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**Cancer Screening Pilot Site Funding Opportunity**

**Request for Applications**

**“When you get a cancer diagnosis, your life changes from the way you know it, to doctor appointments, chemotherapy, radiation, surgery and being home to recover.”**

–Frances Tiger, Muscogee Creek Nation of Oklahoma, Breast Cancer Survivor, quoted by American Indian Cancer Foundation[[1]](#footnote-1)

**Background of Funding Opportunity**

The [National Indian Health Board (NIHB),](https://www.nihb.org/index.php) with support from the [Center for Disease Control and Prevention (CDC)](https://www.cdc.gov/zika/index.html), is pleased to announce a call for applications for a *Tribal Health Systems Enhancement for Cancer Screening* award. **This funding will provide awards of up to $5,000 to** **three (3) Tribal clinics**. Funding will be used to pilot test a toolkit developed by NIHB. This toolkit has been developed to share implementation guidelines for the priority evidence-based interventions (EBIs) found in the Community Guide to Preventive Services (Community Guide) Strategies. This action guide is designed specifically for Tribal health systems interested in increasing high-quality, population-based breast, cervical, and colorectal cancer screenings.

**Background of Cancer in American Indian/Alaska Native Populations[[2]](#footnote-2)**

Cancer is a serious concern in American Indian/Alaska Native (AI/AN) populations. Although cancer rates vary by region, cervical, breast, and colorectal cancers are among the five most common in AI/AN women, and colorectal is among the top five for AI/AN men. Cancer deaths are decreasing in white populations, while cancer deaths are rising in AI/AN communities. Additionally, whites typically live longer than AI/ANs after being diagnosed with cancer.

**Cancer Screening Pilot Site Funding Opportunity**

**RFA Pre-Application Webinar**

NIHB held a pre-application webinar on **March 15th, 2018 at 4:00pm EDT** to answer questions about this RFA and application process.

**Please email** [**bbabbel@nihb.org**](mailto:bbabbel@nihb.org) **to request a copy of the webinar slides.**

**The completed application is due by 11:59 PM Eastern Time on April 13th, 2018.**

The project period will run from approximately May 1st to July 31st, 2018

**Eligibility**

To be eligible, the Tribal applicant must:

* Be a federally recognized Tribe or Tribal Facility.
* Have the capacity to engage in the cancer screening activities as detailed in the application below.
* Include a letter of commitment demonstrating project support from an authorized Tribal official or department leader (if applicable). The letter must be signed by an individual authorized to represent the Tribe in such matters.
  + - Propose a project that is reasonable in scope, complements current activities, and has activities that are not duplicative of other sources of funding or support.
    - Be willing to share pilot data, resources and lessons learned with NIHB, CDC, IHS, and other Tribes, Tribal organizations, and key stakeholders.
    - Dedicate staff and the resources necessary to complete all approved activities. This includes the ability to put personnel/policies in place for sustainability of this work.

**Additional Information**

For questions about this RFA, contact:

**Breannon Babbel**

Senior Public Health Program Manager

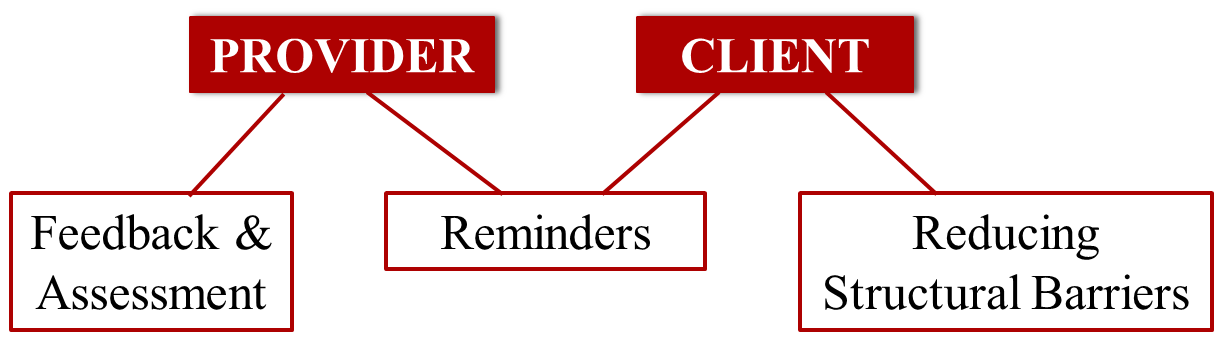
National Indian Health Board

Telephone: 202-507-4070 (main)

Email: [bbabbel@nihb.org](mailto:bbabbel@nihb.org)

**Project Activities Funded**

This project will fund up to three (3) Tribal clinics to pilot test a toolkit developed by NIHB. This toolkit has been developed to disseminate the priority evidence-based interventions (EBIs) found in the CDC’s Community Guide Strategies. This action guide is designed specifically for Tribal health systems interested in increasing high-quality, population-based breast, cervical, and colorectal cancer screenings. EBIs have been proven effective at helping programs accomplish their goals which, in this instance, relate to increasing cancer screening rates. Issued by the Community Preventive Services Task Force (CPSTF), these interventions are recommended on the basis of systematic reviews of effectiveness and economic evidence to recommend what works to increase cancer screening rates. The priority EBIs for increasing cancer screening rates include (see Figure 1): provider reminders, provider assessment and feedback, client reminders, and reducing structural barriers. An additional supporting strategy is that of client education using small media.



***Figure 1. Overview of Community Guide Strategies***

Each applicant must select two Community Guide Strategies for either (1) breast cancer, (2) cervical cancer, or (3) breast and cervical cancer. The purpose of selecting these strategies is to indicate interest in implementing these strategies. If selected for funding, awardees will work with NIHB to determine if these strategies are the best fit for implementation. Additional, detailed information about the strategies will be provided in the toolkit.

**Cancer Screening Interventions and Accompanying Activities**

***Priority Strategies***

1. **Provider Reminders**

Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The goal of provider reminders is to increase delivery of appropriate cancer screening services by healthcare providers. This intervention works well for communities where most people access healthcare at least occasionally, even if they have rarely or never been screened.

1. **Provider Assessment and Feedback**

This strategy involves evaluating provider performance in delivering or offering screening to clients and then sharing that feedback with providers. Providers can be assessed as a group or individually. The goal of provider reminder and recall interventions is to increase delivery of appropriate cancer screening services by healthcare providers.

1. **Client Reminders**

A client reminder can either be a written or telephone message advising that an individual is due for a screening test. This works best for women who have had previous screenings and need a prompt to action. Identifying barriers to screening can be used to plan tailored follow-up reminders for women new to screening.

1. **Reducing Structural Barriers**

Reducing structural barriers involves facilitating access to cancer screenings by reducing barriers preventing patients from obtaining screenings. This type of intervention may include offering more convenient alternatives such as mobile mammogram vans at worksites or in residential communities, offering weekend or evening screenings, providing staff to help patients schedule appointments or navigate health systems, or offering assistance with transportation or childcare. This strategy is recommended for breast and colorectal cancers.

***Supporting Strategies***

1. **Client Education**

Client education can occur in a one-on-one or group setting. One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. Group education conveys information about screening recommendations, benefits of screening, and ways to overcome barriers to screening. Group education is recommended only for breast cancer and is often delivered by health professionals or trained lay educators who use presentations or other teaching aids in a group setting. Client education can be delivered through the use of small media or printed materials including letters, brochures, and newsletters that can be used to inform and motivate people to be screened for cancer. This intervention may include creating and developing culturally competent materials to encourage screenings among community members. Printed materials are available to clients at no cost and can vary widely and provide information tailored to specific individuals or targeted to general audiences.

**Expectations and Deliverables**

Selected Tribal sites will be determined by a panel of NIHB staff. For the selection process, all complete applications will be assessed using a scoring matrix based on selection criteria to determine suitability and readiness for participation in the pilot project. Selected Tribal sites must meet eligibility requirements to receive federal funding.

The selected Tribal sites will:

* 1. Pilot the toolkit strategies selected, based on NIHB approval.
  2. Provide a written work plan (at the start of the project) and final report that includes a project description, activities, outcomes, contacts and collaborations, issues/concerns and recommendations for improvement of the project. NIHB will supply a template for both the work plan and final report.
  3. Participate in in-person meetings and/or site visits with NIHB and/or the American Indian Cancer Foundation (AICAF).
  4. Participate in biweekly technical assistance and project progress calls with NIHB.
  5. Collaborate with NIHB and/or AICAF to complete evaluation and document policies and implementation strategies.
  6. Share and/or compile, or allow NIHB and/or AICAF to share and/or compile, findings, promising practices and lessons learned to inform the toolkit for distribution to other Tribes, Tribal organizations, and key stakeholders. Materials related to the toolkit will be shared with NIHB, CDC, IHS, and other Tribes, Tribal organizations, and key stakeholders.

**Technical Support**

NIHB is available to provide technical assistance to awarded Tribal sites in order to achieve deliverables or advance the program at no cost during the project period as long as the technical assistance is deemed reasonable and relevant. CDC staff are also available via phone or email for technical assistance. Such requests will be vetted and organized by NIHB, CDC, and Tribal site staff in order to ensure effectiveness.

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**Cancer Screening Pilot Site Funding Opportunity**

**Request for Applications**

Instructions: Fill out this application in its entirety by typing directly onto this document. Submit all sections of this application (as a single PDF document), the letter(s) of support (may be attached as a separate PDF document if desired), Project leader resume, and any additional materials desired to Breannon Babbel, [bbabbel@nihb.org](mailto:bbabbel@nihb.org) by 11:59 PM EST on Friday, March 30th, 2018. The subject line of the e-mail should read: ‘Cancer Screening Pilot Site Application – [Tribal Clinic Name].’ No applications will be accepted by fax or postal mail.

**SECTION A: TRIBE AND CONTACT INFORMATION**

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| **CONTACT INFORMATION** | |
| Contact information for the individual to be contacted for notification of application status: | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Fax Number: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Tribe: |  |
| Tribal Clinic: |  |
| Service Are Population size: |  |
| Project name: |  |
| Describe your healthcare administration: | Direct, IHS operated  Tribal, compacted  Tribal, contracted  Self-funded  Blended system (e.g. mix of contracted/compacted and self-funded) |
| Indicate the type of clinic: | Clinic  Hospital  Urban program |
| Describe your area served: | Urban (population of 50,000+)  Suburban (30-59% commuter flow to urban)  Large rural (population of 10,000-49,000)  Small rural (population below 10,000) |
| Indicate your IHS service area: | Alaska  Albuquerque  Bemidji  Billings  California  Great Plains  Nashville  Navajo  Oklahoma  Phoenix  Portland  Tucson |

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| **PROJECT COORDINATOR CONTACT INFORMATION** | |
| Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank). This person will be the main point of contact and be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities. | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Fax Number: |
| Mailing Street Address: |
| City, State, Zip Code: |
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**SECTION B: APPLICATION NARRATIVE AND SCOPE OF WORK**

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| **APPLICATION INFORMATION** | | |
| Please indicate two Community Guide Strategies you would like to implement. For each strategy, indicate whether you plan to implement this for (1) breast cancer, (2), cervical cancer, or (3) breast and cervical cancer. | Choose two (2) Community Guide Strategies to implement from this column. | Indicate which cancer screening(s) you will address for each selected strategy. |
| 1. Provider Reminders | Breast  Cervical  Both |
| 2. Provider Assessment and Feedback | Breast  Cervical  Both |
| 3. Client Reminders | Breast  Cervical  Both |
| 4. Reducing Structural Barriers | Breast only |
| 5. Client Education | Breast  Cervical  Both |
| Funds requested | $ | |

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| **CURRENT AND PAST WORK WITH BREAST AND CERVICAL CANCER SCREENING (*250 words maximum)*** |
| Please describe your Tribal clinic’s capacity including past and current experience in working on breast and cervical cancer screening. Are you already using any of the recommendations from the Community Guide Strategies listed in section B (e.g. print materials, or provider assessment and feedback)? If so, please describe your experience. |

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| **WHY ARE YOU INTERESTED IN APPLYING FOR THIS OPPORTUNITY? WHICH COMMUNITY GUIDE STRATEGIES ARE YOU INTERESTED IN IMPLEMENTING? (*250 words maximum)*** |
| Please explain how cancer impacts the Tribal area you serve (if known) and what challenges your Tribal area faces related to cancer screening. Explain why you have chosen these Community Guide Strategies. How do they align with your community’s needs and your capacity? |

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| **PROJECT SUMMARY *(250 words maximum)*** |
| Based on the Community Guide Strategies selected, provide a general description of the work your Tribal Clinic intends to undertake in the proposed project, the resources the Tribal clinic will use to operationalize the plan, and how the work will be sustained beyond the project period. Moreover, please describe how this funding and work will result in measurable progress for Tribal people. This should be a concise summary*.* Thetoolkit will provide additional information about how to implement the selected strategies; additionally, NIHB will also work with awardees to assist with appropriate implementation and to ensure that the selected strategies are a good fit for the organization and community. |

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| **SUPPORTING DOCUMENTATION** |
| Please select the corresponding box for all support and ancillary materials being submitted with the application package. (These documents can be added as additional pages to this document or as a separate PDF).  Letter of Support from Tribal Department Leader/Official/Authorized Representative (mandatory)  Project Leader Resume (mandatory)  Other (please identify:      ) |

**SECTION C: BUDGET PROPOSAL**

These funds will be provided as agreements for goods and services, and will paid in two installments (an initial disbursement and a final payment upon receipt of deliverables). The requested award amount should be appropriate to the level of effort required to engage in the proposed scope of work and produce the deliverables outlined in the next table.

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| **AWARD AMOUNT REQUEST AND PROPOSED BUDGET** |
| **Requested Funding Amount** (Up to $5,000.00): **$** |
| Please provide an estimated line item budget that illustrates the funding needed to produce the deliverables outlined in the table in Section B. Awards **may not** be used to: purchase large equipment; pay for food or beverages; support ongoing general operating expenses or existing deficits, endowment or capital costs; or support lobbying of any kind. Due to the size of the award, funds are not eligible to support indirect costs.   * Wages and Salaries: * Fringe Benefits: * Contractual Costs (include type or name of potential contractor[s]): * Supplies: * Staff Travel: * Other Direct Costs (describe):   Please list any additional in-kind contributions that will be made by the Tribe/organization to support the cost of the work:  Please provide a basic narrative explaining the budget amounts requested: |

[Tribe Name]

[Street Address 1]

[Street Address 2]

[City]

[Zip Code]

[Date]

To: National Indian Health Board

From: [Tribal official’s name, title]

Re: Cancer Screening Pilot Site Funding Opportunity

**DISCLAIMER**: The National Indian Health Board (NIHB) has provided this form letter for applicant convenience purposes. This template does not supersede the authority of said Tribe’s governing officials or organization policy and does not establish precedent to circumvent normal business operations. Use of this form is not required for application submission. Tribes and Tribal organizations are always welcome to submit letters of support using official Tribal community or organization letterhead and formatting.

To Whom it May Concern,

This letter is signed to verify official Tribal support of the award application, “Cancer Screening Pilot Site Funding Opportunity.” This signature confirms that the application requirements have been reviewed and approved by an appropriate Tribal leader, health director, or other person qualified to make this decision as it pertains to this project.

[Tribal Clinic’s Name] is committed to using NIHB’s toolkit to implement strategies designed to increase cancer screening rates. The department office applying for this award is overseen by [Office/Department/Official], who have been informed of this project and are in support of its success and sustainability beyond project year funding.

For comments and/or questions, please use the provided contact information below.

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Signature

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Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Office/Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

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E-mail

1. <https://www.americanindiancancer.org/breasthealth/breast-cancer-survivor-stories> [↑](#footnote-ref-1)
2. <https://www.cdc.gov/cancer/healthdisparities/what_cdc_is_doing/aian.htm> [↑](#footnote-ref-2)