

## Call for Grant Applications (CGA)

GlaxoSmithKline (GSK) intends to identify and fund innovative, high-quality, independent third-party educational activities that are designed to close healthcare professional (HCP) educational, quality, and performance gaps and improve patient health, enabling patients to *Do More, Feel Better, and Live Longer*.

### I. Eligible Organizations

Prior to submitting a grant, organizations must first register and be approved as an eligible educational provider.

Educational providers must meet the below eligibility criterion:

- Accredited to provide HCP continuing education (ie, CME, CE) by a national accrediting body such as the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC), or American Association of Nurse Practitioners (AANP).

Organizations must be fully compliant with the ACCME (and other nationally recognized accrediting body) standards for commercial support and design and deliver all activities (including content, faculty, and speakers) independent from GSK control, influence, and involvement.

### II. Disease Areas of Interest CGA Details

GSK accepts educational grant applications from eligible educational providers in response to a specific CGA.

Funding priorities will focus on independent educational initiatives designed to measure improvements/changes in HCP knowledge (Level 3\*), competence (Level 4\*), performance (Level 5\*), and/or patient/community health (Level 6/7\*).

Please click on the disease area of interest for more details regarding the specific CGA.

| GSK Disease Area of Interest  | Submit Under Therapeutic Area |
|---|-------------------------------|
| <a href="#"><u>Asthma</u></a>   | Respiratory                   |
| <a href="#"><u>COPD</u></a>   | Respiratory                   |
| <a href="#"><u>Eosinophilic Granulomatosis with Polyangiitis (EGPA)</u></a> | Rare Disease                  |
| <a href="#"><u>Systemic Lupus Erythematosus (SLE)</u></a>                   | Immuno-Inflammation           |
| <a href="#"><u>Vaccine Preventable Diseases</u></a>                         | Vaccines                      |
| <a href="#"><u>Oral Health</u></a>  | Oral Health                   |

\*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

### **III. Grant Review Criteria**

Grant applications are reviewed based on the following criteria:

#### **1. Compliance**

Grant requests are assessed for completeness of the application; compliance with all applicable laws, policies, and guidelines; and project management plan and budget.

- 1.1 Compliant with guidelines for IME/CME
- 1.2 Free of commercial bias/influence, non-promotional, and fair balanced
- 1.3 Budget costs are reasonable and customary
- 1.4 No GSK funds are used for food, beverage, meals, travel, or accommodation costs for attendees

Please do not include specific faculty names in the submitted grant applications.

#### **2. Disease Area Alignment**

Grant requests are prioritized based on optimal alignment with patient needs, HCP performance gaps, healthcare system quality gaps, and GSK clinical interests. Per GSK's Scientific Engagement Standards, GSK funds medical education in disease areas where GSK has FDA-approved medicines or general broad based disease topics.

- 2.1 Aligns with GSK's clinical disease interests and GSK's Scientific Engagement Standards

#### **3. Needs Assessment/Gaps**

Grant requests should include an independent, evidence-based needs assessment that identifies the knowledge, competence, performance, and/or patient/community health gaps that exist. Utilization of multiple methods of assessing learning needs and gaps between current practice and evidence-based best practice provides an accurate and balanced prospective.

- 3.1 Needs assessment is independent, evidence-based, and scientifically/medically accurate; educational/quality/professional practice gaps have been identified
- 3.2 Educational/quality/professional practice gaps are HCP knowledge, competence, performance, and/or patient/community health
- 3.3 Strategy used to identify needs/gaps (eg, survey/interview; focus group; peer-review published data; nationally recognized consensus sources for clinical performance/quality measures such as AHRQ, NCQA, NQF, PCPI, CMS-PQRS; patient chart/EHR data; medical claims data, etc)

#### **4. Learning Objectives/Educational Design**

Grant requests should provide measurable learning objectives that are aligned with the identified needs and expected improvements of the target audience. Bringing HCPs from various disciplines together in tailored learning environments can enable participants to learn both individually and as collaborative members of the healthcare team, with a common goal of improving patient health.

- 4.1 Learning objectives are measurable and designed to close identified gaps

- 4.2 Educational design is interactive and considers appropriate target audience (including collaborative members of the healthcare team and patients, as appropriate) and learning preferences
- 4.3 For curriculum-based initiatives, educational design incorporates an organized and hands-on approach to guide learners through longitudinal curriculum that focuses on performance/quality improvement (as appropriate)
- 4.4 Strategy to enhance change (eg, tools that support application of knowledge into practice such as algorithms, patient compliance materials, office compliance tools, reminder systems, patient feedback, system changes, etc) has been included to reinforce learning (as appropriate)

## **5. Educational Outcomes**

Grant requests should have a strategic plan to measure educational outcomes. Using Moore's 2009 expanded educational outcomes framework\*, initiatives that are designed to measure improvements/changes in HCP knowledge and higher (Levels 3-7\*) are funding priorities.

- 5.1 Strategic plan to measure educational outcomes is realistic for the scope of the initiative and designed to measure if the learning objectives were achieved
- 5.2 Overall initiative is designed to measure changes in HCP knowledge (Level 3\*), competence (Level 4\*), performance (Level 5\*), and/or patient/community health (Level 6/7\*)
- 5.3 Strategy used to evaluate effectiveness of initiative (eg, direct and objective assessments, audience response system, pre/post tests, case studies, chart audits, patient surveys, EHR data, disease screening audits, medical claims data, etc)
- 5.4 Publication or communication strategy is designed for dissemination of educational outcomes results so that best practices and ways to improve can be shared to further improve patient health

## **IV. Conflicts of Interest**

Conflicts of interest must be identified and resolved. The educational provider is required to show that any organization, group, or individual who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest. This includes, but is not limited to, educational partners and any of its affiliates, subsidiaries, or parent company. GSK accepts the ACCME's definition of "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. Failure to disclose and resolve all known conflicts of interest will disqualify the grant requestor.

## **V. Terms and Conditions**

1. Grants should be submitted via the GSK website: [www.GSKgrants.com](http://www.GSKgrants.com)
2. This CGA does not commit GSK to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. GSK reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this CGA at any time without prior notification or permission.

\*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

4. GSK reserves the right to post submissions and announce the details of successful grant applications by whatever means ensures transparency, such as on GSK's website, in presentations, and/or in other public media.
5. All communications about the CGA must come exclusively to GSK US Medical Affairs. Failure to comply may disqualify providers from receiving future grants.

#### **VI. Transparency**

Consistent with our commitment to transparency and in accordance with statutory requirements, GSK reports funded educational grants in the US. GSK reserves the right to post submissions and results on our website. Per GSK's Letter of Agreement, GSK funds are not permitted to defray or pay any costs for food, beverage, meals, travel, or accommodations for program attendees.

**ASTHMA**

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

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|------------------------------|--|
| <b>Timeline:</b>             | Grants may be submitted between December 6, 2018 and March 1, 2019, with a grant start date of May 15, 2019 or later.  |
| <b>Healthcare Gap(s):</b>    | Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: <ol style="list-style-type: none"> <li>(1) Unmet need—asthma disease state, burden of disease, and comorbidities<sup>1,2</sup></li> <li>(2) Asthma diagnosis, assessment, and treatment<sup>1,3</sup></li> <li>(3) Importance of medication adherence and proper inhaler use, including technique<sup>4,5</sup></li> <li>(4) Choice of pharmacotherapy in asthma with regard to patient sub-types (eg, eosinophilic) and phenotypes or endotypes<sup>6,7</sup></li> <li>(5) Asthma pathophysiology<sup>3</sup></li> </ol>   |
| <b>More Information:</b>     | Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Educational initiatives at a national respiratory conference will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).  |
| <b>Educational Outcomes:</b> | Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.   |
| <b>Budget Available:</b>     | Grant requests up to \$300,000 will be considered for funding. The total available budget for this CGA is \$2M.  |
| <b>References:</b>           | <ol style="list-style-type: none"> <li>1. US National Heart, Lung, and Blood Institute (NHLBI) National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Available at: <a href="http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf">http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf</a>.</li> <li>2. Levy, BD, Noel, PJ, Freemer MM, et al. <i>Am J Respir Crit Care Med</i>. 2015;192:1366-1372. <a href="http://dx.doi.org/10.1164/rccm.201505-0963WS">http://dx.doi.org/10.1164/rccm.201505-0963WS</a></li> <li>3. Global Initiative for Asthma (GINA) Global Strategy for Asthma Management and Prevention. 2015. Available at: <a href="http://www.ginasthma.org/">http://www.ginasthma.org/</a></li> <li>4. Melani AS, Canessa P, Coloretti I, et al. <i>Respir Med</i>. 2012;106:668-676. <a href="http://dx.doi.org/10.1016/j.rmed.2011.11.016">http://dx.doi.org/10.1016/j.rmed.2011.11.016</a></li> <li>5. Fink JB, Rubin BK. <i>Respir Care</i>. 2005;50:1360-1374. <a href="#">doi</a></li> <li>6. Brusselle G, Bracke K. <i>Ann Am Thorac Soc</i>. 2014;11(Suppl 5):S322-328. <a href="http://dx.doi.org/10.1513/AnnalsATS.201403-118AW">http://dx.doi.org/10.1513/AnnalsATS.201403-118AW</a></li> <li>7. Xie M, Wenzel SE. <i>Chin Med J</i>. 2013;126:166-174. <a href="#">doi</a></li> </ol> |

\*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

**COPD**

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|                              |  |
|------------------------------|--|
| <b>Timeline:</b>             | Grants may be submitted between December 6, 2018 and March 1, 2019, with a grant start date of May 15, 2019 or later.  |
| <b>Healthcare Gap(s):</b>    | Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: <ul style="list-style-type: none"> <li>(1) Utilization of global or national treatment strategies and guidelines<sup>1-3</sup></li> <li>(2) Choice of inhaled maintenance treatment in COPD in relation to symptomatology and exacerbation risk (role of LAMA/LABA and ICS-containing treatments in COPD)<sup>1,4-6</sup></li> <li>(3) Continuity of care for COPD patients between primary care and pulmonology clinics<sup>7,8</sup></li> <li>(4) COPD exacerbations: identification, patient burden, and treatment strategy<sup>9</sup></li> <li>(5) Inhaler considerations: the impact of device selection for individual patients and the importance of patient education and training in proper inhaler use<sup>1,10,11</sup></li> </ul>  |
| <b>More Information:</b>     | Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Educational initiatives at a national respiratory conference will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).  |
| <b>Educational Outcomes:</b> | Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.   |
| <b>Budget Available:</b>     | Grant requests up to \$300,000 will be considered for funding. The total available budget for this CGA is \$2M.  |
| <b>References:</b>           | <ol style="list-style-type: none"> <li>1. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2017. Available at: <a href="http://www.goldcopd.org/gold-2017-global-strategy-diagnosis-management-prevention-copd">http://www.goldcopd.org/gold-2017-global-strategy-diagnosis-management-prevention-copd</a></li> <li>2. Foster TS, Miller JD, Marton JP, et al. <i>COPD</i>. 2006;3:211-218. <a href="http://dx.doi.org/10.1080/15412550601009396">http://dx.doi.org/10.1080/15412550601009396</a></li> <li>3. Yawn B, Thomashow B, Mannino DM, et al. <i>Chronic Obstr Pulm Dis</i>. 2017;4:177-185. <a href="http://doi.org/10.15326/jcopdf.4.3.2017.0136">http://doi.org/10.15326/jcopdf.4.3.2017.0136</a></li> <li>4. Rodrigo GJ, Price D, Anzueto A, et al. <i>Int J Chron Obstruct Pulmon Dis</i>. 2017;12: 907-922. <a href="http://doi.org/10.2147/COPD.S130482">http://doi.org/10.2147/COPD.S130482</a></li> <li>5. Tashkin DP, Strange C. <i>Int J Chron Obstruct Pulmon Dis</i>. 2018;13:2587-2601. <a href="http://doi.org/10.2147/COPD.S172240">http://doi.org/10.2147/COPD.S172240</a></li> <li>6. Lipworth B, Kuo CR, Jabbal S. <i>Int J Chron Obstruct Pulmon Dis</i>. 2018;13:3003-3009. <a href="http://doi.org/10.2147/COPD.S177333">http://doi.org/10.2147/COPD.S177333</a></li> </ol> |

\*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

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|  | <ol style="list-style-type: none"><li>7. Yawn BP, Make B. <i>Am J Med.</i> 2018;131(9S):7-14.<br/><a href="http://doi.org/10.1016/j.amjmed.2018.05.004">http://doi.org/10.1016/j.amjmed.2018.05.004</a></li><li>8. Criner RN, Han MK. <i>Respir Care.</i> 2018;63:591-600.<br/><a href="http://doi.org/10.4187/respcare.06276">http://doi.org/10.4187/respcare.06276</a></li><li>9. Anzueto A, Miravittles M. <i>Am J Med.</i> 2018;131(9S):15-22.<br/><a href="http://doi.org/10.1016/j.amjmed.2018.05.003">http://doi.org/10.1016/j.amjmed.2018.05.003</a></li><li>10. Fink JB, Rubin BK. <i>Respir Care.</i> 2005;50:1360-1374. <a href="#">doi</a></li><li>11. Melani AS, Canessa P, Coloretti I, et al. <i>Respir Med.</i> 2012;106:668-676.<br/><a href="http://dx.doi.org/10.1016/j.rmed.2011.11.016">http://dx.doi.org/10.1016/j.rmed.2011.11.016</a></li></ol> |
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**EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS (EGPA)**

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

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|------------------------------|--|
| <b>Timeline:</b>             | Grants may be submitted starting December 6, 2018. The grant cycle will close when budget is no longer available; we will update the website accordingly.  |
| <b>Healthcare Gap(s):</b>    | Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:<br>(1) EGPA clinical features, diagnosis, and treatment <sup>1,2,3</sup><br>(2) EGPA pathophysiology <sup>2</sup><br>(3) EGPA patient journey and burden of disease <sup>4,5,6</sup><br>(4) Diagnostic approaches (eg, eosinophilia, differential diagnosis from other eosinophilic disorders, or ANCA-associated vasculitis) <sup>6,7,8</sup>  |
| <b>More Information:</b>     | Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).   |
| <b>Educational Outcomes:</b> | Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.   |
| <b>Budget Available:</b>     | The total available budget for this CGA is \$800,000.  |
| <b>References:</b>           | <ol style="list-style-type: none"> <li>1. Groh M, Pagnoux C, Baldini, C, et al. <i>Eur J Intern Med.</i> 2015;26:545-553. <a href="http://dx.doi.org/10.1016/j.ejim.2015.04.022">http://dx.doi.org/10.1016/j.ejim.2015.04.022</a></li> <li>2. Greco A, Rizzo MI, De Virgilio A, et al. <i>Autoimmun Rev.</i> 2015;14:341-348. <a href="http://dx.doi.org/10.1016/j.autrev.2014.12.004">http://dx.doi.org/10.1016/j.autrev.2014.12.004</a></li> <li>3. Navarro-Mendoza EP, Tobón GJ. <i>Curr Rheumatol Rep.</i> 2018;20:23. <a href="https://doi.org/10.1007/s11926-018-0736-2">https://doi.org/10.1007/s11926-018-0736-2</a></li> <li>4. Koutantji M, Harrold E, Lane S, et al. <i>Arthritis Care Res.</i> 2003;49:826-837. <a href="http://dx.doi.org/10.1002/art.11471">http://dx.doi.org/10.1002/art.11471</a></li> <li>5. Sokołowska B, Szczeklik W, Piłat O, et al. <i>Clin Rheumatol.</i> 2013; 32:779-785. <a href="http://dx.doi.org/10.1007/s10067-013-2169-7">http://dx.doi.org/10.1007/s10067-013-2169-7</a></li> <li>6. Mooney J, Watts R, Poland F, et al. <i>APMIS.</i> 2009;117(Suppl 127):147. <a href="http://dx.doi.org/10.1111/j.1600-0463.2009.02504.x">http://dx.doi.org/10.1111/j.1600-0463.2009.02504.x</a></li> <li>7. Pagnoux, C. <i>Eur J Rheumatol.</i> 2016;3:122-133. <a href="https://dx.doi.org/10.5152/eurjrheum.2015.0043">https://dx.doi.org/10.5152/eurjrheum.2015.0043</a></li> <li>8. Mejia R, Nutman TB. <i>Semin Hematol.</i> 2012;49:149-159. <a href="https://doi.org/10.1053/j.seminhematol.2012.01.006">https://doi.org/10.1053/j.seminhematol.2012.01.006</a></li> </ol> |

\*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

**SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)**

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

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| <b>Timeline:</b>             | Grants may be submitted starting December 6, 2018. The grant cycle will close when budget is no longer available; we will update the website accordingly.   |
| <b>Healthcare Gap(s):</b>    | Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:<br>(1) SLE diagnosis, assessment, and treatment (eg, biologics, combination therapy) <sup>1-3</sup><br>(2) SLE pathophysiology <sup>4,5</sup><br>(3) Patient-provider communication <sup>6,7</sup><br>(4) Adherence to SLE treatment regimens <sup>8-10</sup><br>(5) Organ damage and impact of disease activity <sup>11,12</sup><br>(6) SLE flare recognition, treatment, and prevention <sup>13,14</sup>   |
| <b>More Information:</b>     | Our intent is to fund educational initiatives for primary care physicians, rheumatologists, other specialists who care for patients with SLE (eg, dermatologists, nephrologists, OBGYNs, etc), and allied health professionals that use multi-channel platforms and reach a national audience. Educational initiatives at national and regional conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, etc).  |
| <b>Educational Outcomes:</b> | Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.  |
| <b>Budget Available:</b>     | The total available budget for this CGA is \$5.6M.  |
| <b>References:</b>           | <ol style="list-style-type: none"> <li>1. American College of Rheumatology Ad Hoc Committee on Systemic Lupus Erythematosus Guidelines. <i>Arthritis Rheum.</i> 1999;42:1785-1796. <a href="http://doi.org/10.1002/1529-0131(199909)42:9&lt;1785::AID-ANR1&gt;3.0.CO;2-#">http://doi.org/10.1002/1529-0131(199909)42:9&lt;1785::AID-ANR1&gt;3.0.CO;2-#</a></li> <li>2. Mosca M, Tani C, Bombardieri S, et al. <i>Ann Rheum Dis.</i> 2010;69:1269-1274. <a href="https://doi.org/10.1136/ard.2009.117200">https://doi.org/10.1136/ard.2009.117200</a></li> <li>3. Petri M, Orbai A, Alarcon GS, et al. <i>Arthritis Rheum.</i> 2012;64:2677-2686. <a href="http://doi.org/10.1002/art.34473">http://doi.org/10.1002/art.34473</a></li> <li>4. Mok CC, Lau CS. <i>J Clin Pathol.</i> 2003;56:481-490. <a href="http://dx.doi.org/10.1136/jcp.56.7.481">http://dx.doi.org/10.1136/jcp.56.7.481</a></li> <li>5. Cancro MP, D’Cruz DP, Khamashta MA. <i>J Clin Invest.</i> 2009;119:1066-1073. <a href="https://doi.org/10.1172/JCI38010">https://doi.org/10.1172/JCI38010</a></li> <li>6. Berrios-Rivera JP, Street RL Jr, Garcia Popa-Lisseanu MG, et al. <i>Arthritis Rheum.</i> 2006;55:385-393. <a href="http://dx.doi.org/10.1002/art.21988">http://dx.doi.org/10.1002/art.21988</a></li> <li>7. Demas KL and Costenbader KH. <i>Curr Opin Rheumatology</i></li> </ol> |

\*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

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|  | <p>2009;21:102-109. <a href="http://dx.doi.org/10.1097/BOR.0b013e328323daad">http://dx.doi.org/10.1097/BOR.0b013e328323daad</a></p> <p>8. Chambers SA, Raine R, Rahman A, et al. <i>Rheumatology (Oxford)</i>. 2009;48:266-271. <a href="http://dx.doi.org/10.1093/rheumatology/ken479">http://dx.doi.org/10.1093/rheumatology/ken479</a></p> <p>9. Costedoat-Chalumeau N, Pouchot J, Guettrot-Imbert G, et al. <i>Best Pract Res Clin Rheumatol</i>. 2013;27:329-340. <a href="http://dx.doi.org/10.1016/j.berh.2013.07.001">http://dx.doi.org/10.1016/j.berh.2013.07.001</a></p> <p>10. Feldman C, Yazdany J, Guan H, et al. <i>Arthritis Care Res</i>. 2015;67:1712-1721. <a href="http://dx.doi.org/10.1002/acr.22636">http://dx.doi.org/10.1002/acr.22636</a></p> <p>11. Bruce IN, O’Keeffe AG, Farewell V, et al. <i>Ann Rheum Dis</i>. 2015;74:1706-1713. <a href="http://dx.doi.org/10.1136/annrheumdis-2013-205171">http://dx.doi.org/10.1136/annrheumdis-2013-205171</a></p> <p>12. Urowitz MB, Gladman DD, Ibanez D, et al. <i>Arthritis Care Res</i>. 2012;64:132-137. <a href="http://dx.doi.org/10.1002/acr.20648">http://dx.doi.org/10.1002/acr.20648</a></p> <p>13. van Vollenhoven RF, Mosca M, Bertsias G, et al. <i>Ann Rheum Dis</i>. 2014;73:958-967. <a href="http://dx.doi.org/10.1136/annrheumdis-2013-205139">http://dx.doi.org/10.1136/annrheumdis-2013-205139</a></p> <p>14. Doria A, Gatto M, Zen M, et al. <i>Autoimmun Rev</i>. 2014;13:770-777. <a href="http://dx.doi.org/10.1016/j.autrev.2014.01.055">http://dx.doi.org/10.1016/j.autrev.2014.01.055</a></p> |
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**VACCINE PREVENTABLE DISEASES**

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

|                              |  |
|------------------------------|--|
| <b>Timeline:</b>             | Grants may be submitted between December 6, 2018 and March 1, 2019, with a grant start date of May 15, 2019 or later.  |
| <b>Healthcare Gap(s):</b>    | <p>Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:</p> <ol style="list-style-type: none"> <li>(1) Lack of understanding of the primary risk factors for shingles, specifically focusing on the age-related decline in immunity and immunocompromised conditions<sup>1,2</sup></li> <li>(2) Lack of awareness of shingles disease burden, diagnosis, treatment, and prevention, including current vaccination recommendations<sup>3</sup></li> <li>(3) Strategies to improve uptake of vaccination for shingles, including improving the physician-patient dialogue<sup>4,5</sup></li> <li>(4) Low adult vaccination rates per CDC recommendations and Healthy People 2020 goals<sup>5-8</sup></li> <li>(5) Use of sites outside of the physician office for vaccination (eg, retail setting)<sup>9,10</sup></li> <li>(6) Disparities in adult vaccination and strategies for improvement<sup>5,11-13</sup></li> <li>(7) Effective approaches to engaging with adolescents and young adults on the subject of meningococcal vaccination<sup>14,15</sup></li> <li>(8) Understanding and communicating the importance of vaccine series completion in preventing IMD (caused by serogroups ACWY and B)<sup>14,15</sup></li> <li>(9) Addressing adolescent and adult vaccine quality/performance measure gaps<sup>16</sup></li> <li>(10) Lack of awareness on the use of quality measures and data to increase adult immunization rates<sup>17</sup></li> <li>(11) Lack of awareness of the National Vaccine Plan and the National Adult Immunization Plan (NAIP), especially among future healthcare providers in training (eg, medical, pharmacy, nursing, nurse practitioner, public health, etc)<sup>5</sup></li> </ol> |
| <b>More Information:</b>     | Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national and statewide conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).   |
| <b>Educational Outcomes:</b> | Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.   |
| <b>Budget Available:</b>     | Grant requests up to \$300,000 will be considered for funding. The total available budget for this CGA is \$2.3M.  |
| <b>References:</b>           | <ol style="list-style-type: none"> <li>1. Gershon AA, Gershon MD, Breuer J, et al. <i>J Clin Virol</i>. 2010;48(Suppl 1):S2-S7. <a href="http://doi.org/10.1016/S1386-6532(10)70002-0">http://doi.org/10.1016/S1386-6532(10)70002-0</a></li> <li>2. Poland GA, Ovsyannikova IG, Kennedy RB. <i>Vaccine</i>. 2017;S0264-410X(17)30970-2. <a href="http://doi.org/10.1016/j.vaccine.2017.07.062">http://doi.org/10.1016/j.vaccine.2017.07.062</a></li> </ol>   |

\*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

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| <ol style="list-style-type: none"><li>3. Paek E and Johnson R. <i>Gerontology</i>. 2010;56:20-31.<br/><a href="http://doi.org/10.1159/000240046">http://doi.org/10.1159/000240046</a></li><li>4. Opel DJ, Mangione-Smith R, Robinson JD, et al. <i>Am J Public Health</i>. 2015;105:1998-2004. <a href="http://doi.org/10.2105/AJPH.2014.302425">http://doi.org/10.2105/AJPH.2014.302425</a></li><li>5. US Department of Health &amp; Human Services (HHS) National Vaccine Program Office National Adult Immunization Plan (NAIP). 2016. Available at <a href="https://www.hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf">https://www.hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf</a></li><li>6. Salmon DA, Dudley MZ, Glanz JM, et al. <i>Vaccine</i>. 2015;33(Suppl 4):D66-71.<br/><a href="http://dx.doi.org/10.1016/j.vaccine.2015.09.035">http://dx.doi.org/10.1016/j.vaccine.2015.09.035</a></li><li>7. Centers for Disease Control and Prevention (CDC). <i>MMWR</i>. 2015;64:95-102. Available at: <a href="http://www.cdc.gov/Mmwr/preview/mmwrhtml/mm6404a6.htm">http://www.cdc.gov/Mmwr/preview/mmwrhtml/mm6404a6.htm</a></li><li>8. Hurley LP, Bridges CB, Harpaz R, et al. <i>Ann Intern Med</i>. 2014;160:161-170.<br/><a href="http://dx.doi.org/10.7326/M13-2332">http://dx.doi.org/10.7326/M13-2332</a></li><li>9. Uscher-Pines L, Harris KM, Burns RM, et al. <i>Am J Prev Med</i>. 2012;43:63-66.<br/><a href="http://dx.doi.org/10.1016/j.amepre.2012.02.024">http://dx.doi.org/10.1016/j.amepre.2012.02.024</a></li><li>10. US Department of Health &amp; Human Services (HHS) National Vaccine Advisory Committee (NVAC). 2014. Report available at: <a href="http://www.hhs.gov/nvpo/nvac/influenzareportfinal1204.html">http://www.hhs.gov/nvpo/nvac/influenzareportfinal1204.html</a></li><li>11. Lu PJ, O'Halloran A, Williams WW, et al. <i>Am J Prev Med</i>. 2015;49(Suppl 4):S412-S425. <a href="http://dx.doi.org/10.1016/j.amepre.2015.03.005">http://dx.doi.org/10.1016/j.amepre.2015.03.005</a></li><li>12. National Adult and Influenza Immunization Summit Access and Provider Workgroup. 2016. Factsheet available at: <a href="https://www.izsummitpartners.org/content/uploads/2016/01/NAIIS_Adult_Immunization_Disparities-4-01-2015.pdf">https://www.izsummitpartners.org/content/uploads/2016/01/NAIIS_Adult_Immunization_Disparities-4-01-2015.pdf</a></li><li>13. Lindley MC, Wortley PM, Winston CA, et al. <i>Am J Prev Med</i>. 2006;31:281-285. <a href="http://dx.doi.org/10.1016/j.amepre.2006.06.025">http://dx.doi.org/10.1016/j.amepre.2006.06.025</a></li><li>14. Schaffner W, Baker CJ, Bozof L, et al. <i>Infect Dis Clin Pract</i>. 2014;22:245-252.<br/><a href="http://dx.doi.org/10.1097/IPC.0000000000000197">http://dx.doi.org/10.1097/IPC.0000000000000197</a></li><li>15. Nolan T, O’Ryan M, Wassil J, et al. <i>Vaccine</i>. 2015;33:4437-4445.<br/><a href="http://dx.doi.org/10.1016/j.vaccine.2015.06.011">http://dx.doi.org/10.1016/j.vaccine.2015.06.011</a></li><li>16. National Quality Forum. 2014. Publication available at <a href="http://www.qualityforum.org/Publications/2014/08/Priority_Setting_for_Health_care_Performance_Measurement_Addressing_Performance_Measure_Gaps_for_Adult_Immunizations.aspx">http://www.qualityforum.org/Publications/2014/08/Priority_Setting_for_Health_care_Performance_Measurement_Addressing_Performance_Measure_Gaps_for_Adult_Immunizations.aspx</a></li><li>17. National Committee for Quality Assurance. 2018. HEDIS Measures and Technical Resources available at <a href="https://www.ncqa.org/hedis/measures/">https://www.ncqa.org/hedis/measures/</a></li></ol> |
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**ORAL HEALTH**

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

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| <b>Timeline:</b>             | Grants may be submitted between December 6, 2018 and March 1, 2019, with a grant start date of May 15, 2019 or later.  |
| <b>Healthcare Gap(s):</b>    | Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included:<br>(1) Lack of understanding of oral conditions such as acid erosion/wear, xerostomia, periodontal disease and oral conditions found in the edentulous <sup>1,2,3</sup><br>(2) Appropriate understanding of available treatments to improve oral health and treat disease <sup>1,2,3</sup>  |
| <b>More Information:</b>     | Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Preference is for educational initiatives that are accredited (eg, by the APCE, ADA CERP, etc).  |
| <b>Educational Outcomes:</b> | Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.   |
| <b>Budget Available:</b>     | Grant requests up to \$35,000 will be considered for funding. The total available budget for this CGA is \$100,000.  |
| <b>References:</b>           | <ol style="list-style-type: none"> <li>Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. New Series of Reports to Monitor Health of Older Americans. 2010. Report available at: <a href="http://www.cdc.gov/nchs/pressroom/01facts/olderame.htm">http://www.cdc.gov/nchs/pressroom/01facts/olderame.htm</a></li> <li>US Department of Health &amp; Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP). Healthy People 2020 Oral Health Objectives available at: <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives">https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives</a></li> <li>US Department of Health &amp; Human Services (HHS), National Institute of Dental and Craniofacial Research (NIDCR), National Institutes of Health (NIH). 2000. Oral Health in America: A Report of the Surgeon General available at: <a href="https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf">https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf</a></li> </ol> |

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