

Organization Name:

Fort Bend County

Abbreviated Organization Name “doing business as” name

Fort Bend County

Organization Type

Health Department

Tax ID/ EIN

746001969

DUNS Number

081497075

Organization Address

301 Jackson Street
Richmond, TX 77469

Organization Phone Number

281-341-8608

Organization Mission

The mission of Fort Bend County Health & Human Services (FBHHS) is to promote and protect the health and well-being of the residents of Fort Bend County through disease prevention and intervention, public health emergency preparedness and response, community engagement, and helping to assure the equitable provision of basic human needs.

Year Organization was established

1970 or before

Does Your Organization Have Non-Profit Status?

Yes

Tax Exempt Status

Yes, Other Nonprofit, qualifying for tax exemption under an IRS Code other than Subsection 501(c)3

Project Title

Reducing Disparities in Monkeypox Vaccination

Problem Statement (minimum 250 words)*

Please include the following in your problem statement:

1. Describe how the focus population groups and communities have risk factors that increase their chances of becoming infected with or spreading monkeypox.
2. Describe barriers to vaccination experienced by the focus population groups and communities that may be addressed by the proposed activities.
3. Describe how the focus population groups and communities are over-represented among monkeypox cases and also less likely to be vaccinated compared to other populations, using data at the local, state, tribal or national level.

Fort Bend County will be working to reduce the impact of monkeypox on the population at most risk of contracting monkeypox while is the population least likely to receive vaccination for the prevention of disease. Using data from the cases of monkeypox in the United States, Texas and Fort Bend County and the contact tracing that has been completed, the following is noted: More than 29,000 cases have been reported nationwide and almost 10% of those case are in Texas (2,800 cases). Fort Bend County has a population of almost 900,000 and has reported a total of 44 monkeypox Cases to date. Of those cases, 89% are male and 50% identify as Black. The current demographics of Fort Bend County show an almost even distribution of males and females with females having a slight edge. Only 21.9% of the population identify as Black or African American. The monkeypox data shows a local outbreak bit unlike the national picture of predominantly non-white males. The majority of cases are in the eastern edge of the county which includes the intersection of Fort Bend County and the City of Houston. As of the latest data report, 287 county residents have received their first dose of monkeypox vaccine and 135 have received their second dose. Only 30.7% of the vaccines given are in those identifying as Black. 87 individuals are overdue for their second dose of JYNNEOS vaccine. The largest percentage of those overdue for the second dose of vaccine (34.5%) are Black. The majority of individuals overdue for the second dose are 18-39 years old.

State of Texas data shows 97% male and the same concentration of cases in the 18-39 year old group. National data shows 85% male and the highest percentage of cases in minority populations, Black or African American and Hispanic. Local data includes the highest proportion of risk factors to be men who have sex with men.

The 2022 monkeypox outbreak has been noted to be spread by sexual contact and has predominantly been noted in the men who have sex with men population. It is not clear if this is actually a change in the virus to become a sexually transmitted Infection or simply an opportunity of skin to skin contact in this population. However, the initial spread through this community added a complexity to the case follow up and prevention vaccination due to stigma surrounding sexual behavior and sexually transmitted infections. As with the HIV pandemic,

reaching out to populations infected with monkeypox is difficult unless trust and confidence in the messaging is established.

The populations most at risk for monkeypox infection may also be of lower socioeconomic status and also possibly lower education / health literacy levels. The predominant racial characteristic of Black or African American may also lead to mistrust of governmental institutions and government sponsored vaccination programs. The usual practice of setting up vaccine clinics in an existing government health department clinic site may not be encouraging to the population needing to be assisted.

Focus Populations(s) – Race/Ethnicity

Black/African American

Sub-Focus Population(s)

Gay, bisexual or other men who have sex with men

Population Area

Suburban

Is your organization currently administering the JYNNEOS monkeypox vaccine?

Yes

Describe proposed strategies/activities that will be supported with funding from this grant (minimum 200 words)

List and describe the actions/events that will be completed in order to address barriers to vaccination described in the problem statement.

Many lessons learned during the COVID-19 pandemic will assist in the development of strategies to reach the more hesitant populations in need of monkeypox vaccination. One important lesson is that the health department cannot expect the population at risk to come to them. The most effective outreach is to take the vaccine where the population is, into trusted locations and sponsored by trusted gatekeepers in that population.

Fort Bend County Health & Human Services (FBCHHS) has an active HIV Risk Reduction program that includes strong outreach into the gay, bisexual or men who have sex with men community for prevention, testing, PrEP and linkage to treatment. One strategy will be to use the outreach opportunities to educate on the risks and prevention possibility for monkeypox. Where possible, vaccination opportunities will be set up in the same location as some of the HIV outreach. Locations could include bars, parks, restaurants, gyms and medical locations other than the health department clinics. The Risk Reduction Specialists and their contacts into the community will be gatekeepers and the locations trusted.

During COVID, FBCHHS developed an outreach team consisting of Community Health Workers and Community Health Education Specialists who conducted outreach into the communities where the impact was highest and the vaccination rate was lowest. FBCHHS is proposing to use this same outreach methodology for monkeypox, reaching out to black owned or black frequented businesses, colleges and schools with a high percentage of black students and community organizations and service organizations, such as fraternities, with predominantly black community outreach and clientele. Education and educational material specific to the monkeypox virus and prevention will be distributed and gatekeepers will be assisted to be able to spread the message accurately within their sphere of influence. Vaccine “clinics” can be established on a temporary basis in locations in the community or on one of these potential partners settings.

Because an issue with the current vaccine program has been having individuals return for their second vaccination, FBCHHS will include an incentive program for those who complete the series of vaccines. This conditional “cash” transfer program will include prepaid cards for transportation services or other expenses. It is intended that this offer will be open to those individuals who have already received the first dose as well as those who complete both doses with the outreach program.

How will the strategies/activities above reduce disparities among monkeypox vaccinations in the communities you serve?

Because the approach to the communities will be through community-based organizations, businesses, recreational locations, service organizations and by trusted gatekeepers or skilled outreach workers, FBCHHS anticipates an improvement in access and response of the target community above the traditional “you need to come to the health department” approach. The community will be contacted by people or organizations that they know and already associate with, do business with or spend leisure time with.

CDC highlights some of the potential barriers to vaccination as language, location of vaccination sites, vaccine hesitancy, mistrust of government, lack of access to online scheduling technology. The planned activities address four of this five potential barriers, with language not being a major focus of this plan.

The incentive portion of the planned activities is based in research and guidance from several studies that were summarized in *Incentivizing HIV/STI Testing: A Systematic Review of the Literature* (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3966986/>). This study showed that conditional cash transfers were successful in promoting acceptance of several screening activities and for behavior change and that they were more effective at the screening and prevention stage than when a condition or infection was already in place.

How will this grant directly support the strategies/activities mentioned above?

The grant funds of \$25,000 will be used for the following:

- Support of contract staff for engagement and education of at-risk individuals in the community.
- Support of a contracted mobile vaccination pharmacy team to provide vaccines at sites where the at-risk individuals are comfortable in receiving education and intervention.
- Reimbursement of travel throughout the county for the various outreach and vaccination events
- Incentives to be provided to individuals who complete the series of vaccinations
- Educational materials to be purchased or printed by the health department

Anticipated Short Term Outcomes

Describe the immediate effects of the program or proposed activities that will be achieved by the end of the grant period. The outcomes may focus on the changes in knowledge, attitude, or behavior of the focus population(s).

The short term outcomes will include:

- Increased knowledge of monkeypox, the transmission, the symptoms, the vaccine
- Increased vaccine uptake in the population of outreach focus, with an increased completion of the vaccine series

Anticipated Impact of Strategies/Activities

Provide a brief summary of the longer term changes or accomplishments anticipated to occur in people or conditions because of the proposed activities, beyond the grant term

The impact of the strategies/activities will include:

- Improved understanding of the role of the health department and its various programs with an increase in trust
- Increase in the number of community partnerships that the health department can work with on this and future health conditions in the community

Plans for collaboration

Please detail if your proposed strategies/activities include collaboration with other organizations

- 77053

Expected Target Vaccination Reach

Number of individuals estimated to be vaccinated based on proposal strategies and activities

100

Populations to be Reached – Age

- 18 – 34
- 35 – 54

Populations to be reached – Special Populations

- Immigrant and Refugee Populations, Documented and Undocumented
- People with behavioral health conditions (mental health or substance abuse)
- People in Correctional or Detention Facilities
- People with Disabilities
- People Experiencing Homelessness
- People living in rural communities
- People of Low Socioeconomic Status
- None of the Above
- Other

Primary Implementation County

Fort Bend County

Primary Implementation City or Town

Houston (within Fort Bend County), Missouri City, Stafford

Primary Implementation State or Territory

TX

Primary Implementation Zip Code

77053 or 77489?????

Additional Implementation Zip Codes

77477, 77083, 77489, 77479, 77498, 77053, 77459 Remove Primary from here

Total Amount Requested (up to \$25,000)

\$25,000

Please confirm amount above can be expended within the project period (by March 31, 2023)

Yes, we can expend requested amount within grant period of 3 months

Is your organization requesting salary support for monkeypox vaccinators in this application?

Yes (wasn't sure exactly what to answer here as it will be contract staff, but the choices are Yes or No)

Anticipated end date of strategies/activities

March 31st, 2023

Is there any additional information you will like to share or include with your application?

FBCHHS anticipates that this project will combine efforts from several of the department divisions/programs, to include:

- Clinical Health Service, specifically HIV Risk Reduction Staff – for access to the MSM community
- Communications, Education and Engagement – for communication strategies
- Health Disparities – for outreach into the communities
- Epidemiology – for data support
- Long Term Response – for assistance with vaccinations and testing if needed

I, as an authorized representative of this applicant organization, have read this grant application and confirm the accuracy of the representations made herein. I also confirm the organization meets grant eligibility criteria, as set forth in the request for application (RFA), including the requirement to be an equal opportunity employer with all-inclusive membership that does not discriminate on the basis of gender, race/ethnicity, color, sex, sexual orientation, country of national origin or nationality, age, religion, intellectual or physical disabilities and military or veteran status in organizational activities and operations.*

Name of Authorized Representative

Judge KP George

Date of Affirmation

11/23/2022

Point of Contact First Name

Barbarah

Point of Contact Last Name

Martinez

Point of Contact Title

Division Manager, Clinical Health Services

Point of Contact Email

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281-238-3548

Budget Narrative

See attached