Evidence for Clinical Practice and Public Health*, Madison, WI August 2009.

Zerpa-Uriona, V., Stevens, P., Galvão, L., **Frazer, D**. Community Advisory Board Members. The Struggles and Victories of 15 Latina Women Affected with HIV/AIDs in Milwaukee. Presentation at the *33rd Annual Women's Studies Conference and 4th Annual LGBTQ Conference*, Madison, WI April 2009

Brown R., Stokes S. and **Frazer D**. *HIV, Hepatitis C, Overdose Prevention Project (H2O), A Community Empowerment Approach to Injury and Disease Prevention Implemented by the AIDS Resource Center of Wisconsin (ARCW)*. Poster Presentation, UWPHI Biennial Conference: Improving Wisconsin's Health: Prevention, Policy and Priorities for Research, Waukesha, WI, November 29-30, 2007.

Publications

Hunter, P, Kessler, C, Frazer, D, Greer, Y. D., Nelson, D, **Harley, A. E.**, Martinez, R, **Thate, M**, & Flynn, P. (In Press). Nutrition education at Mobile Markets: Community-engaged, evidence-based interventions to address obesity in low-income neighborhoods in Milwaukee. *Journal of Healthcare for the Poor and Underserved*

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Courtenay Kessler	POSITION TITLE Associate Researcher		
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
Harvard University, Cambridge, MA	A.B.	06/03	Women's Studies
Harvard School of Public Health, Boston, MA	S.M.	06/08	Society, Human Development and Health

A. Personal Statement

The goal of the proposed project is to increase HPV vaccination rates for adolescents in Milwaukee, Wisconsin through the implementation of an innovative, community-driven intervention delivered to physicians and their care teams. My proposed role on the project is evaluator. My experience as a clinical research assistant and project manager, public health training at Harvard School of Public Health, and community-based evaluation experience through both my UW Population Health Fellowship and my current position at the Center for Urban Population Health provide a strong background relevant to this project. My primary role at the Center is evaluator, and I have collaborated with multiple community, governmental, and academic partners. I have worked closely with the proposed PI, Dr. Paul Hunter, on a project to develop community-informed, evidence-based nutrition education programming delivered in several community settings in Milwaukee, WI. This project uses an approach consistent with that proposed for this project. I have also worked with Dr. Hunter and multiple Milwaukee Health Department staff through a Robert Wood Johnson quality improvement project that sought to increase immunizations through improving school-based immunization clinics. Additionally, I work closely with the local federally qualified health centers on a local partnership initiative to improve care.

B. Positions and Honors

Positions and Employment

2004-2006	Research Assistant, Brigham and Women's Hospital, Boston, MA
2006-2008	Project Manager, Brigham and Women's Hospital, Boston, MA
2008-2010	University of Wisconsin Population Health Fellow, University of Wisconsin-Madison, Milwaukee, WI
2010-2012	Assistant Researcher, Center for Urban Population Health, University of Wisconsin-Madison, Milwaukee, WI
2012-	Associate Researcher, Center for Urban Population Health, University of Wisconsin-Madison, Milwaukee, WI

Other Experience and Professional Memberships

2010-	Member, American Evaluation Association
2010-	Member, United Way of Greater Milwaukee Healthy Girls Allocation Committee
2012-	Member, American Public Health Association

Honors

2011

Dr. Kermit E. Krantz Paper Award, Central Association of Obstetricians and Gynecologists Annual Meeting

C. Peer-reviewed Publications

1. Chen, H.Y., **Kessler, C.L.**, Mori, N., Chauhan, S.P. (2012). Cervical Cancer Screening in the United States, 1993-2010: Characteristics of Women Who Are Never Screened. *J Womens Health*, 21(11), 1132-8. PMID: 22873781
2. Holt, H.L., Katz, J.N., Reichmann, W.M., Gerlovin, H., Wright, E.A., Hunter, D.J., Jordan, J.M., **Kessler, C.L.**, Losina, E. (2011). Forecasting the burden of advanced knee osteoarthritis over a 10-year period in a cohort of 60-64 year-old US adults. *Osteoarthritis Cartilage*, 19(1), 44-50. PMID: PMC3010490
3. Wright, E.A., Katz, J.N., Cisternas, M.G., **Kessler, C.L.**, Wagenseller, A., Losina, E. (2010). Impact of knee osteoarthritis on health care resource utilization in a US population-based national sample. *Medical Care*, 48(9), 785-91. PMID: PMC3258446
4. Reichmann, W.M., Katz, J.N., **Kessler, C.L.**, Jordan, J.M., Losina, E. (2009). Determinants of self-reported health status in a population-based sample of persons with radiographic knee osteoarthritis. *Arthritis and Rheumatism*, 61(8), 1046-53. PMID: PMC2747662
5. Losina, E., Walensky, R.P., **Kessler, C.L.**, Emrani, P.S., Reichmann, W.M., Wright, E.A., Holt, H.L., Solomon, D.H., Yelin, E., Paltiel, A.D., Katz, J.N. (2009) Cost-effectiveness of total knee arthroplasty in the United States: patient risk and hospital volume. *Archives Internal Medicine*, 192(12), 1113-21. PMID: PMC273130
6. Emrani, P., Katz, J.N., **Kessler, C.L.**, Reichmann, W.M., Wright, E.A., McAlindon, T.E., Losina, E. Joint Space Narrowing and Kellgren-Lawrence Progression in Knee Osteoarthritis: An Analytic Literature Synthesis. (2008). *Osteoarthritis Cartilage*, 16(8), 873-82. PMID: PMC2701468
7. Katz, J.N., **Kessler, C.L.**, O'Connell, A., Levine, S.A. (2007). Professionalism, corporatism, and evolving concepts of quality. *Journal General Internal Medicine*, 22(1), 137-9. PMID: PMC1824730
8. Losina, E., Wright, E.A., **Kessler, C.L.**, Barrett, J.A., Fossel, A.H., Creel, A.H., Mahomed, N.N., Baron, J.A., Katz, J.N. (2007). Neighborhoods matter: use of hospitals with worse outcomes following total knee replacement by patients from vulnerable populations. *Archives Internal Medicine*, 167(2), 182-7. PMID: 17242320
9. Losina, E., **Kessler, C.L.**, Wright, E.A., Creel, A.H., Barrett, J.A., Fossel, A.H., Katz, J.N. (2006). Geographic diversity of low volume hospitals in total knee replacement: Implications for regionalization policies. *Medical Care*, 44(7), 637-45. PMID: 16799358

D. Research Support/Relevant Work**Current Support****Project LAUNCH**

Mauer (PI)

10/2009-09/2014

Project LAUNCH: Wisconsin Well Child Connections

The goal of this project is to improve systems and services that promote early childhood development. The focus is on Milwaukee, WI. Project includes focus on developmental screening.

Role: Evaluator

Milwaukee Health Care Partnership

Tapper (Director)

10/2010-06/2013

Emergency Department Care Coordination Initiative

This partnership between local health systems intends to increase health care access, coverage, and care coordination to create a healthier community.

Role: Evaluator/Analyst

Past Support**Robert Wood Johnson Foundation**

Swain (PI)

06/2010-06/2011

Increasing Rates of Immunizations in Milwaukee Public Schools

The goal of this project was to develop and assess the progress of a quality improvement project focused on school-based immunization clinics organized by the City of Milwaukee Health Department.

Role: Evaluator

Robert Wood Johnson Foundation Ragalie (Coordinator) 01/2010-01/2013

Aligning Forces for Quality: Leveraging HIT to Reduce Avoidable Emergency Department [ED] Visits

The goal of this project was to reduce avoidable emergency department visits in Milwaukee County using health information technology and community-wide standard case management processes to link vulnerable populations with medical homes.

Role: Evaluator

Ira and Ineva Reilly Baldwin Wisconsin Idea Endowment Hunter (PI) 07/2010-06/2012

Mobile Markets: Education with Healthy, Affordable Food at the Neighborhood Level

The goal of this project was to develop community-engaged, evidence-based nutrition education to be offered in conjunction with a community Mobile Market program.

Role: Coordinator/Evaluator

UW Population Health Fellowship Remington (PI) 07/2008-05/2010

This service learning-based fellowship places graduate-level public health professionals at community agencies. As a UW Population Health Fellow, I completed placements at the City of Milwaukee Health Department and Sojourner Family Peace Center. In this role, I worked on several evaluation, planning, and research-related projects, applying qualitative and quantitative skills.

Role: Fellow

NIH/NIAMS 5R01AR053112-04 Losina (PI) 11/2006-06/2008

Knee OA: Setting Priorities for Care, Policy, Research

The goal of this study was to use innovative methods of decision analysis modeling to summarize state of the art data from various research studies and translate them into estimates of the long- term gains in quality-adjusted life expectancy and lifetime costs for people with knee osteoarthritis.

Role: Project Manager

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Radmer, Frederick A., Jr		POSITION TITLE Health Project Coordinator – Surveillance Analyst City of Milwaukee Health Department	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
University of Minnesota (Minneapolis, MN)	B.S.	09/95- 05/2000	Microbiology
University of Minnesota School of Public Health (Minneapolis, MN)	MPH	09/2000- 05/2003	Epidemiology

A. Personal Statement

Frederick A. Radmer, Jr. is the Health Project Coordinator – Public Health Surveillance Analyst at the City of Milwaukee Health Department and has acted in an epidemiological capacity for the health department since December 2008. As the Health Project Coordinator, Mr. Radmer has developed educational materials and helped coordinate outreach activities for the health department's immunization program. Mr. Radmer also conducts disease surveillance activities, including the Milwaukee County SurvNet Program for reportable disease conditions and the collection, analysis, and interpretation of syndromic surveillance data for the City of Milwaukee Health Department. Mr. Radmer currently leads the Milwaukee Health Department's Foodborne Outbreak Response Team.

Mr. Radmer served as the interim Program Manager for the City of Milwaukee Health Department's Immunization and Communicable Disease Program from April 2012 through January 2013.

From 2006-08 Mr. Radmer was the Regional Epidemiologist for the Tri County Public Health Consortium where he conducted disease and health status surveillance, and outbreak investigations for Kenosha, Racine, and Walworth Counties, and participated in Emergency Preparedness planning.

In his seven years of public health work, Mr. Radmer has conducted statistical analyses and written reports on no less than 20 separate outbreaks or clusters of disease, including foodborne and gastrointestinal disease, reported cancer clusters, vaccine-preventable diseases, and tuberculosis.

B. Positions and HonorsPositions and Employment

2006 – 2008	Regional Epidemiologist, Tri County Public Health Consortium of Wisconsin
2009 – 2012	Health Project Coordinator- Immunization Program, City of Milwaukee Health Department
2012 – Present	Health Project Coordinator- Public Health Surveillance Analyst, City of Milwaukee Health Department

Other Experience and Professional Memberships (selected)

2005 – 2008	American Public Health Association
2006 – 2008	Wisconsin Public Health Association

C. Selected peer-reviewed publications (in chronological order).

none

D. Research Support

none

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Julia Lechuga	POSITION TITLE Assistant Professor Center for AIDS Intervention Research (CAIR) Psychiatry and Behavioral Medicine Medical College of Wisconsin		
eRA COMMONS USER NAME jlechuga			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
The University of Texas at El Paso, El Paso Texas	B.A.	1999	Psychology
The University of Texas at El Paso, El Paso Texas	M.A.	2003	Experimental Psychology
The University of Texas at El Paso, El Paso Texas	Ph.D.	2008	Cross-Cultural Psychology
The Medical College of Wisconsin, Milwaukee Wisconsin	Postdoctoral	2010	Health Decision-Making

A. Personal Statement

The goal of the proposed research is to design, implement, and test an educational intervention for clinicians to communicate effectively with parents of 11-14 year old-children regarding HPV vaccinations. The goal of the proposed project will be to increase the rates of HPV vaccination among young adolescents. As a psychologist trained in both qualitative and quantitative research methods and having conducted prior research on HPV vaccine acceptance research, I have the expertise, leadership and motivation necessary to contribute meaningfully to the proposed work. In a prior collaboration with the Milwaukee Health Department, I conducted a research project titled, "The Cross-Cultural Variation of Determinants of Parental HPV Acceptance." In this project, I evaluated the determinants of acceptance of the HPV vaccine in 150 ethnically diverse, medically underserved mothers. This work resulted in the following published manuscripts: "Perceived Need of a Parental Decision Aid for the HPV Vaccine: Content and Format Preferences," "The Cross-Cultural Variation of Predictors of Human Papillomavirus Vaccination Intentions," and "The impact of framing on intentions to vaccinate daughters Against HPV: A cross-cultural perspective." Furthermore, this prior work served as the basis for a currently funded R21 from the National Institute of Nursing Research which aims at understanding parental information needs regarding the HPV vaccine. For the proposed project, I will oversee the conduct of the formative phase (interviews and focus groups with providers and parents) to ensure that adequate information is gathered to inform the design of the intervention. Furthermore, I will help design and implement the intervention.

B. Positions and Honors

Positions and Employment

2002-2003	Research Intern, Center for Evaluation Research and Planning, The University of Texas at El Paso.
2003-2008	Assistant Instructor, Department of Psychology, The University of Texas at El Paso.
2005-2007	Adjunct Faculty, Department of Social Sciences, Autonomous University of Juarez, Mexico.
2007-2008	Research Assistant, Department of Health Promotion, College of Health Sciences, The University of Texas at El Paso.
2008-2010	NRSA Postdoctoral Fellow Center for AIDS Intervention Research (CAIR), Medical College of Wisconsin.
2010-Present	Assistant Professor, Medical College of Wisconsin, Psychiatry and Behavioral Medicine, Center for AIDS Intervention Research (CAIR)

Other Experience and Professional Memberships

- 07/2000 - The Society for Personality and Social Psychology
- 04/2005 - The Society for Behavioral Medicine
- 07/2005 - American Psychological Association
- 09/2006 - The Society for Judgment and Decision-Making
- 09/2008 - The Psychonomic Society
- 09/2008 - Member, Behavioral and Social Science Volunteer Program (BBSSV), American Psychological Association

Honors

- 1998 American Psychological Association (APA) Minority Student of Excellence
- 2010 Harry and Pola Triandis Outstanding Dissertation Award Finalist Honorable Mention, International Association of Cross-Cultural Psychology (IACCP)

C. Peer-Reviewed Publications

Lechuga, J. (2008). Is acculturation a dynamic construct? The influence of priming culture on acculturation. *Hispanic Journal of Behavioral Sciences*, *30*, 324-339.

Maldonado, B., Moreno, A., Quintana, L., & Lechuga, J. (2009). Familias monoparentales de madre en Chihuahua: Su estructura [The structure of the single parent family in Chihuahua] in V. Orozco (Ed.), *Chihuahua Hoy: Visiones de su Historia, Economía, Política y Cultura* (7ma ed.). Chihuahua, Mexico: Instituto Chihuahuense de la Cultura.

Lechuga, J., & Wiebe, J. S. (2009). Can language prime culture in Hispanics? The differential impact of self-construals in predicting intention to use a condom. *International Journal of Psychology*, *44*, 468-476. PMID: 22029664

Lechuga, J. (2009). Familialismo: Ventajas y desventajas de “mi familia” [Familism: pros and Cons of “my family”]. *Revista Cuadernos Fronterizos*, *13*, 18-20.

Galletly, C., Lechuga, J., & Layde, J. (2010). The sexual health curriculum in U.S. medical schools: Defining educational objectives. *Academic Psychiatry*, *34*, 333–338. PMID: 20833900

Kersten, A. W., Meissner, C. A., Lechuga, J., Schwartz, B. L., & Albrechtsen, J. S. (2010). Conceptualization of motion events in English and Spanish speakers: Different patterns of attention to manner of motion and path. *Journal of Experimental Psychology: General*, *139*, 638-653. PMID: 20853990

Lechuga, J., Swain, G. R., & Weinhardt, L. S. (2011). The impact of framing on intentions to vaccinate daughters Against HPV: A cross-cultural perspective. *Annals of Behavioral Medicine*, *42*, 221-226. PMID: 21533624

Lechuga, J., Santos Maldonado, B., Garza-Caballero, A., & Villarreal, R. (2011). Holistic Reasoning on the Other Side of the World: Validation of the Analysis/Holism Scale in Mexicans. *Cultural Diversity and Ethnic Minority Psychology*, *17*, 325-330. PMID: 21787065

Lechuga, J., & Fernandez, N. P. (2011). Assimilation and individual differences in emotion: The dynamics of anger and approach motivation. *International Journal of Intercultural Relations*, *35*, 196-204. PMID: 21625350

Lechuga, J., Swain, G. R., & Weinhardt, L. S. (2011). The cross-cultural variation of predictors of HPV vaccination intentions. *Journal of Women's Health*, *20*, 225-230. PMID: 21314448

Owczarzak, J., Petroll, A., & Lechuga, J. (2011). HIV testing as a standard of care for men who have sex with men: Patient and provider perspectives. *Journal of Primary Care and Community Health*, 2, 116-121.

Lechuga, J. (2011). Collectivism. In S. Loue & M. Sajatovic (Eds.), *encyclopedia of immigrant health*. New York, NY: Springer.

Lechuga, J. (2011). Explanatory Models of Illness. In S. Loue & M. Sajatovic (Eds.), *encyclopedia of immigrant health*. New York, NY: Springer.

Lechuga, J., & Wiebe, J. S. (2011). The cross-cultural variation of probability judgment accuracy: The influence of reasoning style. *Journal of Cross-Cultural Psychology*, 42, 1054-1065.

Lechuga, J., Swain, G. R., & Weinhardt, L. S. (2012). Perceived need of a parental decision-aid for the HPV Vaccine: Content and format preferences. *Health Promotion & Practice*, 13, 214-22.

Per Reviewed Presentations:

International

Scott E. Culhane, Osvaldo, F. Morera, Julia Lechuga, Eva M. de la Riva. Gender, acculturation, and the factor structure of need for cognition. Western Psychological Association, Vancouver, British Columbia, Canada, (05/2003).

Julia Lechuga. Individualism-collectivism: Are the horizontal and vertical dimensions supported in a sample of individuals of a Mexican-American background? International Association of Cross-Cultural Psychology, Budapest, Hungary, (07/2003).

Julia Lechuga, Norbert K. Tanzer. Speed accuracy tradeoffs in timed tests as sources of bias in culturally and linguistically diverse test settings. European Congress of Psychology, Vienna, Austria, (07/2003).

Julia Lechuga, Ana I. Schwartz. The effects of culture priming on cross-language activation. Can culture prime language? Joint American Association of Applied Linguistics, Montreal, Canada, (04/2006).

National

Ulrich Schimack, Julia Lechuga. Bilingual representations of emotions disgust vs. asco, Cross-Cultural Psychological Association, Santa Fe, N.M., (02/1999).

Julia Lechuga, Phanikiran Radhakrishnan. Availability of self and group representations among collectivists. Cross-Cultural Psychological Association, Santa Fe, N. M., (02/1999).

Azenett A. Garza, Michael A. Zarate, Eric Chaparro, Julia Lechuga. Self, cultural pluralism, and prejudice. Western Psychological Association, Irvine, CA, (04/1999)

Ulrich Schimack, Julia Lechuga. Bilingual representations of emotions the role of disgust vs. asco. American Psychological Society, Miami, FL, (06/2000).

Azenett A. Garza, Patricia Espinoza, Oscar Ybarra, Julia Lechuga, Michael A. Zarate. To be alike or different? Cultural differences in intergroup behavior. Society for Personality and Social Psychology, Savannah, GA. (02/2002)..

Norbert, K. Tanzer, Julia Lechuga. Competence testing in culturally diverse populations: A case study of student learning through innovative assignments. Sun Conference on Teaching and Learning, El Paso, TX, (03/2002).

Eva M. de la Riva, Julia Lechuga, Michael A. Zarate, Scott E. Culhane. Does stereotyping reduce prejudice in members of contextualist cultures? Society for Personality and Social Psychology, Los Angeles, CA, (02/2003).

Julia Lechuga, Osvaldo F. Morera, Scott E. Culhane, Eva M. de la Riva. Individualism/collectivism: A revised scale for Mexican-Americans. Society for Personality and Social Psychology, Los Angeles, CA, (02/2003).

Norbert K. Tanzer, Julia Lechuga. Facilitating student learning through innovative assignments. Sun Conference on Teaching and Learning, El Paso, TX, (03/2003).

Julia Lechuga, John S. Wiebe. Ethnicity and health: Conceptual and methodological issues in the measurement of key constructs. Society of Behavioral Medicine, Boston, MA, (04/2005).

Norma P. Fernandez, Osvaldo F. Morera, Julia Lechuga. How much information is too much? A comparison of decompositional and holistic strategies. Society for Judgment and Decision Making, Houston, TX, (09/2006).

Julia Lechuga, Osvaldo F. Morera, Norma P. Fernandez. Probability judgment accuracy: Does the overconfidence phenomenon replicate in Mexico?, Society for Judgment and Decision Making, Houston, TX, (09/2006).

Julia Lechuga, Johns S. Wiebe. The influence of priming culture on intentions to use a condom. Society of Behavioral Medicine, Washington, D. C., (03/2007).

Julia Lechuga. The cross-cultural variation of probability judgment accuracy: The influence of reasoning style, Psychonomic Society, Chicago, IL, (11/2008).

Alan, W. Kersten, Christian A. Meissner, Julia Lechuga, Bennet L. Schwartz, Justin S. Albrechtsen, & Antony Iglesias. Classification of novel manners of motion by monolingual English and Spanish speakers. Psychonomic Society, Boston, MA, (11/2009).

Julia Lechuga. Gain versus loss framing and vaccination intentions across cultures. Society of Behavioral Medicine, Seattle, WA, (04/2010).

C. Research Support

5P30 MH052776-16 (Kelly, PI) 04/01/94 – 07/31/14 NIH/NIMH
The Cross Cultural Variation of Determinants of Parental HPV Vaccine Acceptance
This study is designed with the purpose of illuminating cross-cultural commonalities and specifics of HPV vaccine acceptance.
Role: Principal Investigator, Developmental Research Study

2R01DA020350-06A1 (Dickson-Gomez, PI) 07/01/2005 – 01/31/2016 NIH/NIDA
High Risk Crack Use Settings and HIV in El Salvador
This renewal continues the work to test a multi-level community-based intervention developed in the parent project in collaboration with community residents, crack users, the Ministry of Public Health and Social Services. The project continues research collaborations with the Center for AIDS Intervention Research, the Universidad Centroamericana Jose Simeon Canas, and the Fundacion Antidrogas de El Salvador.
Role: Co-Investigator

1R21NR013247-01 (Lechuga, PI) 08/17/2012 – 07/31/2014 NIH/NINR
Mother-Daughter Joint Decision Making to Obtain the HPV Vaccine
This study proposes to inform the development of an intervention to promote HPV vaccination in Latina mothers.
Role: Principal Investigator

Principal Investigator/Program Director (Last, First, Middle):

Principal Investigator/Program Director (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Uyar, Denise		POSITION TITLE Associate Professor in Obstetrics and Gynecology	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Hamilton College, Clinton, NY	B.A.	1988-1992	English
University of Vermont Medical College, Burlington, VT	M.D.	1993-1997	Medicine
Fletcher Allen Health Care, Burlington, Vermont	Residency	1997-2001	Obstetrics and Gynecology
Cleveland Clinic, Cleveland, OH	Fellowship	2001-2004	Gynecology Oncology

A. Personal Statement

The goal of this research proposal is to increase overall HPV awareness and positive communication between medical providers and patients regarding HPV vaccination specifically. Being a practicing gynecology oncologist I have daily conversations regarding HPV with patients and have clear skills in communication in this issue as well as an understanding of how this can be positively incorporated in the physician workflow. I have significant depth of knowledge of HPV which is important to my role in this project as an educator and advisor in HPV disease. I have current funding in the form of an Advancing Healthier Wisconsin grant which is a community based research project also aimed at increasing HPV awareness but targeting youth and social media technology as the main vehicle for our message. It has entailed HPV training of youth in a manner that is tailored to them so they can then be HPV vaccination advocates among their peers. Given this background and my current research I am acutely aware HPV pre-cancer and cancer disease burden, have developed communication skills and am in a unique position that can convey this significance to both practitioners and lay personnel.

B. Positions and Honors**Positions and Employment**

2004-2012	Assistant Professor Department of Obstetrics and Gynecology Division of Gynecology Oncology Medical College of Wisconsin
2013- present	Associate Professor

Principal Investigator/Program Director (Last, First, Middle):

Department of Obstetrics and Gynecology
Division of Gynecology Oncology
Medical College of Wisconsin

Professional Memberships:

5/2007- Present	Milwaukee Gynecologic Society
9/2005- Present	American College of Obstetricians and Gynecologists, Fellow
1/2006- Present	Society of Gynecology Oncology, Candidate Member
2004- Present	Gynecological Oncology Group, Affiliate Member
10/2010- Present	American Society of Clinical Oncology

C. Relevant peer-reviewed publications

Additional recent publications

D. Uyar, G. Eltabbakh, S. Mount. The positive predictive value of liquid-based and conventional Papanicolaou smears reported as malignant. *Gynecol Oncol* 89; 227-232, 2003.

D. Uyar, N. Takigawa, T. Mekhail, D. Grabowski, M. Markman, F. Lee, R. Canetta, R. Peck, R. Bukowski, R. Ganapathi. Apoptotic pathways of epothilone BMS 310705. *Gynecol Oncol* 91; 173-178, 2003.

S. Mount, M. Harmon, G. Eltabbakh, **D. Uyar**, G. Leiman. False positive diagnosis in conventional and liquid-based cervical specimens. *Acta Cytol.* 2004 May-June; 48(3):363-71.

D. Uyar, B. Kulp, G. Peterson, K. Zanotti, K. Webster, J. Belinson, M. Markman. Cardiac safety profile of prolonged (≥ 6 cycles) pegylated liposomal doxorubicin administration in patients with gynecologic malignancies. *Gynecol Oncol.* 2004 Jul; 94 (1):147-51.

D. Uyar, M. Markman, H. Frasure, V. von Gruenigen. Treatment patterns by decade of life in elderly (≥ 70 years) patient with ovarian cancer. *Gynecol Oncol.* 2005 Sep; 98 (3):403-8.

D. Research Support

Current Research Support:

Utilizing peer teen advocates to increase HPV vaccination rates in adolescents.

Principle Investigator: Denise Uyar, MD

Co-Investigators: Staci Young, PhD, Angela Hagy

Type: Healthier Wisconsin Partnership Program

Amount: \$200,000

Funding Period: January 1, 2012 – December 31, 2014

Principal Investigator/Program Director (Last, First, Middle):

Potential biomarkers for endometrial cancer.

Principle Investigator: Denise Uyar, MD

Co-Investigator: Shama Mirza, PhD

Type: Mead Witter Foundation, Inc

Amount: \$100,000

Funding Period: August 1, 2011- July 31, 2013

Identification of molecular epigenetic biomarkers in endometrial cancer.

Principle Investigator: Denise Uyar, MD

Co-Investigator: Yi-Wen Huang, PhD

Type: Froedtert Foundation Grant

Amount: \$27,000

Funding Period: August 1, 2011- July 31, 2013

Completed Research Support

T-Regulatory cells in Early Endometrial Cancer Before and After Treatment

Principle Investigator: Denise Uyar, MD

Co-Investigators: Dr. James Verbsky, Dr. Bassim Wakim, Dr. Janet Osborne, Dr. William Bradley

Type: American Cancer Society Pilot Research Grant

Amount: \$50,000

Funding Period: June 2008-June 2010

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Radmer, Frederick A., Jr		POSITION TITLE Health Project Coordinator – Surveillance Analyst City of Milwaukee Health Department	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
University of Minnesota (Minneapolis, MN)	B.S.	09/95- 05/2000	Microbiology
University of Minnesota School of Public Health (Minneapolis, MN)	MPH	09/2000- 05/2003	Epidemiology

A. Personal Statement

Frederick A. Radmer, Jr. is the Health Project Coordinator – Public Health Surveillance Analyst at the City of Milwaukee Health Department and has acted in an epidemiological capacity for the health department since December 2008. As the Health Project Coordinator, Mr. Radmer has developed educational materials and helped coordinate outreach activities for the health department's immunization program. Mr. Radmer also conducts disease surveillance activities, including the Milwaukee County SurvNet Program for reportable disease conditions and the collection, analysis, and interpretation of syndromic surveillance data for the City of Milwaukee Health Department. Mr. Radmer currently leads the Milwaukee Health Department's Foodborne Outbreak Response Team.

Mr. Radmer served as the interim Program Manager for the City of Milwaukee Health Department's Immunization and Communicable Disease Program from April 2012 through January 2013.

From 2006-08 Mr. Radmer was the Regional Epidemiologist for the Tri County Public Health Consortium where he conducted disease and health status surveillance, and outbreak investigations for Kenosha, Racine, and Walworth Counties, and participated in Emergency Preparedness planning.

In his seven years of public health work, Mr. Radmer has conducted statistical analyses and written reports on no less than 20 separate outbreaks or clusters of disease, including foodborne and gastrointestinal disease, reported cancer clusters, vaccine-preventable diseases, and tuberculosis.

B. Positions and HonorsPositions and Employment

2006 – 2008	Regional Epidemiologist, Tri County Public Health Consortium of Wisconsin
2009 – 2012	Health Project Coordinator- Immunization Program, City of Milwaukee Health Department
2012 – Present	Health Project Coordinator- Public Health Surveillance Analyst, City of Milwaukee Health Department

Other Experience and Professional Memberships (selected)

2005 – 2008	American Public Health Association
2006 – 2008	Wisconsin Public Health Association

C. Selected peer-reviewed publications (in chronological order).

none

D. Research Support

none

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.		PAUL	HENRY	HUNTER	MD	PD/PI	150,000.00	2.40			30,000.00	12,300.00	42,300.00
2.		DAVID	A	FRAZER	MPH	Project Coordinator	63,825.00	4.80			25,530.00	10,467.00	35,997.00
3.		Courtenay		Kessler	MS	Project Evaluator	54,450.00	3.00			13,613.00	5,581.00	19,194.00
4.													
5.													
6.													
7.													
8.													
9.	Total Funds requested for all Senior Key Persons in the attached file												
												Total Senior/Key Person	97,491.00

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1	Undergraduate Students	2.00			3,813.00	88.00	3,901.00	
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1	Research Assistant	1.00			3,417.00	1,401.00	4,818.00	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	Total Number Other Personnel						Total Other Personnel	8,719.00
							Total Salary, Wages and Fringe Benefits (A+B)	106,210.00

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: * Start Date: * End Date: Budget Period 1**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment: **D. Travel****Funds Requested (\$)**

1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2.	Foreign Travel Costs	<input type="text"/>
	Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs**Funds Requested (\$)**

1.	Tuition/Fees/Health Insurance	<input type="text" value="0.00"/>
2.	Stipends	<input type="text"/>
3.	Travel	<input type="text" value="0.00"/>
4.	Subsistence	<input type="text"/>
5.	Other <input type="text"/>	<input type="text"/>
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs
		<input type="text" value="0.00"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period

* ORGANIZATIONAL DUNS: 1612021220000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: The Board of Regents of the Un

Delete Entry

Start Date: 08/01/2013 * End Date: 07/31/2014 Budget Period 1

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies	1,232.00
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	88,066.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Clinic Data Extracts	8,000.00
9. Incentives	8,000.00
10. Food	600.00
Total Other Direct Costs	105,898.00

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F) 212,108.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. MTDC	50.50	174,042.00	87,891.00
2.			
3.			
4.			
Total Indirect Costs			87,891.00

Cognizant Federal Agency DHHS, Arif Karim, Dallas, 214-767-3261

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H) 299,999.00

J. Fee

Funds Requested (\$)

K. * Budget Justification HPV_Squared_Budget_Narrative_UW_02_21

Add Attachment

Delete Attachment

View Attachment

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS: 1612021220000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: The Board of Regents of the Uni

Delete Entry * Start Date: 08/01/2014 * End Date: 07/31/2015 Budget Period 2

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.		PAUL	HENRY	HUNTER	MD	PD/PI	150,000.00	2.40			30,000.00	12,300.00	42,300.00
2.		DAVID	A	FRAZER		Project Coordinator	63,825.00	4.80			25,530.00	10,467.00	35,997.00
3.		Courtenay		Kessler	MS	Project Evaluator	54,450.00	2.40			10,890.00	4,465.00	15,355.00
4.													
5.													
6.													
7.													
8.													
9.	Total Funds requested for all Senior Key Persons in the attached file												
												Total Senior/Key Person	93,652.00

Additional Senior Key Persons:

Add Attachment

Delete Attachment

View Attachment

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
	Post Doctoral Associates							
	Graduate Students							
1	Undergraduate Students	3.00			5,720.00	132.00	5,852.00	
	Secretarial/Clerical							
1	Research Assistant	1.20			4,100.00	1,681.00	5,781.00	
2	Total Number Other Personnel						Total Other Personnel	11,633.00
							Total Salary, Wages and Fringe Benefits (A+B)	105,285.00

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: * Start Date: * End Date: Budget Period 2**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment: **D. Travel****Funds Requested (\$)**

1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2.	Foreign Travel Costs	<input type="text"/>
	Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs**Funds Requested (\$)**

1.	Tuition/Fees/Health Insurance	<input type="text" value="0.00"/>
2.	Stipends	<input type="text"/>
3.	Travel	<input type="text" value="0.00"/>
4.	Subsistence	<input type="text"/>
5.	Other <input type="text"/>	<input type="text"/>
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text" value="0.00"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2

Next Period

* ORGANIZATIONAL DUNS: 1612021220000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: The Board of Regents of the Uni

Delete Entry

Start Date: 08/01/2014 * End Date: 07/31/2015 Budget Period 2

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies	1,501.00
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	85,709.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Clinic Data Extracts	8,000.00
9. Incentives	26,000.00
10. Food	1,600.00
Total Other Direct Costs	122,810.00

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F) 228,095.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. MTDC	50.50	142,386.00	71,905.00
2.			
3.			
4.			
Total Indirect Costs			71,905.00

Cognizant Federal Agency DHHS, Arif Karim, Dallas, 214-767-3261

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H) 300,000.00

J. Fee

Funds Requested (\$)

K. * Budget Justification HPV_Squared_Budget_Narrative_UW_02_21

Add Attachment

Delete Attachment

View Attachment

(Only attach one file.)

Previous Period

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS: 1612021220000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: The Board of Regents of the Uni

Delete Entry * Start Date: 08/01/2015 * End Date: 07/31/2016 Budget Period 3

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	PAUL		HUNTER		PD/PI	150,000.00	2.40			30,000.00	12,300.00	42,300.00
2.	DAVID	A	FRAZER		Project Coordinator	63,825.00	4.80			25,530.00	10,467.00	35,997.00
3.	Courtenay		Kessler	MS	Project Evaluator	54,450.00	3.60			16,335.00	6,697.00	23,032.00
4.												
5.												
6.												
7.												
8.												
9. Total Funds requested for all Senior Key Persons in the attached file												
											Total Senior/Key Person	101,329.00

Additional Senior Key Persons:

Add Attachment

Delete Attachment

View Attachment

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
	Post Doctoral Associates							
	Graduate Students							
1	Undergraduate Students	4.20			8,008.00	184.00	8,192.00	
	Secretarial/Clerical							
1	Research Assistant	2.40			8,200.00	3,362.00	11,562.00	
2	Total Number Other Personnel						Total Other Personnel	19,754.00
							Total Salary, Wages and Fringe Benefits (A+B)	121,083.00

[Close Form](#)**RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3*** ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: [Delete Entry](#) * Start Date: * End Date: Budget Period 3**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment: [Add Attachment](#)[Delete Attachment](#)[View Attachment](#)**D. Travel****Funds Requested (\$)**

1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text" value="5,000.00"/>
2.	Foreign Travel Costs	<input type="text" value="0.00"/>
	Total Travel Cost	<input type="text" value="5,000.00"/>

E. Participant/Trainee Support Costs**Funds Requested (\$)**

1.	Tuition/Fees/Health Insurance	<input type="text" value="0.00"/>
2.	Stipends	<input type="text"/>
3.	Travel	<input type="text" value="0.00"/>
4.	Subsistence	<input type="text"/>
5.	Other <input type="text"/>	<input type="text"/>
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs
		<input type="text" value="0.00"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

[Close Form](#)**RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3**[Next Period](#)* ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/ConsortiumEnter name of Organization: [Delete Entry](#)Start Date: * End Date: Budget Period 3**F. Other Direct Costs****Funds Requested (\$)**

1. Materials and Supplies	<input type="text" value="2,367.00"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text" value="85,913.00"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text" value="Clinic Data Extracts"/>	<input type="text" value="8,000.00"/>
9. <input type="text" value="Incentives"/>	<input type="text" value="5,500.00"/>
10. <input type="text" value="Food"/>	<input type="text" value="300.00"/>

Total Other Direct Costs **G. Direct Costs****Funds Requested (\$)****Total Direct Costs (A thru F)** **H. Indirect Costs**

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text" value="MTDC"/>	<input type="text" value="50.50"/>	<input type="text" value="142,250.00"/>	<input type="text" value="71,836.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs **Cognizant Federal Agency**

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs**Funds Requested (\$)****Total Direct and Indirect Institutional Costs (G + H)** **J. Fee****Funds Requested (\$)****K. * Budget Justification** [Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

(Only attach one file.)

BUDGET NARRATIVE

UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF MEDICINE AND PUBLIC HEALTH

Personnel

Paul Hunter, MD, Principal Investigator (2.4 Calendar Months/Year; 7.2 Total) is a family physician with 17 years of clinical experience, a medical educator with 6 years teaching family medicine residents, and a local public health official with 3 years of leadership experience in immunization policy and practice. As a Center Scientist at CUPH, Dr. Hunter worked closely with David Frazer MPH and Courtenay Kessler MS on a community nutrition education project on which he was Principal Investigator (PI). Dr. Hunter will provide overall supervision of the grant activities. He will use his extensive network of clinical colleagues to recruit physicians and clinics to participate in this study. Along with Dr. Lechuga, he will interview 40 physicians in Phase 1 of the study. He will lead the design and implementation of the training modules. He will also lead the dissemination of the findings of the study.

David Frazer, MPH, Project Coordinator (4.8 Calendar Months/Year; 14.4 Total) is the Community Partnerships and Communications Manager at the Center for Urban Population Health. He has over 7 years of experience developing and coordinating Community-Based Participatory Research projects. He brings experience on a colorectal cancer screening project involving assessing and intervening in communication between physicians and patients that is directly applicable to this project. He will lead the recruitment of advisory group members, orient them to their roles in the project, and communicate between the advisory group and the research team. He will also recruit parents for focus groups and assist in conducting focus groups for parents. He will assist in designing and implementing the training modules. He will also assist in disseminating the findings of the study.

Courtenay Kessler, MS, Project Evaluator (3.0; 2.4; 3.6 Calendar Month/Year; 9.0 Total) is an Associate Researcher in the Center for Urban Population Health with experience in program evaluation, project management, and qualitative and quantitative methods. She has experience with the evaluations of vaccination program improvement, early childhood training programs for physicians, and home visitation projects, and often collaborates with the City of Milwaukee Health Department and the proposed PI. Ms. Kessler will work closely with Drs. Hunter and Lechuga and Mr. Frazer to coordinate a responsive, utilization-focused evaluation. She will develop data collection materials, timeline, and protocol, oversee IRB approval, and analyze data. She will assist Dr. Lechuga with the analysis of the interview and focus group data. She will be responsible for writing evaluation reports and will participate in project planning meetings.

TBD, Research Assistant (1.0; 1.2; 2.4 Calendar Months/Year; 4.6 Total) The research assist will work closely with Mr. Frazer and Ms. Kessler to conduct literature reviews, document meeting minutes, assist with data collection and analysis, coordinate focus group logistics, and contribute to reports.

TBD, Data Collection/Coders (2.0; 3.0; 4.2 Calendar Months/Year; 9.2 Total) Student data collectors will be hired to assist with transcribing interview and focus group recordings. They will also assist Ms. Kessler and the Research Assistant with coding the data and work with Mr. Frazer to coordinate meeting and focus group logistics.

BUDGET PERIOD	1	2	3	TOTAL
ACADEMIC STAFF	\$72,560	\$70,520	\$80,065	\$223,145
STUDENT STAFF	3,813	5,720	8,008	17,541
TOTAL SALARIES	\$76,373	\$76,240	\$88,073	\$240,686

Fringe Benefits

This rate for the University of Wisconsin-Madison is 41.0% for academic staff and 2.3% for student for all grant years.

BUDGET PERIOD	1	2	3	TOTAL
ACADEMIC STAFF	\$29,749	\$28,913	\$32,826	\$ 91,488
STUDENT STAFF	88	132	184	404
TOTAL FRINGE BENEFITS	\$29,837	\$29,045	\$33,010	\$ 91,892

Travel

In year 3, out-of-state travel costs totaling \$5,000 are budgeted for two (2) persons to present the findings of this grant at a national conference (registration, airfare, shuttle, hotel x 3 nights, food, and incidentals estimated @\$2,500/person)

BUDGET PERIOD	1	2	3	TOTAL
TOTAL TRAVEL	\$ 0	\$ 0	\$ 5,000	\$ 5,000

Other Direct Costs

– Materials and Supplies

Printing and copying costs and postage costs will be incurred in each grant year for the advisory group meetings, participant interviews and focus groups, clinic training sessions, and surveys. It is anticipated that these costs will decrease each year.

In year 3, costs will be incurred for creating and producing presentation material and posters to be used for disseminating the results of this grant.

BUDGET PERIOD	1	2	3	TOTAL
PRINTING AND COPYING	\$ 1,100	\$ 1,400	\$ 800	\$ 3,300
POSTAGE	132	101	67	300
PRESENTATION/POSTERS	0	0	1,500	1,500
TOTAL MAT'LS AND SUPP.	\$ 1,232	\$ 1,501	\$ 2,367	\$ 5,100

– Subawards/Consortium/Contractual Costs

A subcontract will be issued to the Medical College of Wisconsin and City of Milwaukee Health Department. Please see their subaward budgets for additional details.

BUDGET PERIOD	1	2	3	TOTAL
MEDICAL COLLEGE OF WISCONSIN	\$45,072	\$45,892	\$46,755	\$137,719
CITY OF MILWAUKEE HEALTH DEPARTMENT	42,994	39,817	39,158	121,969
TOTAL SUBAWARDS	\$88,066	\$85,709	\$85,913	\$259,688

– Incentives

In years 1 and 2, an incentive will be provided to the ten (10) members of the advisory group totaling \$2,000/year (10 members @\$50/member x 4 meetings). In year 3, the incentive will total \$1,500 (10 members @\$50/member x 3 meetings).

In year 1, an incentive will be provided to the physicians who are interviewed. This incentive will total \$2,000 (40 physicians @\$50/interview). In year 3, an incentive will be provided to the physicians who participate in a focus group totaling \$500 (10 physicians @\$50/participant).

In year 1, an incentive will be provided to medical assistants who participate in a focus group. This incentive will total \$2,000 (40 medical assistants @\$50/participant). In year 3, an incentive will be provided to the medical assistants will participate in a focus group totaling \$500 (10 medical assistants @\$50/participant).

In year 1, an incentive will be provided to parents who participate in a focus group. This incentive will total \$2,000 (40 parents @\$50/participant). In year 3, an incentive will be provided to parents will participate in a focus group totaling \$1,000 (20 parents @\$50/participant).

In year 2, an incentive will be provided to four (4) clinic sites to reschedule clinic time to permit ten (10) physicians at four (4) training sites to attend four (4) 1½ hour training session. This incentive will total \$24,000 (4 clinics x 10 physicians x 4 training sessions x 1.5 hours @\$100/hour).

In year 3, an incentive will be provided to physicians and medical assistants who complete a survey. This incentive will total \$2,000 (80 physicians and medical assistants @\$25/survey).

BUDGET PERIOD	1	2	3	TOTAL
Advisory Group Participants	\$ 2,000	\$ 2,000	\$ 1,500	\$ 5,500
Participants – Physicians	2,000	0	500	2,500
Participants – Medical Assistants	2,000	0	500	2,500
Participants – Parent Focus Groups	2,000	0	1,000	3,000
Participants – Physician and Medical Assistants	0	0	2,000	2,000
Clinic	0	24,000	0	24,000
TOTAL INCENTIVES	\$ 8,000	\$26,000	\$ 5,500	\$ 39,500

– Food

In Year 1, food will be provided for the eight (8) focus group @ \$75/group. In year 2, food will be provided for the sixteen (16) clinic training session @100/session. In year 3, food will be provided for four (4) focus groups @\$75/group.

BUDGET PERIOD	1	2	3	TOTAL
FOCUS GROUPS	\$ 600	\$ 0	\$ 300	\$ 900
CLINIC TRAINING SESSIONS	0	1,600	0	1,600
TOTAL FOOD	\$ 600	\$ 1,600	\$ 300	\$ 2,500

– Clinic Data Extracts

Once each grant year, an extract of a data set containing a complete list of patients between the ages of 11-14 years, will be purchased from eight (8) participating clinic sites. These extracts will allow Mr. Radmer to determine each clinic's HPV vaccination rate.

BUDGET PERIOD	1	2	3	TOTAL
TOTAL CLINIC DATA EXTRACTS	\$ 8,000	\$ 8,000	\$ 8,000	\$ 24,000

– Summary of Other Expenses

BUDGET PERIOD	1	2	3	TOTAL
TOTAL OTHER EXPENSES	\$105,898	\$122,810	\$102,080	\$330,789

Indirect Cost Base

The Indirect Cost Base has been determined using the Modified Total Direct Costs (MTDC) methodology.

BUDGET PERIOD	1	2	3	TOTAL
TOTAL DIRECT COSTS EXCLUDING SUBAWARDS	\$124,042	\$142,386	\$142,250	\$408,678
TOTAL DIRECT COSTS ALLOWED ON 1ST 25,000 OF SUBAWARDS	50,000	0	0	50,000
TOTAL INDIRECT COST BASE	\$174,042	\$142,386	\$142,250	\$458,678

Indirect Costs

This F&A (Indirect Cost) rate for the University of Wisconsin-Madison is 50.5% for all grant years.

Budget Summary

BUDGET PERIOD	1	2	3	TOTAL
TOTAL DIRECT COSTS	\$212,108	\$228,095	\$228,163	\$668,366
TOTAL INDIRECT COSTS	87,891	71,905	71,836	231,632
TOTAL COST	\$299,999	\$300,000	\$299,999	\$899,998

Summary – Cost Sharing

The cost sharing listed below will be provided by the City of Milwaukee Health Department. Please see their subaward budget for additional details.

BUDGET PERIOD	1	2	3	TOTAL
TOTAL SALARY	\$ 6,712	\$ 8,055	\$ 8,055	\$ 22,822
TOTAL FRINGE BENEFITS	3,222	3,785	3,785	10,792
TOTAL COST SHARING	\$ 9,934	\$11,840	\$11,840	\$ 33,614

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		292,472.00
Section B, Other Personnel		40,106.00
Total Number Other Personnel	6	
Total Salary, Wages and Fringe Benefits (A+B)		332,578.00
Section C, Equipment		
Section D, Travel		5,000.00
1. Domestic	5,000.00	
2. Foreign	0.00	
Section E, Participant/Trainee Support Costs		0.00
1. Tuition/Fees/Health Insurance	0.00	
2. Stipends		
3. Travel	0.00	
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		330,788.00
1. Materials and Supplies	5,100.00	
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	259,688.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	24,000.00	
9. Other 2	39,500.00	
10. Other 3	2,500.00	
Section G, Direct Costs (A thru F)		668,366.00
Section H, Indirect Costs		231,632.00
Section I, Total Direct and Indirect Costs (G + H)		899,998.00
Section J, Fee		

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: 937639060

* Budget Type: Project Subaward/Consortium

Enter name of Organization: Medical College of Wisconsin

* Start Date: 08-01-2013

* End Date: 07-31-2014

Budget Period: 1

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	Julia		Lechuga	PhD	Co-Investigator	94,134.00	1.8			14,120.00	3,883.00	18,003.00
2.	Denise		Uyar	MD	Faculty	179,700.00	0.6			8,985.00	2,471.00	11,456.00
Total Funds Requested for all Senior Key Persons in the attached file												
Additional Senior Key Persons:			File Name:	Mime Type:		Total Senior/Key Person					29,459.00	

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits	* Funds Requested (\$)	
Total Number Other Personnel		Total Other Personnel					Total Salary, Wages and Fringe Benefits (A+B)	
							29,459.00	

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2013* **End Date:** 07-31-2014**Budget Period:** 1**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment Item

* Funds Requested (\$)

Total funds requested for all equipment listed in the attached file

Total Equipment

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	0.00
2. Stipends	0.00
3. Travel	0.00
4. Subsistence	0.00
5. Other:	
Number of Participants/Trainees	Total Participant/Trainee Support Costs
	0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 1* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2013* **End Date:** 07-31-2014**Budget Period:** 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	29,459.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	53	29,459.00	15,613.00
			Total Indirect Costs	15,613.00
Cognizant Federal Agency				
(Agency Name, POC Name, and POC Phone Number)				

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	45,072.00

J. Fee	Funds Requested (\$)
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K. * Budget Justification	File Name:	Mime Type: application/pdf
	Budget_Narrative_MCW_Final1013824306.pdf	
(Only attach one file.)		

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2014* **End Date:** 07-31-2015**Budget Period:** 2**A. Senior/Key Person**

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	Julia		Lechuga	PhD	Co-Investigator	96,935.00	1.8			14,540.00	3,999.00	18,539.00
2.	Denise		Uyar	MD	Faculty	179,700.00	0.6			8,985.00	2,471.00	11,456.00

Total Funds Requested for all Senior Key Persons in the attached file**Additional Senior Key Persons:**

File Name:

Mime Type:

Total Senior/Key Person**29,995.00****B. Other Personnel**

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits	* Funds Requested (\$)
Total Number Other Personnel						Total Other Personnel	
		Total Salary, Wages and Fringe Benefits (A+B)				29,995.00	

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2014* **End Date:** 07-31-2015**Budget Period:** 2**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment Item

* Funds Requested (\$)

Total funds requested for all equipment listed in the attached file

Total Equipment

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

Number of Participants/Trainees

Total Participant/Trainee Support Costs

0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 2* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2014* **End Date:** 07-31-2015**Budget Period:** 2

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	29,995.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	53	29,995.00	15,897.00
			Total Indirect Costs	15,897.00
Cognizant Federal Agency				
(Agency Name, POC Name, and POC Phone Number)				

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	45,892.00

J. Fee	Funds Requested (\$)
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K. * Budget Justification	File Name:	Mime Type: application/pdf
	Budget_Narrative_MCW_Final1013824306.pdf	
(Only attach one file.)		

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2015* **End Date:** 07-31-2016**Budget Period:** 3**A. Senior/Key Person**

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	Julia		Lechuga	PhD	Co-Investigator	99,884.00	1.8			14,983.00	4,120.00	19,103.00
2.	Denise		Uyar	MD	Faculty	179,700.00	0.6			8,985.00	2,471.00	11,456.00
Total Funds Requested for all Senior Key Persons in the attached file												
Additional Senior Key Persons:			File Name:		Mime Type:		Total Senior/Key Person				30,559.00	

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits	* Funds Requested (\$)	
Total Number Other Personnel		Total Other Personnel				Total Salary, Wages and Fringe Benefits (A+B)		30,559.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2015* **End Date:** 07-31-2016**Budget Period:** 3**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment Item

* Funds Requested (\$)

Total funds requested for all equipment listed in the attached file

Total Equipment

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

Number of Participants/Trainees

Total Participant/Trainee Support Costs

0.00

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 3* **ORGANIZATIONAL DUNS:** 937639060* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** Medical College of Wisconsin* **Start Date:** 08-01-2015* **End Date:** 07-31-2016**Budget Period:** 3

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	30,559.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	53	30,559.00	16,196.00
			Total Indirect Costs	16,196.00
Cognizant Federal Agency				
(Agency Name, POC Name, and POC Phone Number)				

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	46,755.00

J. Fee	Funds Requested (\$)
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K. * Budget Justification	File Name:	Mime Type: application/pdf
	Budget_Narrative_MCW_Final1013824306.pdf	
(Only attach one file.)		

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	90,013.00
Section B, Other Personnel	
Total Number Other Personnel	
Total Salary, Wages and Fringe Benefits (A+B)	90,013.00
Section C, Equipment	
Section D, Travel	
1. Domestic	
2. Foreign	
Section E, Participant/Trainee Support Costs	
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
6. Number of Participants/Trainees	
Section F, Other Direct Costs	
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Other 1	
9. Other 2	
10. Other 3	
Section G, Direct Costs (A thru F)	90,013.00
Section H, Indirect Costs	47,706.00
Section I, Total Direct and Indirect Costs (G + H)	137,719.00
Section J, Fee	

BUDGET NARRATIVE MEDICAL COLLEGE OF WISCONSIN

Personnel

Julia Lechuga, PhD, Co-Investigator (1.8 Calendar Months/Year; 5.4 Total) is a psychologist with expertise in cognition, culture, and HPV vaccine parental decision-making. She has expertise in conducting HPV vaccine acceptance research in medically underserved parents of diverse ethnicities. Dr. Lechuga will bring expertise in behavioral research design and implementation as part of the team of investigators. She will provide leadership, guidance and oversight of the collaborative activities related to: 1) Conducting interviews with 40 physicians and 4 focus groups composed of a total of 32-40 clinical staff and 2) Conducting 4 focus groups with a total of 32-40 ethnically diverse parents who received a provider's recommendation and either vaccinated, declined, or are still unsure about vaccination. She will also work closely with the research team on designing and conducting the training of health care personnel in communication techniques related to HPV vaccination. Dr. Lechuga will work directly with CUPH staff to implement the formative elements of Phase 1.

Denise Uyar, MD, Physician Consultant (0.6 Calendar Months/Year; 1.8 Total) is a gynecologic oncologist with clinical expertise in treatment of cervical cancer. Her research interests include community efforts to increase HPV vaccination. In this project Dr. Uyar will attend all advisory group meeting in order to facilitate equitable contributions and discussion from all advisory group members, including physicians, medical assistants, and parents of adolescents. Dr. Uyar will work directly with Dr. Hunter and CUPH staff in the recruitment of members to the advisory group. CUPH staff will support her in developing work plan and agendas for the quarterly meetings of the group. She will also deliver a standard continuing medical education lecture on cervical cancer prevention that will serve as the control activity for this research.

A cost of living increase of 3% was added for years 2 and 3.

BUDGET PERIOD	1	2	3	TOTAL
SALARIES	\$23,105	\$23,525	\$23,968	\$ 70,598

Fringe Benefits

This rate for the Medical College of Wisconsin is 27.5% for all grant years.

BUDGET PERIOD	1	2	3	TOTAL
FRINGE BENEFITS	\$ 6,354	\$ 6,470	\$ 6,591	\$ 19,415

Indirect Costs

This rate for the Medical College of Wisconsin is 53.0% for all grant years.

Summary

BUDGET PERIOD	1	2	3	TOTAL
TOTAL DIRECT COSTS	\$29,459	\$29,995	\$30,559	\$ 90,013
TOTAL INDIRECT COSTS	15,613	15,897	16,196	47,706
TOTAL COST	\$45,072	\$45,892	\$46,755	\$137,719

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2013* **End Date:** 07-31-2014**Budget Period:** 1**A. Senior/Key Person**

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	Fred		Radmer	MPH	Epidemiologist	47,109.00	1.2			4,711.00	2,261.00	6,972.00
Total Funds Requested for all Senior Key Persons in the attached file												
Additional Senior Key Persons:			File Name:		Mime Type:					Total Senior/Key Person		6,972.00

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits	* Funds Requested (\$)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
1	Public Health Nurse	3.6			17,291.00	8,300.00	25,591.00
1	Communicable Disease Specialist	1			3,167.00	1,520.00	4,687.00
2	Total Number Other Personnel				Total Other Personnel		30,278.00
Total Salary, Wages and Fringe Benefits (A+B)							37,250.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2013* **End Date:** 07-31-2014**Budget Period:** 1**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment Item

* Funds Requested (\$)

Total funds requested for all equipment listed in the attached file

Total Equipment**Additional Equipment:**

File Name:

Mime Type:

D. Travel**Funds Requested (\$)**

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

Total Travel Cost**E. Participant/Trainee Support Costs****Funds Requested (\$)**

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other:

Number of Participants/Trainees**Total Participant/Trainee Support Costs****0.00**

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 1* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2013* **End Date:** 07-31-2014**Budget Period:** 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	37,250.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. IDC		22.82	25,169.00	5,744.00
			Total Indirect Costs	5,744.00
Cognizant Federal Agency				
(Agency Name, POC Name, and POC Phone Number)				

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	42,994.00

J. Fee	Funds Requested (\$)
---------------	-----------------------------

K. * Budget Justification	File Name:	Mime Type: application/pdf
	HPV_Squared_Budget_Narrative_MHD_02_21_131013824517.pdf	
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2014* **End Date:** 07-31-2015**Budget Period:** 2**A. Senior/Key Person**

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	Fred		Radmer	MPH	Epidemiologist	47,109.00	0.6			2,355.00	1,107.00	3,462.00
Total Funds Requested for all Senior Key Persons in the attached file												
Additional Senior Key Persons:			File Name:		Mime Type:					Total Senior/Key Person		3,462.00

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits	* Funds Requested (\$)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
1	Public Health Nurse	3.6			17,291.00	8,127.00	25,418.00
1	Communicable Disease Specialist	1.2			3,800.00	1,786.00	5,586.00
2	Total Number Other Personnel					Total Other Personnel	31,004.00
Total Salary, Wages and Fringe Benefits (A+B)							34,466.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2

* **ORGANIZATIONAL DUNS:** 933451668

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: City of Milwaukee Health Department

* **Start Date:** 08-01-2014

* **End Date:** 07-31-2015

Budget Period: 2

C. Equipment Description		
List items and dollar amount for each item exceeding \$5,000		
Equipment Item		* Funds Requested (\$)
Total funds requested for all equipment listed in the attached file		
		Total Equipment
Additional Equipment:	File Name:	Mime Type:

D. Travel	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	
2. Foreign Travel Costs	
Total Travel Cost	

E. Participant/Trainee Support Costs	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other:	
Number of Participants/Trainees	Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 2* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2014* **End Date:** 07-31-2015**Budget Period:** 2

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	34,466.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. IDC	22.82	23,447.00	5,351.00
Total Indirect Costs			5,351.00
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	39,817.00

J. Fee	Funds Requested (\$)
---------------	-----------------------------

K. * Budget Justification	File Name:	Mime Type: application/pdf
	HPV_Squared_Budget_Narrative_MHD_02_21_131013824517.pdf	
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2015* **End Date:** 07-31-2016**Budget Period:** 3**A. Senior/Key Person**

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	Fred		Radmer	MPH	Epidemiologist	47,109.00	1.8			7,066.00	3,321.00	10,387.00
Total Funds Requested for all Senior Key Persons in the attached file												
Additional Senior Key Persons:			File Name:		Mime Type:					Total Senior/Key Person		10,387.00

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits	* Funds Requested (\$)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
1	Public Health Nurse	3			14,410.00	6,772.00	21,182.00
1	Communicable Disease Specialist	0.5			1,583.00	744.00	2,327.00
2	Total Number Other Personnel				Total Other Personnel		23,509.00
Total Salary, Wages and Fringe Benefits (A+B)							33,896.00

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2015* **End Date:** 07-31-2016**Budget Period:** 3**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment Item

* Funds Requested (\$)

Total funds requested for all equipment listed in the attached file

Total Equipment

Additional Equipment:

File Name:

Mime Type:

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)
2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs

Funds Requested (\$)

- | | |
|--|--|
| 1. Tuition/Fees/Health Insurance | 0.00 |
| 2. Stipends | 0.00 |
| 3. Travel | 0.00 |
| 4. Subsistence | 0.00 |
| 5. Other: | |
| Number of Participants/Trainees | Total Participant/Trainee Support Costs |
| | 0.00 |

RESEARCH & RELATED Budget (C-E) (Funds Requested)

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 3* **ORGANIZATIONAL DUNS:** 933451668* **Budget Type:** Project Subaward/Consortium**Enter name of Organization:** City of Milwaukee Health Department* **Start Date:** 08-01-2015* **End Date:** 07-31-2016**Budget Period:** 3

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
Total Other Direct Costs	0.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	33,896.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. IDC		22.82	23,059.00	5,262.00
			Total Indirect Costs	5,262.00
Cognizant Federal Agency				
(Agency Name, POC Name, and POC Phone Number)				

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	39,158.00

J. Fee	Funds Requested (\$)
---------------	-----------------------------

K. * Budget Justification	File Name:	Mime Type: application/pdf
	HPV_Squared_Budget_Narrative_MHD_02_21_131013824517.pdf	
	(Only attach one file.)	

RESEARCH & RELATED Budget (F-K) (Funds Requested)

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	20,821.00
Section B, Other Personnel	84,791.00
Total Number Other Personnel	6
Total Salary, Wages and Fringe Benefits (A+B)	105,612.00
Section C, Equipment	
Section D, Travel	
1. Domestic	
2. Foreign	
Section E, Participant/Trainee Support Costs	
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
6. Number of Participants/Trainees	
Section F, Other Direct Costs	
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Other 1	
9. Other 2	
10. Other 3	
Section G, Direct Costs (A thru F)	105,612.00
Section H, Indirect Costs	16,357.00
Section I, Total Direct and Indirect Costs (G + H)	121,969.00
Section J, Fee	

**BUDGET NARRATIVE
CITY OF MILWAUKEE HEALTH DEPARTMENT (MHD)**

Personnel

Mary Ann Kiepczynski, RN, Clinical Outreach (3.6 Calendar Months/Year; 10.8 Total) is a Public Health Nurse Coordinator in Immunization Program and the City of Milwaukee Health Department. She has over 15 years of experience vaccinating Milwaukee residents and working on community-based projects to increase vaccination rates, including an ongoing partnership with the assistant district attorney making educational outreach visits to schools to meet with principals and administrative staff. She will collaborate with other research associates to assess what role clinic vaccinators (e.g., nurses, medical assistants) may have in physician – parent intent to initiate or complete the HPV vaccination series. She will also assist with implementation and evaluation of interventions to minimize disruption of clinic flow.

Fred Radmer, Epidemiologist (1.2; 0.6; 1.8 Calendar Months/Year; 3.6 Total) brings expertise in data procurement, management, and analysis, especially regarding vaccination rates. Using lists of 11-14 year old patients provided by participating clinics that fall into the age range, the Wisconsin Immunization Registry (WIR) and CDC's Comprehensive Clinic Assessment Software Application (CoCASA), Mr. Radmer will determine how many doses of HPV vaccine each patient received and the age of the patient when each dose was received. He will compare the clinic's annual vaccination rate in the year prior to the intervention, the year during the intervention, and the year post-intervention using multiple linear regression.

Daphne Prater, Communicable Disease Specialist (1.0; 1.2; 0.5 Calendar Months/Year; 2.7 Total) works in the Sexually Transmitted Disease (STD)/HIV Program at the City of Milwaukee Health Department. She has years of experience a) teaching Milwaukee teens and young adults how to reduce their risks for sexually transmitted diseases and b) collaborating with community organizations on outreach STD testing events. She worked for the past two years with Dr. Hunter to teach medical students effective STD-related communication skills. She will assist with focus groups for parents. She will also develop and implement role-playing and simulated encounters with parents for the training sessions. She and Mr. Borzon will develop a training module on how to discuss sexuality with parents of young adolescents.

BUDGET PERIOD	1	2	3	TOTAL
SALARIES	\$25,169	\$23,446	\$23,059	\$ 71,674

Fringe Benefits

This rate for the City of Milwaukee Health Department is: 48% in Year 1; 47% in Years 2 and 3.

BUDGET PERIOD	1	2	3	TOTAL
FRINGE BENEFITS	\$12,081	\$11,020	\$10,837	\$ 33,938

Indirect Costs

This rate for the City of Milwaukee Health Department is 22.82% for all grant years. It is only calculated on Salaries.

Summary

BUDGET PERIOD	1	2	3	TOTAL
TOTAL DIRECT COSTS	\$37,250	\$34,466	\$33,896	\$105,612
TOTAL INDIRECT COSTS	5,744	5,351	5,262	16,357
TOTAL COST	\$42,994	\$39,817	\$39,158	\$121,969

Personnel – Cost Sharing

William Borzon, Health Educator (1.5; 1.8; 1.8 Calendar Months/Year; 5.1 Total) works in the Sexually Transmitted Disease (STD)/HIV Program at the City of Milwaukee Health Department. He has years of experience a) teaching Milwaukee teens and young adults how to reduce their risks for sexually transmitted diseases and b) coordinating outreach STD testing events. He has worked for the past two years with Dr. Hunter to teach medical students effective STD-related communication skills. He and Ms. Prater will develop a training module on how to discuss sexuality with parents of young adolescents. He will also develop and implement role-playing and simulated encounters with parents for the training sessions.

Summary – Cost Sharing

BUDGET PERIOD	1	2	3	TOTAL
TOTAL SALARY	\$ 6,712	\$ 8,055	\$ 8,055	\$ 22,822
TOTAL FRINGE BENEFITS	3,222	3,785	3,785	10,792
TOTAL COST SHARING	\$ 9,934	\$11,840	\$11,840	\$ 33,614

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OMB Number: 0925-0001

1. Project Director / Principal Investigator (PD/PI)

Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:

2. Human Subjects

Clinical Trial? No Yes
 * Agency-Defined Phase III Clinical Trial? No Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:
 * Phone Number: Fax Number:
 Email:

* Title:

* Street1:
 Street2:
 * City:
 County/Parish:
 * State:
 Province:
 * Country: * Zip / Postal Code:

PHS 398 Cover Page Supplement

4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells? No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Cell Line(s): Specific stem cell line cannot be referenced at this time. One from the registry will be used.

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

*Type of Application:

New Resubmission Renewal Continuation Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application (for RESUBMISSION or REVISION only)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	SPECIFIC_AIMS1013824342.pdf	Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy	RESEARCH_STRATEGY1013824343	Add Attachment	Delete Attachment	View Attachment
4. Inclusion Enrollment Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5. Progress Report Publication List	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Human Subjects Sections

6. Protection of Human Subjects	Human_Subjects_Final1013824	Add Attachment	Delete Attachment	View Attachment
7. Inclusion of Women and Minorities	Inclusion_of_Women_and_Mino	Add Attachment	Delete Attachment	View Attachment
8. Targeted/Planned Enrollment Table	TPETForm1013848867.pdf	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Children	Inclusion_of_Children101382	Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

10. Vertebrate Animals	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Select Agent Research	SELECT_AGENT_RESEARCH101382	Add Attachment	Delete Attachment	View Attachment
12. Multiple PD/PI Leadership Plan	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13. Consortium/Contractual Arrangements	CONSORTIUM_AGREEMENT10138245	Add Attachment	Delete Attachment	View Attachment
14. Letters of Support	Letters_of_Support_Complete	Add Attachment	Delete Attachment	View Attachment
15. Resource Sharing Plan(s)	RESOURCE_SHARING_PLAN_FINAL	Add Attachment	Delete Attachment	View Attachment

16. Appendix [Add Attachments](#) [Remove Attachments](#) [View Attachments](#)

SPECIFIC AIMS

Vaccination against human papillomavirus (HPV) reduces risk for cervical and anal cancers, and genital warts [American Cancer Society]. Completing the 3-dose series prior to onset of sexual activity maximizes the efficacy of the HPV vaccine [CDC 2009]. The Advisory Committee on Immunization Practices (ACIP) recommends HPV vaccination at age 11 to 12 years, and allows it as young as 9 years of age. Despite the health benefits of vaccination, HPV vaccination rates in the U.S. have not surpassed the 50% rate [Schluterman]. Since introduction of the HPV vaccine in 2006, data from the National Immunization Survey – Teen show low rates of HPV vaccination (in 2008 completion of 3 doses in only 17.9% of 13-17 year old girls) that have increased slowly (in 2011 complete in 34.8% of girls and 1.3% of boys) [NIS Teen].

Research on predictors of vaccination intention indicates that perceived vaccine safety, vaccine effectiveness, and a physician's recommendation emerge as the most powerful predictors of parental vaccination intentions and uptake [Brewer] [Constantine] [Dempsey, Zimet] [De Soto]. Unfortunately, research has documented barriers that prevent physicians from issuing a strong vaccination recommendation. For example, individual differences in physician's degree of adoption of new technologies [Feemster] and the presence of vaccination barriers, such as parental denial that their child would be at risk and physicians' reluctance to discuss sexuality [Kahn], predict a physician's intention to recommend the vaccine. Research has also documented physicians' perceptions that parents will need to engage in sexuality-related discussions with physicians deters physicians from recommending vaccination. The bulk of research documenting physicians' practices and barriers regarding vaccination recommendations has concentrated on elucidating the factors that affect physician's vaccination recommendations and has yet to test the effectiveness of interventions to facilitate such recommendations.

The purposes of this research proposal are 1) to develop an intervention consisting of active learning modules aimed at improving physicians' communication with parents and clinical office practices and 2) to test its effect on improvement of HPV vaccination rates in 11-12 year olds within family medicine and pediatric clinics. Our approach differs from standard continuing medical education techniques that are unlikely by themselves to increase physicians' skills at giving strong recommendations for vaccinations.

The specific aims of this research are to:

1. Assess the knowledge, attitudes, and communication strategies of family physicians and pediatricians and the supporting role of clinical staff when issuing HPV vaccination recommendations to parents of 11-12 year old children.
2. Assess the knowledge and attitudes regarding HPV vaccination and the topics parents of 11-12 year old children perceive they need to discuss with clinicians.
3. Develop an intervention designed to train clinicians to communicate effectively with parents of 11-12 year-olds about HPV vaccination and test the effect of the intervention on vaccination uptake and change in knowledge, attitudes, and self-efficacy in health care personnel and parents.
4. Disseminate results and best practices through health systems, managed care organizations, professional societies, and peer-reviewed publications.

We will achieve the specific aims through the following research steps:

1. Conduct interviews with 40 physicians and 4 focus groups composed of a total of 32-40 clinical staff.
2. Conduct 4 focus groups with a total of 32-40 ethnically diverse parents who received a clinician's recommendation and either vaccinated, declined, or are still unsure about vaccination.
3. Convene an advisory group composed of clinicians, clinical support staff, and parents. The group will include representatives of professional organizations to oversee all phases of the project including intervention development, implementation, and testing.
4. Disseminate findings (via webinar and other modalities) in collaboration with our advisory group.

RESEARCH STRATEGY

Significance

Human papillomavirus (HPV) causes almost all cervical cancers. In addition, much of anal and oropharyngeal cancer is related to HPV infection [Lowy][Jemal]. Completing the 3-dose series prior to onset of sexual activity is needed to maximize the effectiveness of the HPV vaccine. In research trials at the time of its introduction, the HPV vaccine had high efficacy against infection, pre-cancerous lesions of the cervix, and genital warts [Garland] [FUTURE II]. However, a recent study of inner-city girls aged 14 to 19 years with high risk sexual behaviors showed cervical HPV infection with vaccine types before and after vaccination. There was also a high prevalence of extra-cervical HPV among both vaccinated and unvaccinated individuals [Schlecht]. Another recent study found increasing rates of HPV vaccination associated with already established sexual activity [Keenan]. Rates of ever having sexual intercourse among 15 to 19 year olds in the U.S. are relatively high; in 2006 to 2008, 42% of girls and 43% of boys had had intercourse [Abma]. However, in 2011 only 34.8% of girls aged 13 to 17 years in the U.S. and 46.2% in Wisconsin had been fully vaccinated against HPV [CDC 2012 Aug], even though the Advisory Committee on Immunization Practices (ACIP) recommends HPV vaccination at age 11 to 12 years [Markowitz][CDC 2011 Dec]. In summary, HPV vaccination as actually implemented in the U.S. is not achieving its full potential for preventing cancer because of low vaccination rates prior to the onset of sexual activity.

A Potential Solution - Effective communication: Increased awareness of the benefits of HPV vaccination alone only modestly increases its acceptability to parents of teens [Do]. Strong recommendations from physicians improve vaccination rates, especially for HPV. Recently researchers have called for future interventions to “target vaccine intent and physician/family communication as a means to increasing HPV vaccination” [Gamble] and for educational interventions that “accurately describ[e] the risks versus benefits to HPV vaccination and risk of HPV infection during adolescence and young adulthood”[Dempsey]. However, few studies address how physicians engage in discussion about HPV vaccination with their patients. One study noted that increases in 3 factors – rapport with parents, community receptivity, and perceived patient risk – increased the frequency of family physicians discussing HPV vaccination [Sussman].

Physicians’ attitudes and norms may affect the strength and frequency of their HPV vaccination recommendations [Roberto] as well as the decisions parents and patients make about receiving the HPV vaccine [Etter]. Physicians report that feeling comfortable talking with parents about the sexual nature of the vaccine would support their vaccinating 9-17 year old girls for HPV [McCave]. Patients may benefit when physicians communicate in ways that fit best with patients’ or parents’ preferred levels of information and participation [Kiesler]. Shared decision-making (SDM) – such as option grids [Elwyn] and training videos [Arcuri] – is a model framework for patient-physician collaboration in healthcare delivery.

Changing clinicians’ practice behaviors is challenging. The main form of continuing medical education, large group didactic presentations at conferences, “have little direct impact on improving professional practice” [Davis]. Educational outreach, also known as “academic detailing,” is highly effective in changing practice behaviors [Sketris], but requires significant time commitments by expert physicians. Health insurers often use individualized feedback to clinicians on their performance on clinical quality measures to motivate physicians to adhere to clinical guidelines. Point-of-care prompts delivered via the electronic medical record are also used to motivate practice change, but physicians ignore prompts if they perceived them as too numerous.

Medical assistants and nurses administer vaccinations in primary care clinics. Physicians often delegate to medical assistants or nurses the review of the vaccination history and the initial determination which vaccinations may be needed at a clinical encounter. Using standing orders, medical assistants and nurses can administer vaccinations before or after physicians interview and examine their patients. The use of standing orders allows medical assistants and nurses to administer vaccinations before or after physicians interview and examine their patients [Wood]. While standing orders can increase vaccination rates,

misinformed or inadequately informed medical assistants may create an unintended barrier to increasing vaccination rates [Broughton].

Innovation

In calling for this research, the CDC is addressing a gap in the literature and a need in clinical practice. Since the introduction of the HPV vaccine (2006 to 2008), little research has been done to follow up on surveys of physicians' attitudes toward communicating with parents about HPV vaccination for their young adolescent children. Even less is known about what interventions might be effective in increasing HPV vaccination rates by improving physicians' communication with parents about HPV vaccination.

This proposal seeks to increase physicians' skills at providing strong, effective recommendations to parents in favor of vaccinating their young adolescent children against HPV by adapting techniques from **community-based participatory research** (CBPR) and **commercial marketing**. The intervention will target experienced clinicians as well as faculty and **physicians-in-training** at family medicine and pediatric residencies. The study will incorporate the practical perspectives of the staff members who administer most vaccinations in primary clinics, **medical assistants**. Experienced **staff from the City of Milwaukee Health Department (MHD) STD/HIV program** will bring expertise in discussing sexuality to the training of physicians.

The advisory group of physicians, medical assistants, and parents will provide input to researchers at each step in this project from selection of interview and focus group questions, to using results of those assessments to refine the implementation of the interventions, to analyzing and disseminating the results of the interventions. Many researchers, including the PI and Center for Urban Population Health (CUPH) staff, have used CBPR to tailor interventions to the needs of the participants in a way that minimizes disruption to the activities of community organizations and increases the acceptance of changes in procedures.

Some health systems, academic institutions, and the Canadian health plan regularly use "academic detailing", an adaptation of commercial marketing techniques used by pharmaceutical representatives, to educate physicians and improve adherence to clinical guidelines. The PI has used this technique regularly the past two years in education outreach sessions to physicians at clinical department meetings at community health centers and visits to other clinics to discuss clinical and public health aspects of pertussis, tuberculosis, and sexually transmitted infections.

Approach

Recruitment of Participating Clinics: We will carry out our assessments and interventions with health care personnel and parents of patients at primary care clinics in the city of Milwaukee, with an emphasis on lower income neighborhoods. Dr. Hunter, the Principal Investigator, will lead the recruitment effort through his extensive network of fellow family physicians and pediatric colleagues in leadership positions at community health centers, residency clinics, and health systems in Milwaukee.

Milwaukee is an ethnically diverse city with a population just under 600,000 where 12% of the population is Latino and 30% is African-American. The south side of the city of Milwaukee is predominantly Latino and the north side African-American. Among the largest 50 metropolitan statistical areas in the United States from 2003 to 2011, Milwaukee consistently ranked second or third for rates of chlamydia and gonorrhea [CDC Table 6] [CDC Table 16/17].

The Sixteenth Street Community Health Center (SSCHC) is a Federally Qualified Health Center (FQHC) with two large clinics located in the Latino community on the south side of Milwaukee. It has provided free or affordable health care for 42 years, and is the largest clinic serving Milwaukee's Latino population. In 2009, more than 30 SSCHC clinicians offered health care services to 30,000 individuals. Progressive Community Health Center is also a FQHC with two clinics. It is located on the north side of Milwaukee, in the

heart of the African-American community. Progressive offers a range of primary health care including family medicine and pediatric services, provided by over 20 physicians, nurse practitioners, and physician assistants. In 2012, Progressive received a large federal grant to expand its facilities. Dr. Hunter worked in FQHCs in Milwaukee and Rockford, Illinois between 1992 and 1999. He interacts regularly with multiple physicians at the FQHCs in Milwaukee about public health and medical education projects.

The Downtown Health Clinic includes a pediatric residency also sponsored by the Medical College of Wisconsin (MCW). One faculty member there, Svapna Sabnis MD, serves (along with Dr. Hunter) on the Wisconsin Council on Immunization Practices. MCW also sponsors family medicine residencies at Columbia – St. Mary's (where Dr. Hunter was on faculty from 1996 to 2002) and the St. Joseph's (where two current faculty members were residents taught by Dr. Hunter). The University of Wisconsin School of Medicine and Public Health (UW SMPH) sponsors the St. Luke's Family Medicine residency with clinics at St. Luke's and Sinai hospitals. Dr. Hunter collaborates frequently with residency faculty at St. Luke's and gives an annual update on immunizations for the St. Luke's residents.

Many lower income adolescents in Milwaukee have Medicaid coverage for health care and see private practice physicians. Many of these physicians participate in the Vaccines for Children (VFC) program, but some private practice physician offices do not carry vaccinations and refer adolescents to the walk-in clinics at the City of Milwaukee Health Department (MHD) for vaccinations. Dr. Hunter has met with private practice physicians for educational outreach sessions about tuberculosis and immunization issues.

Overall Design: In two Phases our study will use mixed methods. We will follow a fully mixed sequential, qualitative-quantitative integrative approach [Tashakkori]. A goal of this study is to seek convergence and expansion of findings from different methods designed to study the same phenomenon.

During Phase 1, Dr. Lechuga and Dr. Hunter will conduct in-depth interviews with physicians recruited from community health centers, residency clinics, and private practices. After conducting in-depth interviews with clinicians working in these family medicine and pediatric clinics, Dr. Lechuga and Ms. Kiepczynski will conduct parallel focus groups with 1) medical assistants and nurses that support these clinicians and 2) parents of 11-12-year-old patients in participating clinics. Information gathered during Phase 1 will inform the design and implementation and effectiveness assessment of a behavioral training at clinics in the intervention group. During Phase 2, we will implement the intervention using a pre-post multiple time-point outcome assessment design. The quantitative evaluation of effectiveness of the intervention is described later in this narrative. After implementation, Dr. Lechuga and Ms. Kiepczynski will again conduct focus groups with medical assistants to assess challenges and barriers to intervention implementation at the clinics. We will conduct the study at clinics serving under- and un-insured populations living in the city of Milwaukee including Federally Qualified Health Centers, residencies in family medicine and pediatrics, and if needed, private practice clinics enrolled in the Vaccines for Children (VFC) program,

Expertise of the Research Team:

Principal Investigator: Paul Hunter, MD, is a family physician with 17 years of clinical experience, a medical educator with 6 years teaching family medicine residents, and a local public health official with 3 years of leadership experience in immunization policy and practice. He is on the Wisconsin Council on Immunization Practices with pediatricians from the Sixteenth Street Community Health Center (SSCHC), David Waters MD, and from the Downtown Health Center, Svapna Sabnis MD. He writes the standing orders for immunizations used by nurses at the City of Milwaukee Health Department (MHD) and regularly consults on immunization policy and practice with MHD staff and as a member of work groups of the Advisory Committee on Immunization Practices (ACIP) and National Association of County and City Health Officials (NACCHO). As a Center Scientist at CUPH, Dr. Hunter worked closely with David Frazer MPH and Courtenay Kessler MS on a community nutrition education project on which he was Principal Investigator (PI). He is also currently a consultant on an HPV grant from the NIH on which Julia Lechuga PhD is the PI.

Co-Investigator: Julia Lechuga, PhD, is a psychologist with expertise in cognition, culture, and HPV vaccine parental decision-making. She has expertise in conducting HPV vaccine acceptance research in medically underserved parents of diverse ethnicities. Furthermore, Dr. Lechuga will bring expertise in behavioral research design and implementation.

City of Milwaukee Health Department Staff (MHD):

Frederick Radmer, Jr., MPH, **Epidemiologist**, brings expertise in data procurement, management, and analysis, especially regarding vaccination rates.

Mary Ann Kiepczynski, RN, Immunization **Public Health Nurse** Coordinator, has over 15 years of experience vaccinating Milwaukee residents and working on community-based projects to increase vaccination rates, including an ongoing partnership with the assistant district attorney making educational outreach visits to schools to meet with principals and administrative staff. She will collaborate with other research associates to assess what role clinic vaccinators (e.g., nurses, medical assistants) may have in physician – parent intent to initiate or complete the HPV vaccination series. She will also assist with implementation and evaluation of interventions to minimize disruption of clinic flow.

Daphne Prater, **Communicable Disease Specialist** (CDS) and William Borzon, Public **Health Educator** in the STD/HIV Program, have years of experience a) teaching Milwaukee teens and young adults how to reduce their risks for sexually transmitted diseases and b) collaborating with community organizations on outreach STD testing events. They have worked for the past two years with Dr. Hunter to teach medical students effective STD-related communication skills.

Center for Urban Population Health Staff:

David Frazer, MPH, **Community Partnerships and Communications Manager**, has over 19 years of experience developing and coordinating community-based public health programs. He brings experience in collaborating with target communities in developing public health programming including: environmental health, men's health, HIV/HCV/STI, cancer screening, chronic illness, nutrition education and community health impact planning. He most recently completed a colorectal cancer screening initiative where he led a community academic, and clinic partnership in developing a quality improvement project increasing screening among African American patients of a Federally Qualified Health Center.

Courtenay Kessler MS, **Associate Researcher**, completed her two –year Population Health Fellowship at MHD before starting at CUPH 3 years ago. She brings skills and expertise in evaluation, project management, and quantitative and qualitative data analysis.

Physician Consultant: Denise Uyar MD is a **gynecologic oncologist** at the Medical College of Wisconsin with clinical expertise in treatment of cervical cancer. Her research interests including community efforts to increase HPV vaccination. She works as academic partner with Mary Ann Kiepczynski RN at MHD on a community partnership grant involving teens developing peer-to-peer messaging about HPV vaccination. Her role in the grant will include facilitating equitable contributions to discussion from all advisory group members and delivering a standard continuing medical education lecture on cervical cancer prevention that will serve as the control activity for this research.

PROCEDURES

Phase 1

Baseline vaccination coverage estimation. Mr. Radmer will use data from the Wisconsin Immunization Registry to track vaccination coverage for the City of Milwaukee pre and post-intervention development and implementation. As of January 1, 2013, 46% of girls between the ages of 11 to 18 have received at least one dose of the HPV vaccine and 22% have received all three doses. Mr. Radmer will calculate rates of HPV vaccination for each clinic participating in the project.

Advisory Group: Mr. Frazer will convene an advisory group composed of clinicians, medical assistants, and parents. Dr. Hunter will recruit clinicians, Ms. Kiepczynski medical assistants, and Mr. Frazer parents. Dr.

Uyar will facilitate equitable participation of all members of the advisory group in the discussions during meetings. The group will include representatives of professional organizations such as the Wisconsin chapters of the American Academy of Pediatrics and American Academy of Family Physicians and regional organizations such as Medical Society of Milwaukee County and the Immunize Milwaukee Coalition. Our goal will be to obtain feedback from the advisory group throughout the research phases regarding the 1) recruitment of physicians and clinics, 2) appropriateness of our assessment instruments, 3) findings of our interviews and focus groups, 4) development, content, implementation, and evaluation of the intervention, and 5) dissemination of best practices.

Assessment of type, duration, and impact of vaccine-related communication in physicians. Dr. Lechuga and Dr. Hunter will design and conduct semi-structured interviews with up to 40 physicians. Dr. Hunter will recruit physicians from participating family medicine and pediatric clinics, stratified by specialty. Nurse practitioners and physician assistants who see large numbers of adolescents may be included in these interviews. Interviewees will also be stratified by location, if possible, since the north side of Milwaukee is predominantly African American and the south side predominantly Latino.

Recruitment of physicians for interviews will involve multiple methods. The first is physician-to-physician correspondence, meetings, and phone conversations. Dr. Hunter will contact physicians from his extensive network of colleagues developed over 15 years of clinical practice in Milwaukee. Using his six years of experience as faculty in a family medicine residency affiliated with the Medical College of Wisconsin and his current three years as faculty with the University of Wisconsin School of Medicine and Public Health, Dr. Hunter will also recruit academic colleagues teaching in family medicine and pediatric residencies in Milwaukee. Mr. Frazer and Dr. Uyar will ask our advisory group members to refer potential participants from private practice settings.

Each clinician will be compensated \$50 for the participation in an interview. In addition, the \$25 cost for each participating clinician that attends MHD's annual Milwaukee Immunization Symposium will be covered by grant funds. In order to decrease the interference with clinical operations, we will conduct interviews and focus groups and have health care personnel complete surveys outside of business hours.

Interviews with physicians will last 30-45 minutes and will be audiotaped. Dr. Lechuga and Dr. Hunter will inquire about the factors that influence physicians' intentions to issue a strong vaccination recommendation such as 1) assumptions about parental barriers, 2) self-efficacy to engage in discussions about HPV vaccine and sexuality, and 3) the factors that facilitate issuing a recommendation. They will probe physicians' perception of the factors that motivate parents to vaccinate including 1) how decisions are made, 2) concerns that vaccination promotes sexual activity in young adolescents, and 3) barriers to completion of the 3-dose series. Dr. Lechuga and Dr. Hunter will probe about clinicians' perceived successful communication strategies, including required time to consult with parents and patient-clinician communication approach (i.e., shared decision-making preference). They will inquire about practice-related resources (e.g., electronic record system, staff support) that clinicians perceive facilitate issuing a vaccination recommendation and administration of the all three doses of the vaccine.

Ms. Lechuga and Ms. Kessler will complement the qualitative interviews with a quantitative survey with which they will assess a) attitudes, intentions and self-efficacy towards issuing a strong vaccination recommendation and engaging in patient-physician communication about vaccination, and b) shared-decision making preference. The survey will ask for 1) demographic information such as age, and gender, and specialty of clinicians, 2) number of 11-12 year old children seen, 3) ethnicity proportions of parents seen, 4) comfort with and frequency of discussions about sexuality, and 5) likelihood of following ACIP recommendations for HPV immunization.

Assessment of the role of other health care personnel. Dr. Lechuga and Ms. Kiepczynski will conduct four focus groups of 8-10 medical assistants, nurses, and other clinical support staff recruited from the same family medicine and pediatric clinics as the physicians. Focus groups will last between 60 to 90 minutes and will be audiotaped. Dr. Hunter will assist in developing the questions used at the focus groups, which will be designed to assess the type of supportive role that medical assistants, nurses, and other clinical support staff may play in facilitating immunization initiation and completion. Thus, the focus groups will address about communication strategies to help parents navigate around vaccination barriers, and will obtain information about practice-level factors that may facilitate or hinder issuing vaccination recommendations, for example, the presence and ease of use of electronic record system, standing orders, and reminder or recall systems. The focus groups will also discern characteristics of the medical assistants and other clinical support staff including 1) age and gender, 2) level of training and clinical experience, 3) comfort with and frequency of discussions about sexuality, and 4) reported adherence to ACIP recommendations for HPV immunization. Each medical assistant or other clinical support staff member will be compensated \$50 for her or his participation in the focus group.

Assessment of vaccine-related communication between clinicians and parents: Dr. Lechuga and Mr. Frazer will conduct four focus groups of 8-10 ethnically diverse parents of 11 to 12 year-old children stratified whether they vaccinated and declined vaccination or are undecided after receiving clinician's recommendation. Ms. Prater, Communicable Disease Specialist (CDS) from the STD/HIV program at MHD will assist with recruiting primarily uninsured and underinsured parents from a variety of settings, including the participating clinics, Milwaukee Public Schools, and health-related community wide events sponsored by the MHD. Dr. Hunter and the Ms. Prater will assist in developing the questions used at the focus groups. Focus groups will last 60 to 90 minutes and will be audiotaped, and will ask parents to recount their experience receiving information about vaccination from health care personnel. Specific probes to parents will include 1) how, where, when, and from whom they received information about immunizations, 2) their comfort with the amount and type of information provided, 3) their understanding such information, 4) the specific information that made it clear to them that vaccination was important, 5) information that was confusing and caused skepticism, 6) information that was lacking, and 7) information that encouraged or discouraged vaccination.

The focus groups with parents will also address 1) the issues that impinge and facilitate vaccination including their past experience using numeric information to make health decisions for children, 2) conversations about sexuality with their children, and 3) conversations about vaccination concerns with health care personnel. For parents who vaccinated after receiving a recommendation from health care personnel, they will also probe about 1) how the decision was made, 2) decision barriers and facilitators, 3) greatest concerns and motivations behind vaccination initiation and completion of the 3-dose series, and 4) the competing priorities that arose and how these were resolved. From parents, Dr. Lechuga and Mr. Frazer will also collect 1) demographic information, 2) family structure and living arrangements, 3) prior experience with HPV, 4) access to a clinician, 5) history of use of preventive health services, and 6) trust in physicians and the medical establishment, 7) literacy and numeracy, and 8) child's demographics.

Assessment of organizational characteristics and resources. With input from the advisory group, Ms. Kiepczynski and Ms. Frazer will develop and implement a survey of medical assistants to assess characteristics of clinics to identify strengths and weaknesses that facilitate or hinder HPV vaccination recommendations and patient adherence to recommendations such as 1) electronic reminders to clinicians and medical assistants, 2) standing orders that would allow and encourage medical assistants to administer the second and third vaccinations without consulting the clinician, 3) vaccine cost reimbursement challenges, and 4) availability of appropriate facilities for vaccine storage. In addition, this survey will assess other characteristics that may function as a supportive mechanism of immunization recommendations such as staff expertise, training, and level of involvement in patient treatment. Mr. Radmer will also assess number of 11-12

year old children patients in each clinic and if available the number of children of various ethnicities, including African American and Latino.

In Phase 2 Dr. Lechuga and Dr. Hunter will use the information obtained in Phase 1 to develop standardized training for personnel at each clinic in the intervention group. In addition, the documentation of variability in organizational and patient characteristics will guide Dr. Lechuga and Dr. Hunter as they develop supplemental modules that tailored to organizational features at each clinic that facilitate or hinder health care personnel as they recommend HPV vaccination.

Sample Size: Morse (1994) recommends a sample size of 30-50 for interviews and focus groups in order to approach saturation and redundancy. Thus, our sample size will be 40 physicians, 32-40 medical assistants, and 24-30 ethnically diverse parents who received a clinician's recommendation and either vaccinated, declined, or are still unsure about vaccination. However, if we do not reach saturation with our proposed sample size, we will conduct additional interviews and focus groups until we reach saturation. Qualitative data will consist of audiotapes, which will capture participants' unique narratives on the topics.

Analysis: Ms. Kessler will arrange for transcription of the audiotaped interviews by research assistants at CUPH. She will also verify the transcriptions for accuracy. Using Atlas.ti™ software v.6, CUPH research assistants will analyze the data for emergent themes [Corbin] [Strauss] and examine transcripts initially to identify primary coding categories as well as the range of topics present within each category. CUPH research assistants will identify coding categories, organize topics into a formal codebook, and extract illustrative quotes relevant to these theme. Next, they will formally content code the transcripts. When suggested by associations, overlap, or diversions in the data, thematic categories will be refined, merged, or subdivided. Two coders (CUPH research assistants) will rate each transcript and discuss inter-rater discrepancies until they reach consensus. Decision trails will be noted to assure that interpretations are supported by the data [Hall] [Sandelowski].

From transcripts of interviews with clinicians and focus groups with medical assistant, the two CUPH research assistants will code for strategies that health care personnel use to provide information, facilitate comprehension, and address parental concerns. In particular, they will code for 1) the information that is most concerning or challenging for parents including a) type and number of questions asked and b) whether needs differ by parents' race or ethnicity, 2) barriers and facilitators of vaccination decisions that clinicians typically encounter when issuing a vaccination recommendation, 3) factors that deter health care personnel from issuing a vaccination recommendation, 4) strategies that clinicians employ to motivate parents to initiate vaccination and complete the 3-dose series, and 5) practice-level resources health care personnel need to issue a strong vaccination recommendation.

From transcripts of focus groups with parents, the two CUPH research assistants will code for: 1) information that health care personnel shared that was confusing or led to uncertainty, 2) information that increased comfort in understanding and confidence that vaccination is a good decision, 3) context in which information was provided including a) format and type of information provided and b) emotional reactions to information; 4) issues related to understanding information and clinicians' strategies to provide reassurance including a) number of discussions before making a decision, b) information that had the most impact, c) level of comfort with the decision, and d) level of knowledge. For parents who vaccinated after receiving a clinician's recommendation, the research assistants will code for 1) topics about the decision to vaccinate including how, when, and where was the decision made, 2) the issues that made the decision difficult or easy, 3) issues related to the completion of the 3-dose series, 4) type of discussions before and after vaccination with health care personnel, and 5) level of comfort understanding information.

Synthesis: In our analysis, we will use a constant comparison approach of similarities and differences. With assistance from Dr. Lechuga, Ms. Kessler will compare emergent themes and responses to

questionnaires from physicians, other health care personnel, and parents. She will compare emergent themes from parents who received a vaccination recommendation and vaccinated, declined, or remained undecided. She will convert the emergent categories into quantitative counts, and compare counts. Ms. Kessler and Dr. Lechuga will explore differences in emergent categories in clinicians as a function of 1) specialty (family medicine versus pediatric), 2) location of practice (north versus south side of Milwaukee), 3) number of 11-12 year old children seen, 4) comfort with and frequency of discussion with patients about sexuality, and 5) likelihood of following the ACIP recommendations for HPV immunization. They will explore differences in emergent categories from parents as a function of 1) family structure and living arrangements, 2) prior experience with HPV, 3) access to preventive health services, 4) trust in physicians and the medical establishment, 5) comfort with own sexuality, and 6) frequency and comfort discussing sexuality with their young adolescent children. Mr. Frazer will present the findings to the advisory group for discussion and validation and bring input from the advisory group back to the research team. We envision this sharing as an iterative process that will assist in developing the interventions.

Limitations and Challenges: We anticipate potential problems with the time commitment of participants to take part in a 45-90 minute interview or focus group. To circumvent this potential challenge, we will offer participants a choice in the time and location of the interview. We also anticipate challenges in recruiting health care personnel. However, our recruitment strategies – which include: 1) physician-to-physician contact, 2) pre-contact notification; 3) monetary incentives ranging from \$25 to \$50; and, 4) follow-up mailings and phone contact when necessary – have been demonstrated to increase response rates of physicians. The use of such best practices has achieved response rates of 60-70% in physician survey studies [Keating].

Phase 2

Intervention Development and Content. During Phase 2, in consultation with our advisory group, Dr. Hunter will lead the development of the training interventions. Dr. Lechuga and Dr. Hunter will present the findings from the interviews and focus groups in Phase 1 at regular meetings of the research team chaired by Dr. Hunter. Mr. Frazer, Dr. Lechuga and Dr. Hunter will communicate a summary of the findings from Phase 1 to the advisory group. Dr. Uyar will facilitate equitable discussion among members of the advisory group. Mr. Frazer will summarize the discussions and input from the advisory group at subsequent meetings of the research team chaired by Dr. Hunter.

We plan for our assessment in Phase 1 to allow us to adapt our Phase 2 interventions to contemporary, local, and possibly unexpected conditions. However, we anticipate that findings from Phase 1 and input from the advisory group will largely confirm previous research about 1) the knowledge and attitudes of clinicians and medical assistants regarding effectively recommending HPV vaccination to parents of young adolescents and 2) the barriers and supports in clinical practices for recommending HPV vaccination. Thus, we anticipate that the training of health care personnel will include exercises aimed at increasing 1) knowledge about HPV-related cancers (designed and taught by Drs. Hunter and Uyar) and 2) self-efficacy to discuss topics, such as sexuality-related concerns (designed and taught by Mr. Borzon and Dr. Lechuga), and 3) implementing recall and reminder systems (designed and taught by Ms. Kiepczynski and Mr. Radmer). We intend to develop in health care personnel culturally appropriate communication skills that result in increased rates of initiation and completion of HPV vaccination in young adolescents. Dr. Hunter, Ms. Kiepczynski, Ms. Prater, and Mr. Borzon will develop interactive exercises including role-playing and simulated encounters with parents, as acted by MHD staff from the STD/HIV program. We also plan to increase skills that enhance parental acceptance of the HPV vaccine, for example by reframing HPV vaccine as preventing cancer rather than protecting against a sexually transmitted disease in non-sexually active pre-adolescents. With input from the advisory group and the research team, Ms. Kessler will develop a checklist to standardize and increase fidelity of the training. The checklist will help health care personnel remember the main topics to discuss about HPV vaccination with parents during a clinic visit.

Intervention Implementation Using input from our advisory group, review of evidence-based interventions, and analysis of characteristics of participating clinics, Dr. Hunter, Dr. Lechuga, and Mr. Frazer will design an intervention that responds to the formative process in Phase 1. Since this intervention will involve opportunity costs of clinical staff time spent in training sessions and physical or administrative resources to conduct the training onsite in the clinics and develop new clinic practices, clinics in the intervention group will receive financial support from the grant.

We will develop a training curriculum for all intervention clinics. This curriculum will address the issues discussed in the significance section above. We will select a training format that will be easy for participating clinics to incorporate into their clinical schedules, such as onsite training during regularly scheduled meetings. We anticipate that training will require three or four sessions lasting 45 to 90 minutes each and occurring over 4-6 weeks. We plan a rolling timeline in which two months will separate the start dates of training sessions at each of four clinics in the intervention group. Ms. Kiepczynski and Ms. Kessler will coordinate the scheduling of the training sessions. Dr. Hunter and Dr. Lechuga will discuss the purpose of the training at the beginning of the first session at each intervention site. Research team members will deliver the training modules they designed. Dr. Hunter and Dr. Lechuga will return at the end of the last session at each intervention site to answer questions and thank participants.

After completing the interviews of clinicians, focus groups with medical assistants and parents, and design of the training intervention with input from the advisory group, we will roll out the training sessions sequentially at each intervention site. We will assign equal numbers of clinics to the intervention and control groups. The clinics will be matched based on baseline vaccination rates and patient demographic. When two or more clinic sites within a health system participate in the project, we will assign at least one clinic to each group. Clinicians in both groups will receive a didactic lecture about HPV vaccination as cancer prevention, which does not include training in communication techniques, which will serve as the “control activity.”

From the Phase 1 analysis of each clinic’s characteristics, we anticipate finding variability between clinics in features that facilitate and hinder clinicians recommending HPV immunization. Dr. Hunter, Dr. Lechuga, and Mr. Frazer will create supplementary training modules to teaching of communication techniques and clinic practices that address challenges to strong and effective recommendations for HPV vaccination. These modules will allow delivery of supplementary training tailored to the unique characteristics of the clinics. For example, some clinics may have functional reminder systems to alert parents and clinicians of missed immunizations during adolescent clinic visits, but clinicians or medical assistants in clinics with such systems may feel uncomfortable promoting HPV vaccination in general.

Assessment of Outcomes. Our primary outcome will be vaccination rates. Practices will provide a list of patients that fall into the 11-12 year age range to Mr. Radmer at the MHD, including names and birth dates. Depending on the size of the practices, he will use either a full census or a sampling method. Using the Wisconsin Immunization Registry (WIR) and CDC’s Comprehensive Clinic Assessment Software Application (CoCASA), Mr. Radmer will determine how many doses of HPV vaccine each patient received and the age of the patient when each dose was received.

For the intervention clinics, Mr. Radmer will assess HPV vaccination rates at the clinic level three times during the project. His evaluation will compare the clinic’s annual vaccination rate in the year prior to the intervention, the year during the intervention, and the year post-intervention when possible. Changes in vaccination rates will be compared between the intervention and control practices. An overall rate will be calculated, and, to identify any differences based on age and gender, separate rates stratified by ethnicity, gender and age will be calculated if sample sizes allow.

Secondary outcomes will include improvement in health care personnel of 1) knowledge, attitudes, beliefs, intentions and behaviors related to HPV vaccination and 2) self-efficacy to issue a strong vaccination

recommendation and engage in discussions with parents. Ms. Kessler will assess these secondary outcomes with self-report surveys administered immediately before and after the training, and six months after the last training session at each clinic. Additionally, the participants who complete a survey six months post-intervention will receive an additional \$25 incentive. We will also assess with focus groups change in parents' 1) attitudes and intentions regarding vaccination, 2) satisfaction with communication by health care personnel, and 3) self-efficacy to initiate and adhere to the three-shot HPV vaccination schedule.

Statistical Analysis: Mr. Radmer and Ms. Kessler will analyze the primary outcomes of vaccination rate using multiple linear regression. The independent variable will be project phase, i.e., before, during, and after the training of health care personnel. Mr. Radmer and Ms. Kessler will use dummy coding to create two dichotomous variables for project phase. Training will be a dichotomous variable, namely intervention or control. Mr. Radmer and Ms. Kessler will consider several clinic patient-based demographic factors (e.g., percent of patients who are Spanish-speaking, Medicaid-insured, or female) and clinic resources (e.g., electronic health record use) as potential confounders to include in the model. They will use a stepwise approach to determine which covariates to include. Informed by Phase 1, they will also consider whether any covariates should be included as *a priori* confounders. SAS version 9.3 (Cary, NC) will be used for all analyses. Dr. Lechuga and Ms. Kessler will analyze the secondary outcomes, focusing on changes in attitudes and behaviors of health personnel, also using multiple linear regression. Using a grounded theory approach and Atlas.ti™, they will analyze qualitative outcomes related to parent and patients.

Evaluation. The project will use an evaluation approach that responds to the developmental nature of the project, includes both formative (process) and summative (outcome) evaluation, and combines qualitative and quantitative methods. Ms. Kessler will lead the evaluation of the project, with guidance from Dr. Hunter and the advisory group. Since the different components of the project are dependent on the formative stage, the evaluation will need to respond to project as its form and content are developed.

Formative evaluation will focus on reach, dose, and fidelity in both Phases. In Phase 1, for example, Ms. Kessler will track the number of participants in the interviews and focus groups (reach) and attendance, scope, and frequency of advisory group meetings (reach, dose). In addition, she will develop the evaluation of fidelity in Phase 2 from the barriers and facilitators identified in Phase 1. In Phase 2, she will track the number of practices contacted and ultimately participating in the intervention, as well as the number of participants in the sessions (reach, dose). For both intervention and control groups Ms. Kessler will monitor the number of sessions, topics covered, and attendance at each session in order to assess reach and dose. Additionally, Ms. Kessler will attend at least one session per intervention site to observe whether the training interventions include content designed by the advisory group and informed by Phase 1 of the project, i.e. to monitor fidelity. Ms. Kessler will review the checklist tool after the interventions to assess whether the trainers and research team followed the protocol related to selecting topics for training (fidelity). She will also assess the satisfaction of health care personnel, in both the intervention and control groups, with participation in the study.

As described above, Ms. Kessler will survey health care personnel 6 months after the training. Mr. Radmer will determine clinic-level immunization rates 12 months after the training. However, because we will roll out the training sequentially at each clinic, not every intervention site will complete training within Year 2. Therefore, at the end of grant funding cycle in Year 3, we anticipate that some intervention sites may not have accrued the planned 6 or 12 months of follow-up time. Mr. Radmer will collect and analyze post immunization data for practices (and matched controls) that finished at least 12 months before the end of the project. Depending on resources available at MHD, he may also analyze data available after the end of Year 3 of this project. Ms. Kessler will collect 6-month post health care personnel outcomes for any practice that has completed the training by month 3 of year 3. Specific health care personnel outcomes will be finalized based upon the outcomes of interest identified during Phase 1.

Post-Intervention Assessment. We will conduct two sets of focus groups after completion of the training intervention. Since the results of these post-intervention focus groups will be compared to the results from the post-intervention surveys and vaccination rates, and since the results will not be needed to develop an intervention, fewer participants will be included than in the post-intervention focus groups than in the pre-intervention interviews and focus groups.

Dr. Lechuga, Dr. Hunter, and Ms. Kiepczynski will conduct two focus groups with health care personnel (8-10 participants per focus group) to understand clinician-level and practice-level barriers to and facilitators of initiating and sustaining the communication techniques and clinic practices taught during the training interventions. In addition, Dr. Lechuga and Mr. Frazer will conduct two focus groups with parents (8-10 participants per focus group) to assess whether the interventions affected parental perception of communication with health care personnel or interaction with clinic processes related to HPV vaccination. Participants in focus groups will receive \$50 for their participation. .

Post-Intervention Dissemination. In collaboration with our advisory group, Dr. Hunter, Dr. Lechuga, and Mr. Frazer will develop a strategy and timeline for dissemination of our results. One aspect of the dissemination strategy will include development of an interactive webinar to train physicians in communication techniques, which ideally will offer Continuing Medical Education credits to clinicians who participate. Dr. Hunter will encourage professional and community organizations including the Medical Society of Milwaukee County, Wisconsin Academy of Family Physicians, Wisconsin chapter of the American Academy of Pediatrics, and the National Association of County and City Health Officials to promote the webinar. In addition, we will disseminate results through academic and non-academic publications read most often by clinicians who see young adolescent patients.

Timeline and Staffing

Dates	Activity	Staff Assigned
Year 1 Month 1 - Month 3	Recruit participating clinics.	Dr. Hunter, Ms. Kiepczynski and Mr. Frazer
Year 1 Month 1 - Month 3	Recruit advisory group members: Physicians Medical Assistants Parents	Mr. Frazer Dr. Hunter Ms. Kiepczynski Mr. Frazer
Year 1 Month 4 – Year 3 Month 9	Advisory group meets approximately quarterly.	Mr. Frazer and Dr. Uyar
Year 1 Month 1 - Month 3	Calculate baseline, clinic-level vaccination rates for HPV.	Mr. Radmer
	PHASE 1	
Year 1 Month 1 - Month 3	Design interviews for physicians.	Dr. Lechuga and Dr. Hunter
Year 1 Month 1 - Month 3	Design focus groups for medical assistants.	Dr. Lechuga and Ms. Kiepczynski
Year 1 Month 1 - Month 3	Design focus groups for parents.	Dr. Lechuga and Mr. Frazer
Year 1 Month 3 - Month 7	Recruit physicians for interviews.	Dr. Hunter
Year 1 Month 3 - Month 7	Recruit medical assistants for focus groups.	Ms. Kiepczynski
Year 1 Month 3 - Month 7	Recruit parents for focus groups.	Mr. Frazer and Ms. Prater

Year 1 Month 4	Review designs of interviews and focus groups with advisory group.	Mr. Frazer and Dr. Uyar
Year 1 Month 4	Incorporate input from advisory group into designs of interviews and focus groups.	Dr. Hunter and Dr. Lechuga
Year 1 Month 5 - Month 9	Conduct interviews with 40 physicians.	Dr. Lechuga and Dr. Hunter
Year 1 Month 8 - Month 10	Using preliminary interview results, design and implement survey of physicians.	Dr. Lechuga and Ms. Kessler
Year 1 Month 5 - Month 9	Conduct 8-10 focus groups with medical assistants.	Dr. Lechuga and Ms. Kiepczynski CUPH Research Assistant
Year 1 Month 8 - Month 10	Using preliminary focus group results, design and implement survey of medical assistants about clinic characteristics.	Ms. Kiepczynski and Mr. Kessler
Year 1 Month 5 - Month 9	Conduct 8-10 focus groups with parents.	Dr. Lechuga and Mr. Frazer CUPH Research Assistant
Year 1 Month 8 - Month 10	Assess characteristics of 11-12 year olds in participating clinics.	Mr. Radmer
Year 1 Month 8 - Month 12	Formative evaluation: - Number of participants in interviews and focus groups - Attendance and frequency of advisory group meetings - Barriers and facilitators identified	Ms. Kessler CUPH Research Assistant
Year 1 Month 6 - Month 9	Transcribe audiotaped interviews and focus groups.	CUPH research assistants
Year 1 Month 10 - Month 12	Code transcriptions of interviews and focus groups.	Ms. Kessler and Dr. Lechuga
Year 1 Month 7 - Month 12	Compare emergent themes from interviews, focus groups, and questionnaires.	Dr. Lechuga and Ms. Kessler

	PHASE 2	
Year 1 Month 8 and Year 2 Month 1	Present preliminary and summary of findings from Phase 1 to research team.	Dr. Lechuga and Dr. Hunter
Year 1 Month 8 and Year 2 Month 1	Present preliminary and summary of findings from Phase 1 to advisory group.	Mr. Frazer, Dr. Lechuga and Dr. Hunter
Year 1 Month 8 and Year 2 Month 1	Present preliminary and summary reaction to findings and input from advisory group to research team.	Mr. Frazer and Dr. Uyar
Year 1 Month 9 - Year 2 Month 1	Design standard training modules. 1. HPV-related cancers (control activity) 2. Discussing sexuality with parents 3. Recall and reminder systems 4. Role-play scenarios	Dr. Hunter, Dr. Lechuga, and Mr. Frazer 1. Dr. Uyar 2. Ms. Prater and Mr. Borzon 3. Ms. Kiepczynski and Mr. Radmer 4. Ms. Kiepczynski, Ms. Prater, and Mr. Borzon
Year 1 Month 12 - Year 2 Month 1	Develop a checklist to standardize and increase fidelity of the training.	Ms. Kessler
Year 1 Month 8 and Year 2 Month 1	Present design of standard training modules and checklist to advisory group.	Mr. Frazer, Dr. Hunter, and Dr. Lechuga
Year 2 Month 1	Present reaction to study design and input from advisory group to research team.	Mr. Frazer and Dr. Uyar
Year 1 Month 9 - Year 2 Month 2	Design tailored training modules, using input from advisory group and variability in characteristics of clinics and patient panels.	Dr. Hunter, Dr. Lechuga, and Mr. Frazer
Year 2 Month 2 – Month 3	Design surveys of physicians and medical assistants at intervention sites to assess effects of training on attitudes, self-efficacy, etc.	Ms. Kessler

Year 2 Month 3	Calculate intervention-year, clinic-level vaccination rates for HPV.	Mr. Radmer
Year 2 Month 4	Present design of tailored training modules and training survey to advisory group.	Mr. Frazer, Dr. Hunter, and Dr. Lechuga
Year 2 Month 4	Present reaction to study design and input from advisory group to research team.	Mr. Frazer and Dr. Uyar
Year 2 Month 4	Finalize training design.	Dr. Hunter, and Dr. Lechuga, and Mr. Frazer
Year 2 Month 1 – Month 6	Schedule training sessions.	Ms. Kiepczynski and Ms. Kessler
Year 2 Months 5, 7, 9, and 11	Immediately before training sessions, administer surveys to physicians and medical assistants about attitudes and self-efficacy.	Ms. Kessler
Year 2 Month 5 – Month 6	<p>Training at intervention clinic #1:</p> <p>3-4 sessions over 4-6 weeks</p> <p>Possible schedule of sessions:</p> <ol style="list-style-type: none"> 1. HPV-related cancers (control activity) 2. Discussing sexuality with parents 3. Recall and reminder systems 4. Role-play scenarios 	<p>Dr. Hunter, Dr. Lechuga, and Mr. Frazer</p> <ol style="list-style-type: none"> 1. Dr. Uyar 2. Mr. Borzon and Ms. Prater 3. Ms. Kiepczynski 4. Ms. Kiepczynski, Ms. Prater and Mr. Borzon
Year 2 Month 7 – Month 8	<p>Training at intervention clinic #2:</p> <p>3-4 sessions over 4-6 weeks</p>	See Training at intervention clinic #1
Year 2 Month 9 – Month 10	<p>Training at intervention clinic #3:</p> <p>3-4 sessions over 4-6 weeks</p>	See Training at intervention clinic #1
Year 2 Month 11 – Month 12	<p>Training at intervention clinic #4:</p> <p>3-4 sessions over 4-6 weeks</p>	See Training at intervention clinic #1
Year 2 Months 6, 8, 10, & 12	Immediately after training sessions, administer surveys to physicians and medical assistants about attitudes and self-efficacy.	Ms. Kessler

Year 2 Month 5 - Month 12	Evaluation of training process: Number of participants at trainings Number of sessions, Topics covered Fidelity of training to design Use of checklist tool	Ms. Kessler
Year 2 Month 12 and Year 3 Months 2, 4, & 6	Six months after training sessions, administer surveys to physicians and medical assistants about attitudes and self-efficacy.	Ms. Kessler
Year 3 Month 3 – Month 4	Conduct two focus groups with physicians and medical assistants.	Dr. Lechuga, Dr. Hunter, and Ms. Kiepczynski CUPH Research Assistant
Year 3 Month 3 – Month 4	Conduct two focus groups with parents.	Dr. Lechuga and Mr. Frazer CUPH Research Assistant
Year 3 Month 4 - Month 5	Transcribe audiotaped interviews and focus groups.	CUPH research assistants
Year 3 Month 5 – Month 6	Code transcriptions of interviews and focus groups.	Ms. Kessler and Dr. Lechuga
Year 3 Month 5 – Month 7	Compare emergent themes from interviews, focus groups, and questionnaires.	Dr. Lechuga and Ms. Kessler
Year 3 Month 4 - Month 8	Analyze the secondary outcomes of changes in attitudes and behaviors of health personnel using multiple linear regression	Dr. Lechuga and Ms. Kessler
Year 3 Months 6, 8, 10, & 12	Calculate clinic-level vaccination rates for HPV 12 months after training.	Mr. Radmer
Year 3 Month 8 - Month 12	Analyze the primary outcomes of vaccination rate using multiple linear regression.	Mr. Radmer and Ms. Kessler
Year 3 Month 8 – Month 9	Dissemination: Create interactive webinar for physicians about communication techniques to increase HPV vaccination.	Dr. Hunter, Dr. Lechuga, and Mr. Frazer

Year 3 Month 8 – Month 12	Presentations at professional meetings of family physicians and pediatricians (AAFP, AAP)	Dr. Hunter, Dr. Lechuga
Year 3 Month 10 – Month 12	Promote webinar in medical professional organizations.	Dr. Hunter
Year 3 Month 11 – Month 12	Write and submit manuscripts to peer-reviewed scientific journals.	Dr. Hunter, Dr. Lechuga, and Mr. Frazer, et al.

Glossary

Clinicians - health care professionals with legal prescriptive authority to order HPV vaccination, for example family physicians, pediatricians, nurse practitioners, and physician assistants.

Health care personnel - clinicians, medical assistants, nurses, and clinical support staff working in a clinical facility that provides HPV vaccinations.

Abbreviations

ACIP – Advisory Committee on Immunization Practices

CDC – U.S. Centers for Disease Control and Prevention

CDS – Communicable Disease Specialist (also known as Disease Intervention Specialist)

CBPR – Community-based Participatory Research

CUPH – Center for Urban Population Health

FQHC – Federally Qualified Health Center

HPV – human papillomavirus

MHD – City of Milwaukee Health Department

MCW – Medical College of Wisconsin

NACCHO – National Association of County and City Health Officials

PI – Principal Investigator

STD – sexually transmitted disease

VFC – Vaccines for Children program

UW SMPH - University of Wisconsin School of Medicine and Public Health

HUMAN SUBJECTS

4.1.1. Risks to Human Subjects

Involvement, characteristics and design. In Phase I of the project, human subjects will participate in interviews and focus groups. Three types of participants will be recruited for these activities. First, up to forty physicians will be recruited to participate in interviews. Specifically, these will be pediatricians and family practitioners who work in Milwaukee, Wisconsin based clinics that serve children and adolescents. Secondly, up to 40 other healthcare providers, defined as nurses, medical assistants and other clinical support staff will be recruited from the same family medicine and pediatric clinics as the physicians to participate in focus groups. Thirdly, up to 40 parents of children aged 11-12 years will be recruited to participate in focus groups. Parents who have chosen to have their child receive the HPV vaccine and parents who have elected to forgo the vaccine will both be recruited. These three types of subjects will be included in the project in order to provide multiple perspectives on facilitators and barriers for vaccination and to provide a range of feedback that we hope will identify promising interventions to improve vaccination rates. Physicians and other clinical staff will be recruited from practices that serve large numbers of children in Milwaukee and who have agreed to participate in the overall project (including participation in Phase II). The recruitment plan addresses the racial and ethnic segregation seen in Milwaukee and attempts to recruit practitioners (as well as parents) from different geographies and racial and ethnic groups in the city. We plan to recruit parents from the same clinics, as we envision a partnership with these clinics that will facilitate recruitment. A large number of families are served by the clinics, and we believe this will result in a representative sample of parents across Milwaukee, with a focus on recruiting families from neighborhoods with lower aggregate socio-economic status. We have limited parental participation to those with children in the 11-12 year old age range to ensure that the decision about HPV vaccination is relevant and would potentially have been addressed in clinical encounters. Although pregnant women may participate, they will not be specifically recruited. We do not believe that any other special vulnerable population will be included in the study. Project staff will conduct all focus groups and interviews. All focus groups and interviews will be recorded and transcribed.

In Phase II, physician and other clinic staff will participate in an educational intervention. Clinics will be randomly assigned to the intervention or to a control state. We plan to match clinics, ideally within health systems, and then randomly select one to receive the intervention and one to the control assignment. For the intervention, up to four educational sessions will be held at the clinic site. This repeat intervention was designed to fit into the clinic schedule, with short sessions with multiple doses intended to reinforce behavior change. The sessions will focus on lessons learned in Phase I and focus on doctor patient communication and other clinical practices that can increase vaccination rates. For the control, a didactic lecture on HPV epidemiology will be provided. The participants will be asked to complete a pre-intervention survey, a post-intervention survey (last session) and a 6-month follow-up survey.

To evaluate the success of the project, immunization rates will be calculated. Clinics will be asked to provide a roster of children aged 11-12 years for three time periods of 12 months: year preceding the intervention, year of the intervention, and year following the intervention. These rosters will be provided to the City of Milwaukee Health Department, who will look up immunization records in the Wisconsin Immunization Record (WIR) online system. Depending on the size of the practices, a sampling or complete census methodology will be used. The eight clinics will be identified during Phase I. Each clinic will be paid to extract their patient roster, and will work with Mr. Frederick Radmer at the City of Milwaukee Health Department to identify a secure, electronic method of transferring the patient name. All data will be password protected and kept on a password protected, secure computer at the City of Milwaukee Health Department.

Sources of materials. Data collected will include interview and focus group transcripts, survey data, observations of educational sessions, and immunization rates. Interviews and focus groups will be recorded and transcribed. Project staff including Drs. Hunter and Lechuga, Mr. Frazer, Ms. Kessler, Ms. Kiepczynski, Research Assistant, and hourly student hires will have access to the interview and focus group data.

Survey data will be collected by Ms. Kessler and Research Assistant. Only the evaluation team will have access to these data. All survey data will be entered into an electronic database (Excel) and kept on a password protected, secure computer. Observations will be conducted by Ms. Kessler and the Research

Assistant. Notes will be kept in a locked file cabinet in a locked office. These handwritten notes will also be kept in an Excel database, which will be kept on a secure computer.

As described above, immunization data (collected as part of standard of care) will be tracked by Mr. Radmer. Mr. Radmer will use rosters provided by the partner clinics to identify patients from each practice, and will look up their HPV vaccination status in WIR. Mr. Radmer will be the only project team member to have access to the identifiers. Vaccination rates will be provided to the rest of the project team in aggregate form. Mr. Radmer will work with the clinics to identify a secure method of electronic data transfer. He will keep all files on a password protected computer.

All project data will be retained for three years after the project period and then destroyed.

Potential risks. There are no physical, legal or financial risks to the participants. Potential risks to participants in this study are negative consequences if confidential information obtained in the study (including participant identity as a research participant) is breached. Other potential risks are embarrassment, discomfort, or distressed emotional reactions to the study questions, and disruption to social relationships as a result of discussion topics. To minimize these risks, all study personnel will participate in human subjects training. Additionally, data safeguards as described above will be followed. To protect against discomfort and stress, all interview and focus group participants will be informed about the topic of the discussion as part of an informed consent process. All potential participants will be notified that participation is voluntary, that they can end participation at any time and that they can skip any question they do not feel comfortable answering. The only alternative to participating is choosing not to participate.

4.1.2. Adequacy of Protection Against Risks

Recruitment and Informed Consent. Participants will be recruited from clinics which agree to participate in the project. The PI, Dr. Hunter, will work closely with contacts at each clinic to recruit clinics. Within participating clinics, written materials and personal communication will be used to recruit participants at all phases of the project. Potential interview and focus group participants will all take part in an informed consent process led by project staff. Staff will meet directly with participants, explain the study and its risks and benefits, and emphasize that it is voluntary. A signed consent form will be kept on record for any participant.

Participants in the intervention and control educational sessions will be allowed to participate in the education without completing a consent process. However, they will be asked to consent to participate in the evaluation of the session. Since this is an evaluation, we will seek a waiver of documentation of informed consent. An informational sheet will be provided to each participant and they will be informed that if they complete the survey, that constitutes consent to participate in the evaluation.

Although this project involves data generated from children, there will be no actual data collected from the children. It will be a review of pre-existing data and so it is our belief that a waiver of parental consent and child assent will be obtained. As immunization information is tracked as part of routine clinical care, we will not seek patient consent (or parental assent) for calculating the clinic HPV vaccination rate. Again, this information is used for evaluation and quality assurance.

Protections Against Risk. All key personnel have completed training in the ethical conduct of research with human participants. Staff will be required to take an NIH online ethics training. In addition, field staff will receive extensive training on the consent process, adverse events, and confidentiality.

A number of steps will be taken to protect the confidentiality of participant data and identity. All data collection activities will be conducted by professional staff familiar with the population. All research data obtained from participants will be labeled with an arbitrary code number and not the participant's name. Only the code will appear on measures, data records, and computer files. Digital recorders will be used to record interview sessions. After an interview session has ended, authorized staff will upload the recording into a computer password protected file. Once the audio recording has been uploaded and backed-up, it will be erased from the digital recorder. Consent forms will clearly state that participants' information will be kept confidential. As described earlier, all electronic and hard copy data will be securely stored.

Anxiety over discussed topics. Assessment measures will involve sensitive topics related to sexual behavior. Participants may feel awkward or embarrassed and some may experience emotional distress when discussing, hearing about, or being asked to provide information related to sexual activity. The consent procedure will inform participants that sexual topics will be covered. Staff will be trained to watch for signs of participant emotional distress in relation to topics of presentation and to employ techniques to prevent, reduce, or minimize embarrassment, discomfort, or atypical stress. The investigators will be available to quickly consult with any participant who experiences distress triggered by study activities.

Changes in social relationships. It is possible that some participants, by virtue of participation, will make changes in behavior that could cause disruption in their social relationships. For example, parents that decide to initiate conversations about vaccination or sexuality-related topics with their children. Upon the request of parents at the end of each data collection activity, parents will be counseled on appropriate ways to discuss issues related to HPV, vaccination, or sexuality with their children.

4.1.3 Potential Benefits of the Proposed Research to Human Subjects

We anticipate that parents will acquire knowledge and will receive support if the decision is made to vaccinate. In addition to the direct benefits associated with participation, this research is expected to yield important new information on the way information should be presented to individuals who are making health decisions for significant others. Thus, we feel that the benefits far outweigh the risks.

4.1.4. Importance of Knowledge to be Gained

The funding opportunity has highlighted the importance of learning more about ways to improve HPV vaccination rates for adolescents. This project seeks to identify promising practices for increasing HPV vaccination rates with low-cost interventions at the clinic level. If successful, the project will lead to more children being vaccinated earlier, potentially leading to fewer HPV infections and related cancers in the future. The interventions are designed to improve clinical practice toward meeting Healthy People 2020 and other public health goals and ACIP recommendations. The level of intervention is the clinic, with the goal being increased immunizations; thus, the main change is a clinical procedure (immunization) shown to be effective, safe, and approved for use in the focus population of adolescents. If shown to be effective, this process could be used in other health settings at minimal costs. The risks to individuals participating are small compared to the potential benefits to society.

Inclusion of Women and Minorities

Participants included in this study will be representative of residents of the City of Milwaukee. Exclusion or inclusion in the study will not be made based on race, ethnicity or gender. The recruitment plan addresses the racial and ethnic segregation seen in Milwaukee and attempts to recruit practitioners (as well as parents) from different geographies and racial and ethnic groups in the city. We plan to recruit parents from the same clinics, as we envision a partnership with these clinics that will facilitate recruitment. A large number of families are served by the clinics, and we believe this will result in a representative sample of parents across Milwaukee, with a focus on recruiting families from neighborhoods with lower aggregate socio-economic status. We have limited parental participation to those with children in the 11-12 year old age range to ensure that the decision about HPV vaccination is relevant and would potentially have been addressed in clinical encounters. Although pregnant women may participate, they will not be specifically recruited. We do not believe that any other special vulnerable population will be included in the study.

Targeted/Planned Enrollment Table

Study Title: HPV Squared: Increasing Health Professionals' Voice in HPV Vaccination Recommendations

Total Planned Enrollment: 120

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino	9	8	17
Not Hispanic or Latino	25	78	103
Ethnic Category: Total of All Subjects *	34	86	120
Racial Categories			
American Indian/Alaska Native	0	0	
Asian	0	0	
Native Hawaiian or Other Pacific Islander	0	0	
Black or African American	9	8	17
White	25	78	103
Racial Categories: Total of All Subjects *	34	86	120

* The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

Inclusion of Children

Pre-existing data on the immunization status and immunization compliance status of children, along with basic demographic information will be collected as part of this study. This information will be collected from immunization record audits at clinic sites as well as information available within the Wisconsin Immunization Registry. There will be no direct contact with any children.

The Milwaukee Health Department is experienced in reviewing the pediatric immunization records of children.

Select Research Agent

Not applicable, the proposal "HPV Squared: Increasing Health Professionals' Voice in HPV Vaccine Recommendation" does not involve select agents.

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CONSORTIUM AGREEMENT

A consortium arrangement has been arranged between the Milwaukee Health Department (MHD), the Medical College of Wisconsin (MCW) and the Center for Urban Population Health (CUPH) at the University of Wisconsin School of Medicine and Public Health (UW SMPH). The goal of the consortium is to pool expertise and resources necessary to engage in innovative research to develop interventions to train family physicians and pediatricians to communicate effectively with parents of 11-12 year-olds about human papillomavirus (HPV) vaccination.

Drs. Paul Hunter will serve as Principal Investigator for this project. He is optimally positioned for this role, given his dual appointments, with academic appointments at the University of Wisconsin School of Medicine and Public Health (UW SMPH) and the UW SMPH's Center for Urban Population Health (CUPH) and public health appointments serving as associate medical director for the MHD.

To fulfill the consortium agreement, a contractual (subaward) arrangements with the MHD and MCW have been negotiated, which represents a significant portion of the overall budget. The goal of this arrangement is to pool the expertise and resources necessary to engage in innovative research to develop interventions to train family physicians and pediatricians to communicate effectively with parents of 11-12 year-olds about human papillomavirus (HPV) vaccination.

The MCW through Dr. Julia Lechuga will provide leadership, guidance and oversight of the collaborative activities related to: 1) Conducting interviews with 40 physicians and 4 focus groups composed of a total of 32-40 clinical staff and 2) Conducting 4 focus groups with a total of 32-40 ethnically diverse parents who received a provider's recommendation and either vaccinated, declined, or are still unsure about vaccination. She will also work closely with the research team on designing and conducting the training of health care personnel in communication techniques related to HPV vaccination. In addition, Dr. Denise Uyar will attend all advisory group meeting in order to facilitate equitable contributions and discussion from all advisory group members, including physicians, medical assistants, and parents of adolescents.

The MHD will provide personnel and expertise in assessing what role clinic vaccinators (e.g., nurses, medical assistants) may have in physician – parent intent to initiate or complete the HPV vaccination series. They will also assist with implementation and evaluation of interventions to minimize disruption of clinic flow. They will assist with focus groups for parents and develop and implement role-playing and simulated encounters with parents for the training sessions. Mr. Fred Radmer, Epidemiologist will conduct the immunization chart audits in each site.

Once these data are collected, they will be provided to Ms. Courtenay Kessler, at the UW SMPH's Center for Urban Population Health for evaluation and analysis.

Mr. David Frazer at UW SMPH's Center for Urban Population Health will support the overall coordination of the project. Mr. Frazer will lead the recruitment of advisory group members, orient them to their roles in the project, and communicate between the advisory group and the research team. He will also recruit parents for focus groups and assist in conducting focus groups for parents. He will assist in designing and implementing the training modules. He will also assist in disseminating the findings of the study.



February 12, 2013

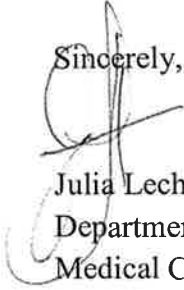
Paul Hunter, MD
Assistant Professor of Family Medicine
School of Medicine and Public Health
University of Wisconsin
Associate Medical Director
City of Milwaukee Health Department

Dear Dr. Hunter,

I extend my full support for your proposed project entitled: "Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation (HPV Squared)," and am delighted to be a co-investigator. I will draw on my expertise conducting research in the area of design and delivery of behavioral interventions following qualitative data findings. Furthermore, I will draw on my expertise designing assessment instruments to measure intervention outcomes to aid in the implementation and assessment of intervention effectiveness.

HPV acceptance research has lagged behind in the design and delivery of interventions to facilitate providers' HPV vaccination recommendations. This is a key research area because the bulk of parental HPV vaccine acceptance research indicates that a provider's recommendation emerges as one of the strongest predictors of vaccination uptake. It is a true pleasure to envision collaborating with you in such an important research endeavor.

Sincerely,



Julia Lechuga, Ph.D.
Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin
2071 N. Summit
Milwaukee, WI, 53202



Department of
Obstetrics and Gynecology

February 7, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
Center Scientist, Center for Urban Population Health
841 North Broadway, Room 315
Milwaukee, WI 53202

Dear Dr. Hunter:

As a physician who specializes in Gynecologic Oncology, I understand the importance of protecting Milwaukee's pre-adolescent population from Human Papillomavirus (HPV) through the initiation and completion of the 3-dose HPV vaccination series. For this reason, I am happy to offer a letter of support for your Centers for Disease Control and Prevention (CDC) research grant proposal, *"Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation."*

As evidence of my commitment to safeguarding the health of Milwaukee's pre-adolescent population, I am currently collaborating with the City of Milwaukee Health Department and the Boys & Girls Club of Greater Milwaukee on another HPV-related research project: *"Utilizing Peer Teen Advocates to Increase HPV Vaccination Rates in Adolescents."* This project utilizes a peer education model to facilitate an adolescent-developed health message advocating for HPV vaccination. Teams of adolescents are in the process of creating a brochure, a poster, a billboard and/ or a public service announcement to educate their peers about HPV and the importance of vaccination under the mentorship of healthcare and marketing professionals. Subsequently, these teams will participate in a competition to see who can get the most votes using various modes of social media (Facebook, Twitter) to disseminate and promote their final product. The project partners will track dissemination/ effectiveness of the message in this pilot grant with the anticipation of future funding to determine if in fact the vaccination completion rate in greater Milwaukee will be impacted by this method.

I strongly support your innovative grant application. I look forward to working with the research project staff to facilitate productive discussions of the advisory board to help you identify ways to improve communication between physicians and parents, and to underscore the importance the 3-dose HPV vaccination series to protect the future health of Milwaukee's pre-adolescent population.

Sincerely,

A handwritten signature in black ink that reads "Denise Uyar".

Denise Uyar, MD
Associate Professor of Medicine
Medical College of Wisconsin
Department of Obstetrics and Gynecology



The Medical College of Wisconsin, Inc.
Office of Research-Grants and Contracts
Telephone: (414) 456-8759
Email: grants@mcw.edu

DUNS: 937639060
EIN: 1390806261A3
Congressional District: WI-005

February 22, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health Center
Center for Urban Population Health
841 North Broadway, Room 315
Milwaukee, WI 53202

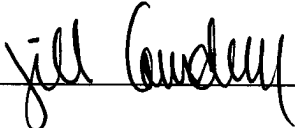
TO WHOM IT MAY CONCERN:

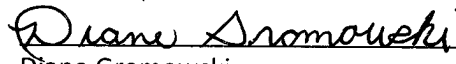
This serves as a letter of intent that The Medical College of Wisconsin, Inc. (MCW) is willing to collaborate in the grant application being submitted to the HHS CDC by the University of Wisconsin-Madison, with Paul Hunter, MD serving as Principal Investigator, titled "Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation." Julia Lechuga, PhD will serve as Principal Investigator at MCW.

Budget period 1: 8/31/2013 – 7/31/2014		Project Period: 8/1/2013 – 7/31/2016	
Direct Costs	\$ 29,459.00	Direct Costs	\$ 90,013.00
F&A Costs	\$ 15,613.00	F&A Costs	\$ 47,706.00
Total Costs	\$ 45,072.00	Total Costs	\$ 137,719.00
This project involves Vertebrate Animal studies at MCW:		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
This project involves Human Subjects Research at MCW:		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

The budget includes indirect costs calculated at 53.0 percent, based on the MCW DHHS Negotiated Rate Agreement dated February 3, 2012. MCW has a financial conflicts of interest policy that complies with 42 CFR Part 50 and is registered in the FDP Clearinghouse.

Since the proposal being submitted is based on the overlapping scientific interests of Drs. Hunter and Lechuga, the appropriate programmatic and administrative personnel of each organization involved in this grant application are aware of the NIH consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.


Jill Landrum
Office of Grants and Contracts


Diane Gromowski
Sr. Administrator, Office of Research



Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Health Department Administration

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990
web site: www.milwaukee.gov/health

February 13, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
Center Scientist, Center for Urban Population Health
Associate Medical Director, City of Milwaukee Health Department (MHD)
841 North Broadway, Room 315
Milwaukee, WI 53202

Dear Dr. Hunter:

I am pleased to offer my most enthusiastic support for your innovative Centers for Disease Control and Prevention (CDC) cooperative agreement proposal, *"Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation."*

Human Papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Although HPV is not a reportable infection in Wisconsin, the high rates of sexual activity and sexually transmitted diseases in the City of Milwaukee – particularly among youth - make it almost certain that the rate of HPV infection is equally high.

HPV vaccination remains an underutilized tool for the prevention of reproductive and other cancers. Only 46% of females residing in the City of Milwaukee ages 11-19 have received at least one dose of HPV vaccine, and far fewer – only 21% – have completed the 3-dose series. National Immunization Survey data indicate that lack of awareness among parents and lack of health care provider recommendation are reasons often associated with low HPV vaccination rates. In short, this high risk population is missing an opportunity to safeguard their immediate and long-term health through an effective, cost-efficient intervention that HPV vaccination provides.

As Commissioner of Health, I enthusiastically support your effort to develop effective provider – parent communication strategies to improve the initiation and completion rate of the 3-dose HPV vaccination series. Your dual role of academic faculty at the UW-Madison School of Medicine and Public Health and Associate Medical Director of the City of Milwaukee Health Department (MHD) – in addition to your substantial expertise and national experience with regard to immunization practice issues – make you ideally suited to lead this project.

Think Health. Act Now!

Page 1 of 2

Furthermore, MHD is highly capable, ready, and willing to partner with you in this effort. Our very experienced public health professionals, well positioned and eager to support your proposal, include:

- **Frederick Radmer, Jr., Epidemiologist** - Research analysis design; data procurement, management, and analysis.
- **Mary Ann Kiepczynski, Immunization Public Health Nurse Coordinator** - Collaborate with other research associates to assess what role clinic vaccinators (e.g., nurses, medical assistants) may have in physician – parent intent to initiate or continue the HPV vaccination series; assist with implementation/ evaluation of interventions to minimize disruption of clinic flow.
- **Communicable Disease Specialists (Disease Intervention Specialists) from our STD/HIV Program and William Borzon, Public Health Educator** – Support physicians in developing an easy-to-implement approach to discussing sexual activity and sexually transmitted infections with parents and young patients.

In summary, your proposal is highly likely to identify practical, real-world strategies that can be implemented here in Milwaukee – and elsewhere across the US – by which more effective provider communication strategies will translate into improved HPV vaccination initiation and completion rates, and will ultimately lead to improved health outcomes and reduced health disparities with regard to vaccine-preventable HPV-related diseases.

I am extremely excited about your proposal, I am committed to supporting it through the contributions of our experienced and talented staff, and I am very hopeful that it will be funded. If you should have any questions, please do not hesitate to contact me.

Sincerely,



Bevan K. Baker, FACHE
Commissioner of Health



National Association of County & City Health Officials

The National Connection for Local Public Health

February 12, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
Director, 4th Year Preceptorship
School of Medicine and Public Health
University of Wisconsin
Associate Medical Director
City of Milwaukee Health Department
841 N Broadway #315
Milwaukee WI 53202

RE: CDC-RFA-IP13-001, "Building Healthcare Practitioner Capacity Around HPV Communication"

Dear Paul:

On behalf of the National Association of County and City Health Officials (NACCHO), I am pleased to support the application of the University of Wisconsin and Milwaukee Health Department to the Centers for Disease Control and Prevention's (CDC) RFA "Building Healthcare Practitioner Capacity Around HPV Communication." I welcome this opportunity to work collaboratively with the University of Wisconsin Medical School and the Milwaukee Health Department to increase medical practitioner skills regarding HPV vaccine education and promotion.

As a leader, partner, catalyst and voice for the nation's almost 2800 local health departments, NACCHO seeks to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives. Your proposal to assist healthcare professional to further develop their role in lowering barriers to HPV immunizations is consistent with this mission and will enrich our work together.

NACCHO and the Milwaukee Health Department have a history of collaboration in the areas of immunizations and emergency response. NACCHO staff has been active working with you and your colleagues in the immunization training program of the American Academy of Family Practitioners by orienting Fellows to the role of local health departments in promoting immunization practices and policies. In addition, you are a member of NACCHO's Immunization Advisory Group, meeting with us monthly to discuss immunization policy and practice issues.

A healthcare provider's recommendation to immunize is one of the most persuasive factors for helping people decide to receive an immunization. Improving the skills of healthcare professionals in promoting HPV vaccine will provide benefits of protecting against a very dangerous infectious disease as well as a very dangerous form of cancer. In addition, what we learn about improving healthcare providers' communications regard HPV may offer lessons regarding promoting other vaccines. NACCHO will be pleased to help disseminate the lessons learned through your work in this RFP, as well as to offer guidance on how local health departments and community partners can effectively provide community-based support for the healthcare providers as they address this medical and public health concern.

I look forward to learning of your successful award.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Robert M. Pestronk".

Robert M. Pestronk, MPH
Executive Director



210 Green Bay Road ♦ Thiensville, WI 53092
Phone: 414-475-4750 ♦ Fax: 262-242-1862
www.medicalsocietymilwaukee.org

BOARD OF DIRECTORS

February 5, 2013

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Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
Center Scientist, Center for Urban Population Health
841 North Broadway, Room 315
Milwaukee, WI 53202

Dear Doctor Hunter:

As newly elected president of the Medical Society of Milwaukee County, and an OB/GYN provider with extensive experience in urban, underserved populations, I recognize the importance of protecting Milwaukee's teen population from Human Papillomavirus (HPV) through HPV vaccination.

On behalf of our organization of 3,300 members, I am delighted to provide this letter of support for your Centers for Disease Control and Prevention (CDC) research grant proposal, "Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation."

The Medical Society of Milwaukee County (MSMC) functions as a neutral party to advance health care issues that affect the community. Over the past five years, MSMC has contributed time, energy and financial resources to support health care programs and initiatives in collaboration with other community partners.

Programs that have directly benefited from our involvement include: Milwaukee's Free Clinic Collaborative; Specialty Access for Uninsured Program; Milwaukee Mental Health Redesign Project; and the Milwaukee Health Literacy Collaborative. In addition, MSMC has worked with various agencies on public health initiatives, including our recent involvement with the City of Milwaukee Health Department on the Immunize Milwaukee Coalition whose efforts will broaden public awareness and provider education on the importance of vaccinations.

We are equally committed to improving the health of Milwaukee's adolescent population, and will assist as appropriate in the dissemination of provider information aimed at improving the overall vaccination rate of the 3-dose HPV series for Milwaukee's pre-adolescent population.

The Medical Society of Milwaukee County wholeheartedly supports your innovative grant application.

Sincerely,

Tina C. Mason, MD

Tina C. Mason, MD, MPH, FACOG
President



WISCONSIN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR WISCONSIN

February 4, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
Center Scientist, Center for Urban Population Health
841 North Broadway, Room 315
Milwaukee, WI 53202

Dear Dr. Hunter:

As President of the Wisconsin Academy of Family Physicians (WAFP) I recognize the importance of protecting Milwaukee's teen population from Human Papillomavirus (HPV) through HPV vaccination. Accordingly, I am happy to offer a letter of support for your Centers for Disease Control and Prevention (CDC) research grant proposal, *"Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation."*

As a Family Physician, I am committed to improving the health of Milwaukee's adolescent population by equipping family physicians with the tools and skills necessary to improve communication between physician- parent - young patient and improving initiation and completion of the HPV vaccination series.

The WAFP has worked with the Department of Public Health WI Immunization Program on various public health initiatives such as an awareness campaign regarding pertussis vaccine effectiveness.

WAFP strongly supports your innovative grant application, and we are willing to provide additional support to assist with the development, implementation and dissemination of communication strategies upon request to improve the overall vaccination rate of the 3-dose HPV series for Milwaukee's pre-adolescent population.

Sincerely,

Suzanne Gehl, MD
President
Wisconsin Academy of Family Physicians

210 Green Bay Rd.
Thiensville, WI 53092
P: (262) 512-0606
E. academy@wafp.org
W: www.wafp.org



February 13, 2013

Paul Hunter, M.D.
Assistant Professor, Department of Family Medicine
University of Wisconsin School of Medicine & Public Health
City of Milwaukee Health Department
841 North Broadway, Third Floor
Milwaukee, WI 53202

Dear Dr. Hunter,

As Chief Medical Officer of Progressive Community Health Centers, Inc. (PCHC), I am happy to write a letter of support for your grant proposal "Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation."

As a federally qualified health center, PCHC operates two clinics—the Lisbon Avenue Health Center (3522 W. Lisbon Avenue) and the Hillside Family Health Center (1452 N. 7th Street). Both clinics offer primary care services to underserved and uninsured populations in Milwaukee's central city. Our services include routine exams, health screenings, chronic disease management, phlebotomy, pediatrics, women's health, financial counseling, case management and health education classes. The Lisbon location also houses an asthma clinic and dental services.

Many of our predominately African American patients are at risk for HPV disease. We enthusiastically support your proposal to prevent HPV-related cervical, vulvar, anal, and oropharyngeal cancer by studying how our family medicine clinicians can communicate more effectively with parents to increase HPV vaccination rates in our younger adolescent patients.

We really need to maintain practice efficiency and appreciate your attention to this in your research design. Your willingness to use the same educational outreach approach you have used with teaching us about expedited partner therapy is also important. Onsite training and interviews with clinicians and focus groups with medical assistants outside of clinic hours will minimize our staff time away from seeing patients. The emphasis in your project of involving physicians and medical assistants on your advisory board is innovative.

Thank you for this opportunity to participate in efforts to increase rates of HPV vaccination in teens in Milwaukee! I wholeheartedly support your grant proposal.

Sincerely,

A handwritten signature in black ink that reads "Allison Kos".

Allison Kos, DO
Chief Medical Officer

Administrative Offices
4738 W. Lisbon Avenue
Milwaukee, WI 53208
(414) 755-0058 fax

Lisbon Avenue Health Center
3522 W. Lisbon Avenue
Milwaukee, WI 53205
(414) 935-8010 fax

Hillside Family Health Center
1452 N. 7th Street, 2nd Floor
Milwaukee, WI 53205
(414) 287-0907 fax

progressivechc.org
(414) 935-5000



1032 S. CESAR E. CHAVEZ DRIVE • MILWAUKEE, WI 53204-2203
414 672.1353 • FAX 414 672.9190

February 7, 2013

Paul Hunter MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
841 North Broadway, # 315
Milwaukee, WI 53202

Dear Paul,

As Chief Medical Officer of the Sixteenth Street Community Health Center (SSCHC), I am excited to support your Centers for Disease Control and Prevention (CDC) research grant proposal, *"Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation."* Since SSCHC serves the young, underinsured, Latino population on the south side of Milwaukee, we recognize the importance of protecting Milwaukee's teen population from Human Papillomavirus (HPV) through HPV vaccination.

Because of our history of working with you, the Milwaukee Health Department, and the University of Wisconsin School of Medicine and Public Health, I am confident that your proposal will benefit the clinicians and patients at the Sixteenth Street Community Health Center. I particularly appreciate your recent educational outreach to the family physicians and pediatricians at SSCHC on the topics of pertussis, tuberculosis, and sexually transmitted diseases. I also enjoyed your input on the board of the Medical Society of Milwaukee County in fall of 2012 and hope to see you on the board again someday.

I look forward to working with you on the activities in grant including 1) recruiting clinicians and parents to be interviewed in meeting rooms at our two clinic sites and 2) arranging space and time for on-site training of clinicians from one of our two sites. In addition, I am intrigued by the advisory group and will encourage a clinician at SSCHC to join the group if I cannot do so myself.

On behalf of the Sixteenth Street Community Health Center, I strongly support your innovative grant application, which will help us do our part to improving the overall vaccination rate of the 3-dose HPV series for Milwaukee's pre-adolescent population.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Schuller", with a long horizontal line extending to the right.

Julie Schuller MD
Medical Director
Sixteenth Street Community Health Center



February 10, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
City of Milwaukee Health Department
841 North Broadway #315
Milwaukee, WI 53202

Dear Dr. Hunter:

It is our pleasure to write you a letter of support for your CDC grant proposal *"Increase Healthcare Providers' Voice in HPV Vaccination Recommendation."* The work proposed is just the kind of innovative translational research that will get us closer to the Triple Aim of health care improvement: delivering higher quality care and better health outcomes at a lower cost. Protecting teens in Milwaukee from cancers by increasing HPV vaccination rates is an important objective in achieving those goals.

We are excited to have the opportunity to support assessing and potentially improving pediatricians' skills of effectively communicating medically complicated and emotionally charged information to parents about an important health decision for their children. As representatives of clinical leaders within the Children's Hospital of Wisconsin, Children's Medical Group and Population Health, we are eager to discuss how our providers and clinics might participate in the study. We also plan to encourage Children's pediatricians to participate in the research advisory group.

Children's has enjoyed an excellent collaborative relationship with the Milwaukee Health Department and other partners including the Center for Urban Population Health, the University of Wisconsin School of Public Health and many community-based groups to support immunization efforts across southeastern Wisconsin. We partner with the Milwaukee Health Department to conduct an immunization clinic at Children's Hospital, and have actively participated in the Immunize Milwaukee Coalition to support the elimination of vaccine-preventable diseases in our community.

We look forward to assisting in your important and innovative efforts toward increasing rates at which adolescents in Milwaukee finish all 3 HPV vaccinations. Children's strongly supports your grant application

Sincerely,

Handwritten signature of Lyn Ranta, MD, in black ink.

Lyn Ranta, MD
Director, CHW Physician Affairs


Handwritten signature of Smriti Khare, MD, in black ink.

Smriti Khare, MD
President, Children's Medical Group

Handwritten signature of Veronica Gunn, MD, MPH, in black ink.

Veronica Gunn, MD, MPH
Vice President, Population Health Management & Payment Innovation




**Family Medicine
Residency Program**
St. Joseph

February 12, 2013

Paul Hunter MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
City of Milwaukee Health Department
841 North Broadway, # 315
Milwaukee, WI 53202

Dear Dr. Hunter:

It is my pleasure as Program Director of the St. Joseph's Family Medicine Residency to write in support of your grant proposal "*Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation.*" In this current environment of needing to improve clinical outcomes while holding down costs, family medicine residencies need to seek out efficient and effective methods of communicating recommendations with our patients about prevention services. This project also gives us a chance to help protect our young adolescent patients from HPV-related cancers while giving our faculty and residents important training and an opportunity for participating in research.

The emphasis in your project on involving physicians on your advisory board is innovative and should be helpful in achieving the important goal of a sustainable change in practice that increases efficiency, rather than adding procedures or extending the length of office visits. At our clinic serving underserved neighborhoods on the north side of Milwaukee, we are familiar with the potential for teens with high-risk sexual behaviors "falling through the cracks" of clinical prevention including vaccination and, later in their lives, cancer screening. We need to be teaching our residents how to make the most of each opportunity to get our adolescent patients to complete all three dose of the HPV vaccine.

I look forward to working with you on this important and educational effort to increase rates of HPV vaccination in teens in Milwaukee!

Sincerely,



Robin Helm, M.D.
Program Director
St. Joseph's Family Medicine Residency
Associate Professor
Department of Family Medicine and Community Medicine

A Health Care Collaboration



Wheaton
Franciscan
Healthcare





February 13, 2013

Paul Hunter MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
City of Milwaukee Health Department
841 North Broadway, # 315
Milwaukee, WI 53202

Dear Dr. Hunter:

It is my pleasure to write in support your grant proposal "*Increase Healthcare Professionals' Voice in HPV Vaccination Recommendation*" or as you are calling it, "HPV Squared". As Program Director of the Columbia – St. Mary's Family Medicine Residency, I see this grant as 1) an opportunity to increase the HPV vaccination rates of our patients, 2) a potential educational experience for our faculty and residents, and 3) a research opportunity for our faculty.

At the Columbia St. Mary's Family Health Center we serve many younger patients from Milwaukee's north side, many of whom are African American. So the importance of protecting Milwaukee's teen population from Human Papillomavirus (HPV) through HPV vaccination is obvious. In addition, one of our faculty members, Greg Brotzman, is a nationally recognized leader in detecting precursors to cervical cancer via colposcopy and a national speaker on HPV vaccination topics. Another of our faculty members, Jim Sanders, teaches our residents about population health issues and could be an asset to your project.

As your project gets under way, I would be happy to further explore what opportunities might synergistically align between our work and your own. Such things as professional trainings for our faculty and residents, in-services for our staff, and using our facility as a recruitment site, are just a few of the ways I envision possible collaborative efforts.

Thanks for this opportunity to help improve the overall vaccination rate of the 3-dose HPV series for Milwaukee's pre-adolescent population. On behalf of the Columbia – St. Mary's Family Medicine Residency, I strongly support your innovative grant application.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Geiger".

William Geiger, MD
Program Director
Columbia – St. Mary's Family Medicine Residency



February 6, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
Center Scientist, Center for Urban Population Health
841 North Broadway, Room 315
Milwaukee, WI 53202

Dear Dr. Hunter:

As an advocate of immunizations and a member of the American Academy of Pediatrics, I recognize the importance of protecting Milwaukee's teen population from Human Papillomavirus (HPV) through HPV vaccination. I am pleased to offer a letter of support for your Centers for Disease Control and Prevention (CDC) research grant proposal, *"Increase Healthcare Providers' Voice in HPV Vaccination Recommendation."*

As a pediatrician working for Children's Hospital Medical Group, and as faculty at the Medical College of Wisconsin, I am committed to improving the health of Milwaukee's pre-adolescent population. I am a co-investigator on "Save Lives- Immunize" - Community Health Improvement Metcalfe Park and Concordia (CHIMC)- Initiative in Reducing and Eliminating Health Disparities. I was also on the steering committee of the Children's Hospital of Wisconsin - Immunization Initiative

You know of course, of my long-standing relationship with the City of Milwaukee Health Department, and that I have worked with the department on other public health initiatives such as participating in the coalition *Immunize Milwaukee!* I look forward to seeing you as usual at the next quarterly meeting of the Wisconsin Council on Immunization Practice on March 8th in Madison.

I strongly support your innovative grant application, and I am willing to sit on your advisory board to help you identify ways to improve communication between physicians - parents - younger patients with the overarching goal to increase the vaccination rate of the 3-dose HPV series for Milwaukee's pre-adolescent population.

Sincerely,

Svapna Sabnis

Svapna Sabnis, MD
Associate Professor, Department of Pediatrics, Medical College of Wisconsin
Pediatrician, Children's Medical Group
Downtown Health Center
1020 N 12th Street, Milwaukee, WI 53233



PO Box 1997, MS 6280
Milwaukee, WI 53201-1997
Toll-free: 1-800-482-8010
www.childrenschp.com

February 12, 2013

Paul Hunter, MD
Assistant Professor of Family Medicine
University of Wisconsin School of Medicine & Public Health
Center Scientist, Center for Urban Population Health
841 North Broadway, Room 315
Milwaukee, WI 53202

Dear Dr. Hunter:

Children's Community Health Plan recognizes the importance of protecting Milwaukee's teen population from Human Papillomavirus (HPV) through HPV vaccination. Accordingly, I am happy to offer a letter of support for your Centers for Disease Control and Prevention (CDC) research grant proposal, *"Increase Healthcare Providers' Voice in HPV Vaccination Recommendation."*

As the Medical Director for Children's Community Health Plan, I am committed to improving the health of Milwaukee's adolescent population and am pleased to lend support to the City of Milwaukee Health Department's proposal to improve the HPV vaccination rate in our community.

Children's Community Health Plan has a strong history of working collaboratively with the City of Milwaukee Health Department on various public health initiatives such as improving childhood immunization rates; a multitude of efforts around reducing the disparities in infant mortality (community baby showers, safe sleep, Cribs for Kids); Child Health Week including the Annual Back to School Health Fair, initiatives around asthma and home assessments; and efforts to improve blood lead testing, to name a few.

Children's Community Health Plan strongly supports your innovative grant application to improve the overall vaccination rate of the 3-dose HPV series for Milwaukee's pre-adolescent population, and would be pleased to support the implementation of the program should the City of Milwaukee Health Department be funded.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Schellhase", written over a white background.

Ken Schellhase, MD, MPH
Medical Director
Children's Community Health Plan
(414) 266-5762
kschellhase@chw.org

RESOURCE SHARING PLAN

The UW School of Medicine and Public Health, the Center for Urban Population Health, the City of Milwaukee Health Department and the Medical College of Wisconsin along with all of our partners making up the investigative team are committed to sharing their final research data with other public health agencies, academic researchers, and appropriate private researchers in an open, timely, and appropriate way. Final research data will be shared according to the most recent CDC guidelines (<http://www.cdc.gov/od/foia/policies/sharing.htm>), including protecting the rights and privacy of research participants/human subjects and in compliance with HIPAA. This resource sharing plan is subject to change as required by the appropriate Institutional Review Board (IRB) for the protection of human subjects that will oversee this project.

All resources (assessments, audit tools, educational materials, letters, etc.) developed as part of this project will be made available to other local health departments for replication of study activities. Tools will be made available on the Milwaukee Health Department website as well as submitted to the National Association for City and County Health Departments toolbox for local health departments. The final research data will be released by the Center for Urban Population Health through a public-use data set within one year after the data are evaluated for quality and shared with any partners in data collection. The data set will be consistent with CDC's Public Health Information Network's functions and specifications (<http://www.cdc.gov/phn/resources/requirements.html>). CUPH will follow the plan outlined below to prepare for release of the data set.

1. Evaluation of data quality. The partners will carry out tests for completeness, validity, reliability, and reproducibility as outlined in the Department of Health and Human Services' guidelines (<http://www.hhs.gov/infoquality/cdc.html>).
2. Evaluation of the risk of disclosing private or confidential information. Before releasing the data, the City of Milwaukee Health Department and the Center for Urban Population Health will assess the risk that personal information will be disclosed and decide whether some data need to be further identified. The partners will use the HIPAA's list of 18 variables that are considered identifiers as a guide. In addition, they will follow the Interagency Confidentiality and Data Access Committee's Federal Committee on Statistical Methodology Checklist (<http://www.fcsm.gov/committees/cdac/resources.html>).
3. Documentation. The partners will provide documentation that outlines the conditions under which the data were collected, what the data represent, the extent of the data's completeness and accuracy, and any potential limitations on their use. Documentation will also include the data elements outlined in Appendix D of the CDC's data sharing policy.
4. Public release disclosure statement. Information that will preclude misinterpretation of data will accompany all released data.
5. Obligations of non-CDC data users. Data sets will include instructions that non-CDC users must agree not to link data with other data sets. In addition, instructions will be included for how to report to the CDC ADS any inadvertent discovery of the identity of any person and to make no use of that discovery. CUPH will work to release the data for public use through the CDC Information Center and through the CDC/ATSDR Scientific Data Repository and its data dissemination portal CDC WONDER (URL: <http://wonder.cdc.gov/welcome.html>). In addition to releasing the data set for public use, the data will be released via communication channels such as conference presentations and publications.

PHS 398 Checklist

OMB Number: 0925-0001

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Change of Grantee Institution

* Name of former institution:

3. Inventions and Patents (For renewal applications only)

* Inventions and Patents: Yes No

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes No

4. * Program Income

Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. * Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

Yes No