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A Project-Based Grant Proposal Thesis to Supplement Existing Efforts to Prevent Cervical Cancer Among Uninsured and Underinsured Women in Northwest Georgia

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Abstract

ABSTRACT

The US Preventive Services Task Force (USPSTF) recommends regular cervical cancer screening for women to identify cervical abnormalities early and prevent the spread of cancer. Early detection of cervical cancer has a 5- year survival rate of approximately 92%. If, however, cervical cancer is diagnosed at a late stage, it is more difficult to treat, and the chances of survival substantially decline. The Women of W.O.R.T.H. clinic is a local non-profit dedicated to providing comprehensive reproductive health to women in Northwest Georgia. W.O.R.T.H. stands for Women's Organization for Reproductive and Total Health care. The clinic targets underserved regions in Northwest Georgia, where approximately 10% of women have never been screened for cervical cancer, and about 17% of women have not received screening as recommended on a regular basis. In fact, Northwest Georgia has been identified as one of the top areas with the highest percentage of women diagnosed with cervical cancer at a later stage. This points to the need for greater access to cervical cancer screening and intervention among women in this region. While the Women of W.O.R.T.H. clinic provides family planning and preventive health services, including cervical cancer screening, it can only do so for women who meet certain eligibility criteria. Unfortunately, many do not meet the eligibility criteria, and are unable to access screening in a timely manner. The grant proposal for Project Women are Worth It aims to provide preventive care services to women who are ineligible under the non-profit's existing program with Georgia Medicaid's Planning for Healthy Babies, and to women who are experiencing other difficulties associated with barriers to access.

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Michelle Decenteceo

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Chapter 1

This chapter provides a general overview of the public health problem addressed by the grant proposal of interest.

Introduction

Problem Statement

Human papillomavirus, also known as HPV, has been noted to be the first identified "necessary cause" of cancer, particularly cervical cancer (Bosch et. al., 2002). Transmitted not only through sexual intercourse, but also through other non-penetrative acts and skin-to-skin contact, it is the most common sexually transmitted infection in the United States (Dunne et. al., 2007). Incidence rates have continued to decrease, due to the introduction of the HPV vaccine in 2006, however older women, and women no longer within child-bearing age may not have ever received the vaccine, or may not have a sufficient immune response to the vaccine if they ever become infected with HPV (Garner, 2003). Moreover, while providing Pap smears is important, women that are not receiving regular gynecological care may need follow-ups that may not be covered under government-funded programs. They may also lack sufficient knowledge of how to navigate the healthcare system.

Patients turn to Women of W.O.R.T.H. because they are a known agency that will provide care, and will not turn people away, but operationally, this cannot function forever. Miscommunication about where to turn to for services, and insufficient overhead to handle the details of triage could be disastrous for the agency down the road, and for the community as a whole. Because the agency will try their very best to not turn away patients regardless of their circumstances, a lack of funding to provide care could be detrimental. They are a well known non-profit, and similar agencies provide many

preventive services that others would not be able to obtain due to their circumstances. There is much potential with this grant, especially with the proposal of a care coordinator to ensure continuity of care. Women of W.O.R.T.H. currently operates with one nurse midwife, an office manager, and volunteers, which seems to be enough to provide clinical care, but not enough to deal with the issues surrounding patients that do not fully understand where else they can seek treatment under their existing coverage. Proactive employees initiated the development of an “access” information book where patients can get some of this information while they wait in the waiting room, but because of their limited staffing and lack of time, they have been unable to finish this book. In order to reach our objectives, the proposed grant will be able to provide preventive care services, especially cervical cancer prevention in the form of Pap Smears, to women who are ineligible for services under other funding sources, and it will also seek to provide coordination of care for the most appropriate and effective outcomes.

Detailed Description of the Proposed Program

The proposed program is intended provide medical care to uninsured and underinsured women in Northwest Georgia, particularly in the area of cervical cancer prevention. The proposed program will include the following components:

- Cervical cancer prevention through Pap smears that will be provided in conjunction with well woman visits to all women that need it.
- Provide free follow-up care to women that need it, whether it is through the actual provision of cervical biopsies/colposcopies for women who are eligible.

OR

- Provide care coordination to patients to the appropriate agency that will be able to provide the necessary follow-up based on their existing coverage, whether that is through their own insurance, or Medicaid.

Purpose Statement

The grant proposal will supplement existing provisions of Pap smears, HPV screening, follow-up biopsies/colposcopies, and breast exams to uninsured and underinsured women from seven target counties attending the Women of W.O.R.T.H. clinic in Rome, Georgia. Along with these goals, the grant proposal will also help to increase access to care through the hiring of a care coordinator that will help patients understand their coverage, and where they can go for the best care.

Objectives to be answered by the Grant Proposal

1. If funded, this grant will provide health care access to women who would otherwise not have access.
2. It will also contribute to the prevention of cervical cancer among women who due to their circumstances, either by age or financial limitations, would not be able to get care.

Significance Statement

While cervical cancer is no longer a leading cause of death among women in this time and age, the fact that it is nearly 100% preventable through improved screening, prevention, and vaccination, is an indication that many still lack access to the best care possible in spite of these advances (Benard et. al., 2014). This project could serve as an example for many more projects that take place in similar settings that seek to reach the

most vulnerable. By conducting projects such as *Project Women are Worth It*, more solutions can be identified, and hopefully cervical cancer can be a thing of the past for all women, regardless of their background. Hopefully projects such as the one that is proposed will also contribute to the improvement of other bigger picture issues that contribute to these problems such as improving healthcare access as a whole through improved healthcare systems and increasing Medicaid access.

Definition of Terms

- **Women-** In this thesis, the women that are referenced are old enough to receive certain services under government-funded programs, but are not old enough for benefits under Medicare.
- **Pap Smear-** A pap smear is a screening that is conducted by a trained clinician to identify abnormal cervical cells. Results from Pap smears are often used to test for pre-cancerous or cancerous lesions of the cervix.
- **Cervix -** The cervix is the narrow passage of a woman's uterus that extends into the posterior vagina.
- **Cervical Cancer-** Cervical cancer is a disease that affects a woman's cervix. It is one of the main types of cancer that can affect a woman's reproductive system.
- **Human Papillomavirus-** More commonly known as HPV, human papillomavirus is a sexually transmitted disease. Both men and women can become infected with HPV. While infections can clear without treatment, a history of HPV infection has been linked with cervical cancer.

- **Provider-** A provider can refer to a doctor, nurse practitioner, physician's assistant, or certified nurse midwife. The provider at the Women of W.O.R.T.H. clinic is a certified nurse midwife (CNM).

Chapter 2

This chapter is an overview of the literature surrounding cervical cancer including evidence of prevention methods, the burden of cervical cancer in Northwest Georgia, and an overview of general funding that currently exists to address various aspects related to prevention and access.

Overview of the Literature Surrounding Cervical Cancer

Evidence of Prevention Methods for Cervical Cancer Prevention

Because this grant seeks funding for preventive care, which will include cervical cancer prevention through comprehensive examinations and follow-up, the following methods will be outlined.

Pap Smears

Before Pap smears were a recommended screening mechanism after 1941, cervical cancer was once the leading cause of cancer death among women. Developed by George Papanicolau, the Pap smear is a simple, minimally invasive, preventive examination that can distinguish between normal and abnormal cervical sample cells. Due to how quickly and easily the test can be done, and its relatively low cost, the Pap smear became the gold standard in gynecological preventive care (Tan, 2015). Since then, many countries have implemented this procedure as the norm, including the United States. This has led to a decline in cervical cancer incidence and death rates by more than 60%. This decline was monumental for one of the top killers among women of childbearing age in the United States (Chasan and Manrows (eds.), 2013).

HPV Testing

Human papillomavirus, also known as HPV, is a sexually transmitted disease that can be transmitted without actual sexual intercourse. It is often associated with stigmatizing genital warts, however, many persons who become infected with HPV do not even know that they have it. It is estimated that there are 14 million new infections of HPV every year.

There is overwhelming evidence to indicate a causal relationship between HPV (human papillomavirus) infection and cervical cancer incidence. This relationship between the virus and cancer has been documented on a global scale (Bosch et. al., 2002).

Because of this causal relationship, many laboratories will either conduct HPV testing on all specimen samples or conduct reflex testing in the event that a patient's Pap specimens return with abnormal results (Centers for Disease Control and Prevention, 2016).

HPV Vaccinations

While there are more than 100 strains of HPV, approximately 13 to 18 of these strains have been linked to cancer (Ault, 2007). The FDA-approved vaccines target the two biggest strains associated with cancer (Petrosky et. al., 2015). Because the granting agency manufactures HPV vaccines, grant money cannot be used to fund HPV vaccines due to conflicts of interest. Therefore, this grant proposal will not be applying for funding for the provision of HPV vaccinations. However, it will be beneficial to discuss how the HPV vaccine is projected to improve cervical cancer rates among women in the future. It may take some time before we can truly make conclusive, comparative evidence of how the HPV vaccine will impact cervical cancer rates, however early evidence suggests

progress. In a study comparing results from clinical visits in countries that have implemented the FDA-approved HPV vaccines, US clinics indicated a 79% decrease in prevalence of HPV infection at three different clinics seeing teenaged females from 14 to 17 years of age (Harris et. al, 2013).

Biopsies/ Colposcopies

In the event that a patient's cervical cell samples return abnormal, or if a clinician recommends additional follow-up based on other risk factors, she may be referred for a biopsy and colposcopy. A cervical biopsy is a procedure in which actual tissues can be removed from a woman's cervix to be sent in for additional testing for cancer or pre-cancer. In some circumstances, this procedure may actually completely remove all abnormal cervical tissue (Johns Hopkins Medicine Health Library, n.d.).

Well-Woman Visits

All of these procedures are intended to be a part of the well-woman visit, which, as described by the American Congress of Obstetricians and Gynecologists is essentially an annual exam, in the gynecological sense. The examination is intended to be a holistic approach that not only includes breast and cervical examinations, a physical examination, and immunizations, but also a risk assessment and counseling to further provide the most comprehensive, preventive care. The grant proposal seeks to frame cervical cancer prevention through well-woman examinations that will not only be able to provide Pap smears, and follow-up, but also help to improve overall health status through comprehensive care (American Congress of Obstetricians and Gynecologists, 2016).

Comprehensive care is also important, considering the other risk factors associated with cervical cancer such as HIV infection, a compromised immune system, being a smoker,

infection with other sexually transmitted diseases such as chlamydia, diet, obesity, being on birth control, a history of multiple pregnancies, and being young at first full-term pregnancy (Berzen et. al., 2014).

Cervical Cancer and Women of Low SES

Although the rates of cervical cancer have decreased in the past 40 years due to screening recommendations, women of low socioeconomic status, or those who live below the poverty line are less likely to be screened due to issues related to access such as lack of sufficient insurance, and costs. The burden still continues among marginalized groups such as those with low-income, and minority women (Garner, 2003).

One of the biggest barriers for women of low socioeconomic status to receive screening is lack of access. Access to care is a broad issue, but per the Agency for Healthcare Research and Quality, access to care requires the following steps: “

- Gaining entry into the health care system
- Getting access to sites of care where patients can receive needed services.
- Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust”

Factors associated with access to care can obviously vary with geography and populations, however, it is clear that minorities and persons of low SES are disproportionately affected by unequal access to care (Agency for Healthcare Research and Quality, 2014).

In spite of the advances in medicine to significantly reduce the morbidity and mortality of cervical cancer in the United States, the National Center to Reduce Cancer Health Disparities states that the projected 4,000 women who will be diagnosed with cervical cancer every year is a sign of a “failure in our health care system” (Freeman et al, 2005).

Cervical Cancer and Women of Low SES in Northwest Georgia

In the target counties of Northwest Georgia, the percentage of women who have never been screened or who are rarely screened was between 9.6% and 16.4% in 2006 to 2010. If diagnosed at a late stage, cervical cancer is more difficult to treat, and the chances of survival are less. The state of Georgia noted that this was a big indicator for more screening and intervention among women in the state. The Northwest part of the state, where our target counties are located, was identified as one of the top areas with the highest percentage of women diagnosed with cervical cancer at a later stage (Berzen et al., 2014).

The grant proposal seeks to address several barriers to access based on both information derived from previous studies conducted on these regions, and from discussions with the staff themselves at Women of W.O.R.T.H. Barriers to access that will be addressed will include:

- Women who have insurance that do not go to the doctor because they cannot afford the co-pays or deductibles. While the Affordable Care Act has brought health insurance, and primary care to many people who were at one point uninsured, and has allowed for preventive care, high co-pays and deductibles have prevented them from seeking follow-up that may be too costly. Some women turn

- to Women of W.O.R.T.H. because of their reputation for being affordable, and that they know they will not be turned away.
- Women who do not qualify under Medicaid, but cannot afford the Affordable Care Act's marketplace premiums are also in an access gap. As of October 2016, Georgia is one of the states that still have not expanded Medicaid under the Affordable Care Act (Kaiser Family Foundation, 2016).
 - While Georgia seeks to provide access to care through several programs, patient perspectives have indicated that issues such as information asymmetry have become barriers to access. Examples include being misinformed about services not being provided on a sliding scale, or being immediately referred to Women of W.O.R.T.H. when seeking care at the health departments because patients are told that follow-up services such as biopsies and colposcopies are not covered under Planning for Healthy Babies, Georgia Medicaid, or the Georgia Breast and Cervical Cancer Program of Georgia (Berzen et. al., 2014).

Women of W.O.R.T.H. currently provides women's health and preventive health care to over 2,500 individuals in Northwest Georgia. Since 2009, they have provided over 350 free or low-cost Pap smears and associated preventive services. The women that they see are some of the women mentioned that have never had a Pap smear, or have not had one in at least five years. Because of the demographics of the population that they see, it is not surprising to see that their abnormal Pap smear rates are reported to be around 36% to 40%. For comparison, in an assessment of the National Health Interview Survey, the age-adjusted rate for the United States as a whole was 20.3% (Yabroff et. al., 2007).

The grant seeks to reach women who are unable to afford the necessary comprehensive care to prevent cervical cancer in Northwest Georgia in the following counties: Floyd, Bartow, Carrol, Cobb, Paulding, Whitfield, and Gordon. While the clinic is primarily located in the county seat of Floyd County, Rome, the clinic has seen patients from the surrounding counties, especially ones from smaller towns in comparison to Rome.

The following table outlines the counties of interest with median household incomes, percentage of persons living in poverty, and percentage of persons under 65 without health insurance coverage (US Census Bureau, 2010).

	Floyd County	Bartow County	Carrol County	Cobb County	Paulding County	Whitfield County	Gordon County
Median Household Income	\$41,046	\$48,306	\$45,009	\$64,657	\$61,153	\$40,081	\$42,414
Percentage of Persons Living in Poverty	21.1%	14.3%	19.9%	13.0%	12.7%	20.1%	20.4%
Percentage of Persons Under 65 Without Health Insurance Coverage	19.1%	18.8%	18.4%	17.7%	14.3%	23.9%	20.7%

Figure 1A: Median household income, percentage of persons living in poverty, and percentage of persons under 65 without health insurance coverage in our target populations (US Census Bureau, 2010).

Evidence of Continuity of Care in Any Clinical Setting

In order to fully understand the approach of the grant proposal's program, there needs to be an understanding about continuity of care in a clinical setting. Continuity of care is described as an approach to reduce fragmentation of care not only to increase patient safety, but to also improve the quality of care received. Through care coordination and cooperation, the patient can have trust in their physician or healthcare system, and can aim for the mixed goal of quality care and cost-effectiveness (American Academy of Family Physicians, 2016).

In an assessment of 18 studies that met methodological criteria for measuring continuity of care, statistically significant data validated preconceived notions about continuity of care being associated with better patient outcomes and patient satisfaction as a whole (Walraven et. al., 2010).

With the referrals Women of W.O.R.T.H. receives from the local health departments, and the consistency in patients that describe being unable to navigate the healthcare system due to their financial circumstances, it would be prudent to approach this proposal with a continuity of care component. This could include providing not only Pap smears and follow-up care, but also providing the appropriate time with the patients to help them navigate the health care system.

Overview of General Funding Sources

While the Women of Worth Clinic receives funding with Title X from the federal government to provide family planning services, this funding is under constant scrutiny. The clinic also provides services to women under the State of Georgia's Planning for Healthy Babies program under Medicaid, however, eligibility is limited to women

between the ages of 18 and 44, and excludes women who have had a tubal ligation, hysterectomy, or are menopausal. This presents a problem, as this represents a service gap in women who may not be receiving appropriate screening and follow-up due to their circumstances, both physically and financially. Georgia also has a Breast and Cervical Cancer Prevention Program that seeks to provide Pap smears to women, however, this too can come with its own limitations that will be described further.

Title X- Family Planning

Under the Office of Population Affairs, which is located with the Department of Health and Human Services, Title X is also known as the Family Planning Program. Under the US Public Health Service Act, the purpose of Title X is to provide comprehensive family planning services, and related preventive health services as they relate to healthy family planning. Ultimately, Title X strives to have healthy mothers that can have healthy pregnancies that will result in healthy babies. Entities that receive Title X funding can range from non-profits such as Women of W.O.R.T.H. or Planned Parenthood, to state and local health departments. There are a wide range of services that can be provided at these funded agencies or projects, including birth control, screening for sexually transmitted diseases, HIV screening, and other related preventive health services. Women of W.O.R.T.H. is currently the only agency in Rome that receives Title X funding (Office of Population Affairs, 2016).

There has been increasing scrutiny about Title X funding as a whole. In 2011, the US House of Representatives voted for a complete defunding of the program, in spite of public support. While President Obama signed the Consolidated Appropriations Act in 2014, sequestration had taken \$14.9 million in cuts. The 2017 fiscal year brings much

into question, as House Labor-HHS Appropriations committees continue to vote for complete program elimination (National Family Planning and Reproductive Health Association, 2016). As noted in many non-profit management best practices, it is wise to have a diverse funding portfolio in such circumstances (Worth, 2009).

Georgia Planning for Healthy Babies

Women of W.O.R.T.H. provides services to a Medicaid population under the Georgia Planning 4 Healthy Babies program. Under the Georgia Department of Community Health, Planning for Healthy Babies is a program that is dedicated to preventing low birth weight (LBW) and very-low birth weight infants. The comprehensive program provides a wide range of services ranging from annual family planning exams, contraceptive services, and labs including lab tests such as the Pap smear and HPV test. While this program is certainly helpful for women to receive necessary gynecological care that they would otherwise be unable to receive because of financial circumstances, eligibility is limited to women who are able to get pregnant, and only up to the age of 44. Therefore, program eligibility excludes women who have received tubal ligation, partial hysterectomy, or if they have already been through menopause (Planning for Healthy Babies, n.d.).

Breast and Cervical Cancer Prevention Program

The state of Georgia has a program that aims to prevent cervical cancer through the provision of Pap smears. Funded with both state and federal dollars, this program is often provided through the Georgia Department of Public Health.

In order for women to be eligible for the Breast and Cervical Cancer Prevention Program in Georgia, a woman must meet the following criteria:

- Have a household income of less than or equal to 200% of the Federal Poverty level
- Must be uninsured, and must be ineligible for either Medicare or Medicaid
- Must be between the ages of 21 and 64

While this program seems to be able to capture women who are financially ineligible for services under other circumstances, such as Medicaid or Affordable Care Act marketplace premiums, there have been some limitations. Funding has fluctuated over the years, and funding sources tend to have different priorities for the intended population (Berzen et. al., 2014).

Chapter 3

This chapter includes an overview of the agencies that grant this type of work, a summary of the grant announcement, the grant review process, and a description of the grant proposal reviewers, and expertise.

Overview of the Agencies That Grant This Type of Work

Federal Agencies

Probably some of the more visible types of grant-awarding agencies are federal agencies. Some of the most notable ones that usually fund non-profits, healthcare access, or cervical cancer prevention efforts are the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, and the National Institutes of Health.

The Agency for Healthcare Research and Quality (AHRQ) seeks to fund projects that will produce evidence that can support health care accessibility, quality, and cost effectiveness. *Project Women are Worth It* does not have a specific research component that would qualify under AHRQ's funding opportunity announcements, however, future endeavors could be considered, especially considering the population that they serve.

The Centers for Disease Control and Prevention provides over \$11 billion a year in grant funding to various needs. On the whole, CDC provides grants that contribute to the health of Americans as a whole, that are both research and non-research based. Their Office of Financial Resources granted 21% of their awards in FY2015 to non-profit programs and projects (CDC, 2016). Although *Project Women Are Worth It* will be small, it might be a good idea to consider applying for a CDC-based grant in collaboration with other key agencies to further address the preventive care access issues among target populations in Northwest Georgia.

The National Institutes of Health, NIH, provides many grants that support health, usually through research or research-related activities. Again, while this project is not specifically research, it might be a good idea to consider for the future since NIH supports advancing research that enhances health, extends healthy living, and reduces burdens of illness and disability, all of which can be related to prevention of cervical cancer (NIH, 2016).

Foundations/Charitable Trusts

Foundations or charitable trusts are non-governmental organizations that can exist to provide funding for philanthropic purposes. Foundations or charitable trusts can exist solely for charity. Examples of foundations and charitable trusts include the CVS Health Foundation and the Merck “Foundation.”

The CVS Health Foundation works to provide communities with grants that can increase health care access and improve health status for all. They specifically provide grants to free and charitable clinics through partnerships with the National Association of Free and Charitable Clinics (NAFC) and the National Association of Community Health Centers (NACHC). Because clinics must be invited to apply, and must be affiliated with the partnership organizations, it would be beneficial for Women of W.O.R.T.H. to consider applying to be a member of NAFC. With this free membership they can potentially be selected to apply for grant funding with the CVS Health Foundation (CVS, 2016).

The grant of interest is being offered under the private corporation Merck’s charitable foundation, often referred to as the “Foundation.” Their corporate work seeks to provide innovative solutions that will improve health through prescription vaccines,

biologic therapies, and animal health products. Their foundation offers grants that align with their focus areas of health and community.

In terms of health, the “Foundation” seeks to improve healthcare quality and increase capacity for everyone, especially for those in underserved populations, such as those described in the target population in the grant proposal. The company also seeks to focus on four areas including chronic conditions, such as cancer, which cervical cancer prevention would fall under. They seek to provide investments that are evidence-based, can improve healthcare quality delivery, reduce healthcare disparities, foster health care delivery innovation, and patient empowerment to take an active role in their health. The proposed program for the grant seems to hit these components, in that the interventions of preventive care and continuity of care are evidence based, the project aims to improve the quality of the healthcare received, the project intends to reduce the disparity of cervical cancer among a vulnerable population, it will hopefully be a catalyst for a more improved system for their patients, and with the care coordination that will be provided, the project will hopefully empower patients to take charge and control of their health, because they will better be able to navigate the complicated systems that exist at the local level (Grant Application Guidelines for Non-Profit Organizations, 2016).

Summary of the Grant Announcement

A public grant announcement was not made for grant applicants. Grant applicants must be invited to apply, as unsolicited applications are not taken into consideration. Women of W.O.R.T.H. has previously applied for the grant, was denied funding, but was encouraged to re-apply under different objectives. The methodology of the review process of the proposal includes submission through Merck’s online grant management system. According to the grant application guidelines, their giving priorities are largely

based on health and community. The grant proposals should be no longer than 10 pages and should include a project description, a project plan, project budget and justification, an evaluation plan and dissemination of results, and a sustainability plan. For the purposes of the Emory EMPH requirements, the student was only required to write the “narrative” components of the grant proposal, not the components related to the budget. The grant review process is described to take about 8 weeks.

The Grant Review Process

Because the actual review process is not made publicly available, the review process for the thesis committee will be described.

A draft of the grant proposal was provided to the reviewers on October 28th, 2016. They were given up to two weeks to review the grant, and provide feedback. Grant reviewers were provided with the Merck Grant Application Guidelines for Non-Profit Organizations, and the EMPH reviewer template. All reviewers were instructed to utilize both the application guidelines and the reviewer template as a guide for their review. Reviews were provided individually, and all comments were analyzed by the student to be utilized as constructive feedback for the final draft of the proposal. Comments were included in chapter four of this thesis.

Reviewers determined their level of agreement/disagreement that the proposal was in agreement with the call for proposals. The reviewers also had an opportunity to provide feedback on how the submission could have been more responsive. The reviewers had an opportunity to state the level of agreement/disagreement of whether or not the proposal is well thought out and theoretically sound. After that, reviewers provided suggestions for improvement that could be made to the theory and structure of the proposal. The reviewers had an opportunity to state their level of

agreement/disagreement as to whether or not they believed the student made a compelling case that the proposed program is necessary, and then they had an opportunity to provide suggestions for improving the argument in the proposed activities. Finally, the reviewers provided their level of agreement/disagreement in innovation and setting the groundwork for future work in the area. The review ends with additional comments and suggestions for the PI.

Grant Proposal Reviewers

The grant reviewers included the EMPH thesis chair, the thesis field advisor, and three external reviewers.

David Westfall, MD, MPH

Dr. Westfall is the District Public Health Director for District 2 with the State of Georgia's Department of Public Health. He worked in 13 county areas in Georgia, and some of his most profound work includes increasing primary care services for HIV patients, and improving access to health care as a whole. Dr. Westfall is well seasoned in the areas of helping the uninsured, and medically underserved. He is a founder of the Good News Clinics, a non-profit dedicated to providing free medical and dental care to low-income and uninsured Hall County residents. As an instructor for the Planning and Performance Measures for Non-Profits Course at Emory, and as an advisory board member for the Good News Clinics, Dr. Westfall will provide one of the most realistic perspectives with his review.

Bisma Sayed, PhD

Dr. Sayed is a Social Science Research Analyst at Centers for Medicare and Medicaid Innovation Center. She leads on evaluation activities of health care delivery and payment

models. Additionally, Dr. Sayed has a PhD in medical sociology, and a master's degree in social welfare. She is an experienced grant writer who has obtained grants for funded research from the Agency for Healthcare Research and Quality, the National Institute on Drug Abuse, and the Florida Department of Children and Families.

Geetika Arora Klevos, MD

Dr. Klevos is the chief of Breast Interventional Oncology, and is an assistant professor of clinical radiology at the University of Miami. While Dr. Klevos works primarily with breast cancer, she has the clinical background and programmatic experience to understand a multidisciplinary approach to care. Her feedback provided a realistic perspective from a clinician that works with patients affected by a cancer that largely affects women.

Kanthi Dhaduvai, MD

Dr. Dhaduvai is a resident family physician at the Cambridge Health Alliance in Boston Massachusetts. Because she provides women's health services to underserved populations that face many barriers to care, she provided a realistic perspective on the feasibility, and significance of this grant proposal.

Anna-Maria Roache, MPH

Ms. Roache is the Senior Program Manager for the Community Partnerships for Healthy Mothers and Children grant at the American College of Obstetricians and Gynecologists in Washington DC. Ms. Roache manages several clinics that receive this grant to strengthen communities and improve community health through preventive services and

disease management. Because she has reviewed and written grant proposals in the past, she was a qualified reviewer for this grant proposal.

Chapter Four

The following chapter is an overview of the reviewer comments that were provided either in the grant reviewer template or the document itself. Reviewers were advised that their comments would be utilized for the final grant proposal to be submitted to the agency for submission for funding. Thank you for your time and effort, as these comments, your expertise, and comments truly improved the proposal.

Reviewer 1 Comments

Comment 1: In the reviewer template, Reviewer 1 stated in comment number 8:

“Though it is implied that Marilyn Ringstaff is “on board”, it might help to say definitively that she and her staff are excited about the opportunity to expand services, and are fully committed to the goals of the program.

Response to Comment 1: The final document will include additional information about Marilyn’s commitment to expand services.

Comment 2: In the reviewer template, Reviewer 1 stated "try to make a stronger case for sustainability after the grant funds are gone." While there are several possibilities expressed, they might sound more like “hopes” than a specific plan based on present realities.

Response to Comment 2: The final document will include information about the agency’s willingness to start the project. Additionally, more details will be included in the sustainability plan in order address the situation, post-funding.

Reviewer 2 Comments

Comment 1: On page 2, and paragraph 3 of the abstract, reviewer 2 asks what the W.O.R.T.H. in Women of W.O.R.T.H. stands for.

Response to Comment 1: The final document will outline that the W.O.R.T.H. stands for Women's Organization for Reproductive and Total Health care.

Comment 2: On page 3, paragraph 1, bullet 3 of the purpose statement, reviewer 2 asks to explain what information asymmetry is, or consider excluding it out completely, because it might be too much to conceptualize in the proposal. The reviewer also asks if I am trying to say if the women that do have health insurance, but for whatever reason, do not go to the doctor. If so, reviewer 2 suggests that it should be covered under the bullet above that mentions women who cannot afford co-pays or deductibles.

Response to Comment 2: The final document will provide a brief explanation of information asymmetry, as this is one of the biggest arguments for the care coordinator. Many patients are unaware of what resources are available to them, or they are provided with incorrect information.

Comment 3: On page 3, paragraph 2, reviewer 2 asks about citation.

Response to comment 3: The final document will ensure to have the most accurate citations.

Comment 4: On page 3, paragraph 2, bullet 2, sub-bullet 1, reviewer 2 asks for clarification of what precise referral and follow-up is compared to referral and follow-up.

Response to comment 4: The final document will make more clear distinctions between the two in the footnotes.

Comment 5: On page 3, under background and significance, paragraph 1, reviewer 2 asks for clarification if HPV is the first cause of cervical cancer or other cancers as well. Reviewer 2 also suggests moving this to a footnote.

Response to Comment 5: The final document will move this to a footnote, and will further explain HPV's strong association with cervical cancer. Other cancers are suspected as well, but they are not related to the current proposal, and there may not be as much data in comparison. (Oropharyngeal cancer, penile cancer, etc.)

Comment 6: On page 3, under background and significance, paragraph 2, reviewer 2 suggests a removal of "once," as I already stated "prior to" at the beginning of the sentence.

Response to Comment 6: The final document will remove this redundancy.

Comment 7: On page 4, under background and significance, paragraph 4, reviewer 2 suggests inserting the clinic's name to remind the reader what we are talking about.

Response to Comment 7: The final document will include the clinic's name in this paragraph.

Comment 8: On page 4, under background and significance, paragraph 7, reviewer 2 asks if this is respectively. States that the sentence is confusing and suggests rephrasing.

Response to Comment 8: The final document will rephrase the sentence to state: "In the target counties of Northwest Georgia, the percentage of women who have never been

screened/who are rarely screened fluctuated between 9.6% and 16.4% from 2006 to 2010.”

Comment 9: On page 4, under background and significance, in paragraph 5, reviewer 2 suggests that data needs to be put in this section about how the chances of survival substantially decline. There is some in the abstract, but not everyone will read the abstract.

Response to Comment 9: The final document will rephrase the sentence to state: “Early detection of cervical cancer has a 5-year survival rate of approximately 92% (Saslow et. al., 2012). If diagnosed at a late stage, cervical cancer is more difficult to treat, and the chances of survival are substantially less.”

Comment 10: On page 5, under background and significance from paragraphs 7 through 9, reviewer 2 suggests that this section about funding is confusing, and that it does not really fit there. Suggested a different spot.

Response to Comment 10: In the final document, this section will be included in the background and significance section after the discussion about barriers to access. It will state that there are several funding mechanisms that attempt to mitigate barriers to reproductive health access such as Title X funding, the Georgia Breast and Cervical Cancer Prevention Program, and the Georgia Planning for Healthy Babies Program.

Comment 11: On page 5, under Project Plan, in the first paragraph, reviewer 2 suggested a diagram to better explain the process.

Response to Comment 11: The final document will include a diagram that will be able to visually depict the project processes.

Comment 12: On page 6, under Project Implementation Timetable with Major Milestones under paragraph 1, reviewer 2 suggested more information on the expertise of the clinic staff.

Response to Comment 12: The final document will include information about the experience and credentials of the clinic staff, especially about Marilyn Ringstaff, the provider.

Comment 13: On page 6, under Project Implementation Timetable with Major Milestones under paragraph 1, reviewer 2 suggested thinking about more precise objectives such as: generating a referral guide document based on patient residence.

Response to Comment 13: Per the other comments from the other reviewers, the objectives were kept in the final document. One additional objective was included: generate a referral guide document based on patient residence.

Comment 14: On page 6, under Project Implementation Timetable with Major Milestones under paragraph 1, reviewer 2 suggested using one phrase throughout, rather than jumping from annual exam, prevention visit, well-woman exam, etc.

Response to Comment 14: The final document will utilize well-woman visit for consistency.

Comment 15: On page 7, under Evaluation Plan and Dissemination of Results, paragraph 2, reviewer 2 suggested a bulleted list or a table to outline performance indicators and metrics for success. Reviewer 2 also suggested a driver diagram.

Response to Comment 15: The final document will utilize a bulleted list.

Comment 16: On page 7, under Evaluation Plan and Dissemination of Results, paragraph 3, reviewer 2 commented on the dissemination of publication and dissemination of results, and suggested a health campaign as an alternative.

Response to Comment 16: The final document will include information about utilizing a health campaign to disseminate results.

Reviewer 3 Comments

Comment 1: In the grant reviewer template, Reviewer 3 commented that they would like to see more information as to how this work can be sustained. Funding agencies like to know that this work will be carried on beyond the project period, and will not be a one-time occurrence.

Response to Comment 1: The final document will include more specific steps pertaining to a sustainability plan for the program after the funding year is over.

Reviewer 4 Comments

Comment 1: Page 3 in the footnote of the Background and Significance, Reviewer 4 recommended adding a component regarding asymptomatic women under the age of 30 are normally recommended for HPV reflex testing.

Response to Comment 1: The final document will state the following: “To facilitate the clinical understanding, if a Pap smear is abnormal in an asymptomatic woman under age 30, a reflex HPV test may be conducted, at the discretion of the provider.”

Comment 2: Page 5, paragraph 9 in the Background and Significance, Reviewer 4 recommended adding a component about the American Society for Colposcopy and Cervical Pathology guidelines about screening until age 65 in most women.

Response to Comment 2: The final document will state the following: “Although these criteria exclude women from obtaining cervical cancer screening, the American Society for Colposcopy and Cervical Pathology recommends screening for most women until age 65, regardless of such circumstances.”

Comment 3: Page 5, under Project Plan paragraph 1, bullet point 2; reviewer 2 suggests adding a section about clinical indication for the reflex HPV test.

Response to Comment 3: The final document will state the following, “Preventive care is provided, and will include a comprehensive well-woman visit, which will include a Pap smear, and a reflex HPV test, if clinically indicated.

Reviewer 5 Comments

Comment 1: In the external grant reviewer template, reviewer 5 mentioned including health care savings in terms of morbidity and mortality of early diagnosis of cervical cancer.

Response to Comment 1: The final document will include some information about projected health care savings of early detection, as well as some information about cervical cancer screening through Pap smears in the background and significance.

Chapter 5

The following is the final grant proposal after incorporating all the comments from the reviewers.

Abstract

The United States Preventive Health Services (USPHS) recommends regular cervical cancer screening for women to identify cervical abnormalities early and prevent the spread of cancer. Early detection of cervical cancer has a 5- year survival rate of approximately 92% (Saslow et. al., 2012). If, however, cervical cancer is diagnosed at a late stage, it is more difficult and expensive to treat, and the chances of survival substantially decline.

The Women of W.O.R.T.H. (W.O.R.T.H. stands for Women's Organization for Reproductive and Total Health care) clinic targets underserved regions in Northwest Georgia where approximately 10% of women have never been screened for cervical cancer, and about 17% of women have not received screening as recommended on a regular basis. In fact, Northwest Georgia has been identified as one of the top areas with the highest percentage of women diagnosed with cervical cancer at a later stage (Berzen et. al., 2014). This points to the need for greater access to cervical cancer screening and intervention among women in this region.

While the Women of W.O.R.T.H. clinic provides family planning and preventive health services, including cervical cancer screening, to women, it can only do so for women who meet certain eligibility criteria. Unfortunately, many do not meet the eligibility criteria and are unable to access screening in a timely manner. *Project Women*

are Worth It aims to provide preventive care services to women who are ineligible under the non-profit's existing program with Georgia Medicaid's Planning for Healthy Babies, and women who are experiencing other difficulties associated with barriers to access.

Purpose of Project Women are Worth It

Women of W.O.R.T.H. is a non-profit clinic that is dedicated to providing affordable comprehensive women's health in Northwest Georgia. *Project Women are Worth It* aims to prevent cervical cancer among low-income women in seven counties in Northwest Georgia: Floyd, Bartow, Carrol, Cobb, Gordon, Paulding, and Whitfield. The grant will supplement existing clinical provisions of Pap smears, reflex HPV screening, follow-up biopsies/ colposcopies, and care coordination, by expanding preventive services to women who are unable to access them through existing programs. With this grant, *Project Women are Worth It* seeks to:

- Provide comprehensive well woman visits, including Pap smears to 100¹ women in Northwest Georgia that are both uninsured and under-insured.

Specifically, the program targets women who

- Do not qualify for care under Georgia Medicaid's Planning for Healthy Babies, which excludes women who have had a tubal ligation, had a partial hysterectomy, or are menopausal.
- Do not qualify under Medicaid, and are also unable to afford health insurance through the Affordable Care Act's marketplace premiums.
- Women who have health insurance but face barriers to care such as information asymmetry² or who cannot afford the co-pays or deductibles.

¹ This number was derived from the 350+ free/low-cost Pap smears that have been provided by the clinic over the past 7 years. 350 was divided by 7, then doubled, to account for the goal of reaching more women in the neighboring counties over the course of one year.

- Provide follow-up services to women who qualify under government-funded programs such as the Georgia Breast and Cervical Cancer Prevention Program, but lack access to care due to information asymmetry, or insufficient coverage for follow-ups.

A well-woman visit, as described by the American college of Obstetricians and Gynecologists, is essentially an annual exam that includes preventive health screenings. The examination is intended to be a holistic approach that not only includes breast and cervical examinations, a physical examination, and immunizations, but also a risk assessment and counseling (American Congress of Obstetricians and Gynecologists, 2016). The project seeks to provide women access to well-woman visits that include cervical cancer prevention and follow-up, as well as improve overall health status through comprehensive care (ACOG, 2016). Specifically, funding received will help to subsidize the following components of this visit:

- Pap smears with reflex HPV testing³
- Care coordination to ensure that 100% of women that require follow-up receive either:
 - Precise⁴ referral and follow-up with an appropriate provider, paid for through their existing health insurance

² Information asymmetry is described as a patient gap in knowledge regarding the quality and price of healthcare they need or receive.

³ Not all women who get a Pap smear are tested for HPV. To facilitate the clinical understanding, if a Pap smear is abnormal, a reflex HPV test may be conducted, at the discretion of the lab or provider.

⁴ Precise referral in this program is defined as the referral and follow-up that is conducted by the care coordinator in comparison to simply directing patients to another agency.

- Follow-up biopsies/colposcopies at the Women of W.O.R.T.H. clinic if they are unable to access affordable follow-up elsewhere
- Health education materials to promote cervical cancer prevention, and address other health issues such as use of birth control, smoking, other sexually transmitted diseases, diet, and obesity- risk factors that have also been linked with cervical cancer (Berzen et. al., 2014).

Background and Significance

Human papillomavirus, also known as HPV, is the first identified "necessary cause" of cancer, and for the purposes of this proposal, cervical cancer in particular^{5,6}. Even though there are other factors that can contribute to the development and progression of cervical cancer, there is a strong association between cervical cancer and previous or existing HPV infection. (Munoz, 2006) Transmitted not only through sexual intercourse, but also through other non-penetrative acts and skin-to-skin contact, it is the most common sexually transmitted infection in the United States.

Before Pap smears became a recommended screening mechanism after 1941, cervical cancer was the leading cause of cancer-related death among women. The rates of cervical cancer have since dwindled in the past 40 years, largely due to new cervical cancer screening recommendations. However, women of low socioeconomic status, or those who live below the poverty line still remain less likely to access preventive care because they cannot afford the copayments and/or deductibles, or they

⁵ HPV has been linked to other cancers such as penile and oropharyngeal, however, data associating HPV as the first cause are relatively new

⁶ "Necessary cause" is referred to as a component that is present in every sufficient cause of a particular outcome. (Boston University, 2016)

lack health insurance altogether. Not surprisingly, the incidence of cervical cancer is especially high among marginalized groups such as those with low-income, and minority women (Garner, 2003). Prevention or early detection of cervical cancer can also be a cost-saving measure by avoiding the significant costs incurred with treatment of advanced disease, as well as the associated costs related to lost wages for patients and caregivers. Among various preventive strategies, Pap smears are considered one of the most cost-effective measures (Chen et. al., 2011).

One of the biggest barriers for women of low socioeconomic status to receive screening is lack of access. Access to care is a broad issue, but per the Agency for Healthcare Research and Quality, access to care requires the following steps: “

- Gaining entry into the health care system
- Getting access to sites of care where patients can receive needed services.
- Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust”

Factors associated with access to care vary with geography and populations; however, existing research shows that minorities and persons of low SES are disproportionately affected by unequal access to care (Agency for Healthcare Research and Quality, 2014).

While the clinic receives funding with Title X from the federal government to provide family planning services, budget cuts can limit program reach. Women of W.O.R.T.H. is currently the only agency in Rome that receives Title X funding (Office of Population Affairs, 2016). In 2011, the US House of Representatives voted for a complete defunding of the program, despite public support. While President Obama signed the Consolidated Appropriations Act in 2014, sequestration had taken \$14.9 million in cuts. The 2017

fiscal year brings much into question, as the House Labor-HHS Appropriations Committee continues to vote for complete program elimination (National Family Planning and Reproductive Health Association, 2016).

The state of Georgia has a Breast and Cervical Cancer Prevention Program that aims to prevent cervical cancer through the provision of Pap smears. While this program is able to capture women who are financially ineligible for services under other circumstances, such as Medicaid or Affordable Care Act marketplace premiums, there have been some limitations. Funding has fluctuated over the years, and funding sources tend to have different priorities for the intended population (Berzen et. al., 2014). Moreover, since this program is often provided through the Georgia Department of Public Health, patients can have difficulties obtaining the right care at the local level due to issues such as information asymmetry.

Women of W.O.R.T.H. provides services to a Medicaid population under the Georgia Planning for Healthy Babies program. However, because this program's ultimate goal is to prevent low birth-weight babies, eligibility is limited to women who are able to get pregnant, and only up to the age of 44. This excludes women who have received tubal ligation, partial hysterectomy, or if they have already been through menopause (Planning for Health Babies, n.d.).

While Women of W.O.R.T.H. is located in the county seat of Floyd County, Rome, the clinic sees patients from the surrounding counties, especially ones from smaller towns than Rome. The following table outlines the counties of interest with median household

incomes, percentage of persons living in poverty, and percentage of persons under 65 without health insurance coverage (US Census Bureau, 2010).

Table A. Target Counties: Median Household Income, Persons Living In Poverty, Persons Under 65 Without Health Insurance

	Floyd County	Bartow County	Carrol County	Cobb County	Paulding County	Whitfield County	Gordon County
Median Household Income	\$41,046	\$48,306	\$45,009	\$64,657	\$61,153	\$40,081	\$42,414
Percentage of Persons Living in Poverty	21.1%	14.3%	19.9%	13.0%	12.7%	20.1%	20.4%
Percentage of Persons Under 65 Without Health Insurance Coverage	19.1%	18.8%	18.4%	17.7%	14.3%	23.9%	20.7%

In the target counties of Northwest Georgia, the percentage of women who have never been screened/who are rarely screened fluctuated between 9.6% and 16.4% from 2006 to 2010. If diagnosed at a late stage, cervical cancer is more difficult to treat, and the chances of survival are substantially decreased. Diagnosed at an early stage, a woman's five-year survival rate is 93%. By the time a woman is diagnosed based only on significant signs/symptoms, the five-year survival rate at the latest stage is only 15%

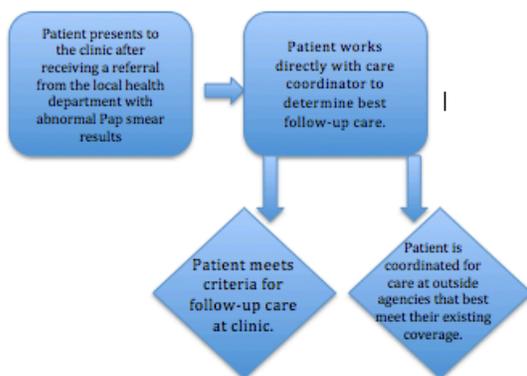
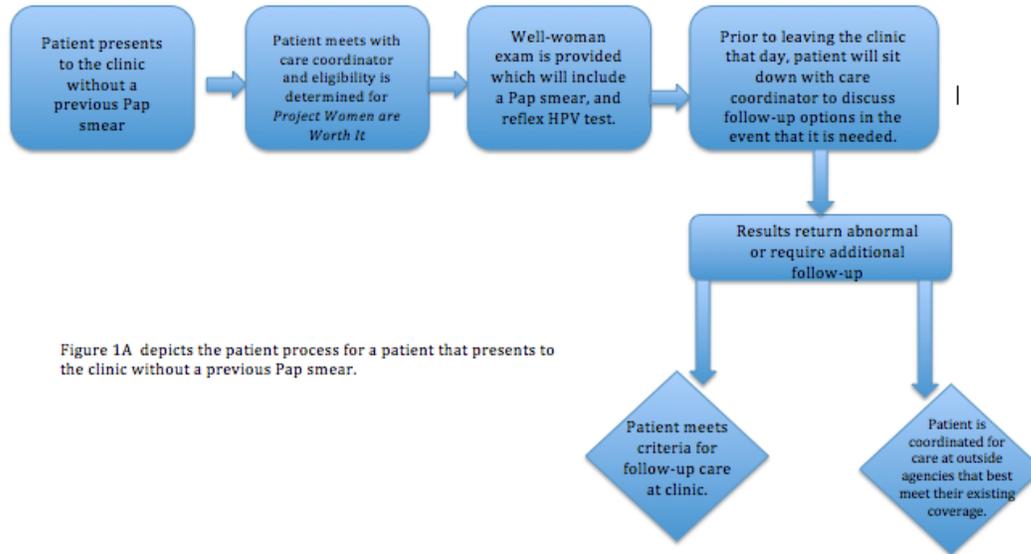
(Edge et. al., 2010). In fact, Northwest Georgia has been identified as one of the top areas with the highest percentage of women diagnosed with cervical cancer at a later stage (Berzen et. al., 2014). This points to the critical need for expanding cervical cancer screening and intervention among women in this region.

Women of W.O.R.T.H. currently provides women's and preventive health care to over 2,500 individuals in Northwest Georgia. Since 2009 they have provided free or low-cost Pap smears to over 350 women. The women who come to the clinic have usually never had a Pap smear, or have not had one in at least five years. The abnormal Pap smear rates are reported to be around 36% to 40%. This is substantially higher than the age adjusted national average, which is approximately 20% per the National Health Interview Survey (Yabroff et al., 2007).

Project Women are Worth It will expand preventive care to women that would not otherwise be able to afford it, and assist women in accessing the most appropriate care that works best with their existing health insurance coverage. Screening and follow-up will be conducted using standard evidence based protocols that have been shown to prevent the incidence and prevalence of cervical cancer. Additionally, all women who qualify will be provided extensive care coordination services that have demonstrated better patient outcomes and patient satisfaction (Van Walraven et. al., 2010).

Project Plan

Project Women are Worth It will be implemented as a supplement to the existing efforts at the clinic. To address the various types of patients that come to the clinic, care will be provided in one of the following ways:



Grant money will pay for the necessary equipment for the Pap smears, cervical biopsies, lab fees, health education materials, and cost of hiring a part-time care coordinator.

Project Implementation Timetable with Major Milestones

The clinic is run by Marilyn Ringstaff, a certified nurse midwife and attorney. Marilyn has been providing care at the clinic for 9 years. She has over 30 years of clinical experience, and is a board member of the International Cervical Cancer Foundation. She

and her team of dedicated nurses and volunteers work together to provide comprehensive women's health three days a week. She and her staff are excited to expand services to meet the needs of the target populations. This grant would supplement existing efforts to provide care to vulnerable populations. The objectives of the proposed program include:

- Provide well-woman visits to 100 women that are uninsured and underinsured in 7 target counties in Northwest Georgia from March 2017 to November 2017.
- Contribute to reducing the morbidity and mortality of cervical cancer among these women by providing Pap smears at each of the visits.
- Generate a referral guide document based on patient residence and needs.
- Ensure continuity of care by providing follow-up biopsies/colposcopies to 100% of uninsured patients that require them.
- Provide care coordination to outside agencies to 100% of underinsured patients.

Table B presents the project implementation timetable with major milestones to be achieved:

Table B. Major Milestones

Major Tasks	Anticipated Completion Date
Interviewing and hiring of Care Coordinator	January 2017
<ul style="list-style-type: none"> • Provide overall planning and coordination for the implementation • Identification and outreach to agencies that will be coordinated with any potential follow-ups • Provide appropriate training for personnel for any changes in protocols and additional data collection 	Early February 2017

<ul style="list-style-type: none"> • Ensure any new standard operating procedures are in place prior to implementation • Ensure that all data collection systems (paper, computer systems, patient management systems) are up-to-date to collect any additional information that will be needed for program evaluation 	Late February 2017
<ul style="list-style-type: none"> • Implement new program into existing clinical practices 	March 2017
<ul style="list-style-type: none"> • Mid-Program Formative Evaluation • Implement necessary operational changes from evaluation recommendations 	July 2017
<ul style="list-style-type: none"> • Conduct summative evaluation, disseminate results 	December 2017

Evaluation Plan and Dissemination of Results

The program will be evaluated utilizing the CDC's framework for evaluation. It will utilize the following steps for evaluation: engage stakeholders, describe the program, focus the evaluation design, gather credible evidence, justify conclusions, ensure use and share lessons learned.

The program will be evaluated under the context of the program objectives.

Performance indicators will include:

- Counts of well-woman visits
- Counts of Pap smears provided to eligible uninsured and underinsured women
- Incidence of abnormal Pap smears

- Percentage of women that received follow-up care at the clinic
- Percentage of women that received care coordination to another agency for follow-up

Metrics of success would be:

- Providing care to 100 women
- Providing health education resources to 100% of women at the well-woman visits
- Providing follow-up care to at least 90% of women that need it
 - Whether it is through the provision of the biopsy/colposcopy at the clinic
 - OR
 - Care coordination to another agency.

Overall, the project aims to reduce the incidence of cervical cancer of women in Northwest Georgia through the process of preventive care. If done with sufficient follow-up, cervical cancer is nearly 100% preventable. While there may be patients who have already progressed to the cancerous stage, earlier identification can increase a person's survival rate.

Outcomes and impact will be evaluated through the following information:

- Information that is collected on the patient intake form
- Clinical information such as labs and findings during examinations
- Information that is collected during care coordination encounters

After all evaluations are conducted and synthesized, results will be disseminated through multiple health campaigns to bring attention to the work the agency is doing. This effort will be collaborative, and will include the agencies the clinic has worked with.

Sustainability Plan

Because there are developments and changes to the existing local health departments, such as changes in leadership, it is anticipated that there may be programmatic changes to their existing cervical cancer prevention programs. While there have been stories of patients that have had difficulties obtaining appropriate access to care at the local health departments, this could change soon. With that, Women of W.O.R.T.H. hopes to have interagency collaborations with agencies such as the local health departments in order to have more coordinated efforts that are centered on patient care. Women of W.O.R.T.H. will still continue to provide affordable and free care to women that cannot afford it, but one of the most important factors that will be achieved from this program will be the care coordination and continuity of care.

Rationale for Sustainability: Sustainability of coordination and continuity of care is relevant because of the population the agency serves. Although there may be changes to where patients may choose to obtain Pap smears and follow-up care in the future, the agency's credibility within the community can continue to be a driving factor for the other components.

Key Impacts:

An analysis will be conducted to determine the key impacts of the program to expand or modify components of the proposed program. Some key impacts may include the objectives that were previously outlined in the evaluation plan.

Action Plan:

The clinic intends to sustain the program after funding has ended with the following action plan steps:

1. Four months before the end of the funding period, identify sources of continued program funding.
2. Assess the performance indicators that were achieved by the program.
3. Discuss the results to determine which key areas of the program best support the mission of Women of W.O.R.T.H. Identify program components needing to be expanded, modified, or eliminated.
4. Maintain partnerships with key agencies to discuss continued care coordination post-funding, and potential contingency plans in the event that additional funding cannot be secured.
5. Two to three months before the end of the funding period, apply for additional program funding, (under new or modified objectives, if necessary).

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