

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

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**Category of Request**

- New Grant**
- Grant Continuation**
- Change in Previously Approved Grant**

Previous Council File No.

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**Project/Program Title:** HPV Squared: Increasing Health Professionals' Voice in HPV Vaccine Recommendation Grant

**Grantor Agency:** Centers for Disease Control and Prevention

**Grant Application Date:** 02/25/13

**Anticipated Award Date:** 08/01/13

**Please provide the following information:**

**1. Description of Grant Project/Program (Include Target Locations and Populations):**

The objective of this research grant 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.

**2. Relationship to City-wide Strategic Goals and Departmental Objectives:**

This program supports the Health Department's strategic objectives to reduce illness and injury from communicable disease and improve the health of our community.

**3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):**

Grant funds needed to increase physicians' skills at providing strong, effective recommendations to parents in favor of vaccinating their young adolescent children against HPV.

**4. Results Measurement/Progress Report (Applies only to Programs):**

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.

**5. Grant Period, Timetable and Program Phase-out Plan:**

August 1, 2013 – July 31, 2016

**6. Provide a List of Subgrantees:**

N/A

**7. If Possible, Complete Grant Budget Form and Attach.**