



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

**FUNDING OPPORTUNITY: PLANNING GRANT FOR SYSTEMATIC
APPROACHES TO SCREENING: THE DEVELOPMENT AND
ENHANCEMENT OF CANCER OUTREACH AND SCREENING
WITHIN EXISTING HEALTHCARE SYSTEMS**

REQUESTS FOR APPLICATIONS

RFA _____

The National Association of Chronic Disease Directors (NACDD), with support from the Centers for Disease Control and Prevention (CDC), announces the availability of limited one time funding for selected state health departments to **plan collaborative approaches to cancer screening through aggressive outreach to targeted, high burden populations.** Funding will support initiation of collaborative efforts or expansion of existing collaboration with state Medicaid programs.

Funded recipients will be expected to develop roadmaps or algorithms of planned strategies to:

1. Increase cancer screening among never or rarely screened populations.
2. Sustain appropriate cancer screening and follow-up for current NBCCEDP enrollees transitioning into Medicaid services through use of NBCCEDP data sets collaboratively with Medicaid data, or other creative State Health Department and Medicaid avenues.
3. Enhance or combine existing data systems to support population-based education, outreach, screening registries, diagnosis and follow-up.

The finalized plans will serve as guiding documents for state health department chronic disease programs and state Medicaid programs to help meet the public health needs as national health reform expansions are implemented. **This project is not designed for implementation,** but for formulation of plans and strategies.

Information Conference Call:

Tuesday, January 28, 2011 3:00 PM EST Number: 1-866-707-1077; Code: 1304004#

For further information:

Please see the attached description or contact Dianah Bradshaw, RN, PhD at dbradshaw@chronicdisease.org or 910-639-2487.

Intent to apply (email) due: Wednesday, February 2, 2011 to DBradshaw@chronicdisease.org

Applications due: Wednesday February 16, 2011

This one time funding award will be for a project period of 18 months beginning Tuesday March 1, 2011.

PURPOSE AND EXPECTATIONS

The current system of cancer screenings in the United States is opportunistic. The majority of patients are offered screening services only when they present to a medical provider, often for an unrelated reason. Other countries and some US managed care systems have adopted more systematic approaches to actively seek and direct eligible members of the populations to participate in recommended screening(1).

A limited number of planning grants for the development and enhancement of cancer outreach and screening within existing healthcare systems is herein offered by the National Association of Chronic Disease Directors (NACDD) with support from the Centers for Disease Control and Prevention (CDC). These grants are designed to assist state health departments in the development of roadmaps or algorithms offering guidance in population-based approaches to increase cancer screening participation for a public, which has substantially increased access to screening through the implementation of health care reform. The intent is to encourage and support collaboration between and capacity development within state health department chronic disease programs and Medicaid programs.

Anticipated increases in Medicaid eligibility through the implementation of health reform, will present state health department chronic disease programs with a tremendous opportunity to work collaboratively with state Medicaid programs to develop data systems to identify and provide education, outreach and follow-up of diagnostic and treatment needs to individuals that have not received recommended cancer screening tests. This project will provide funding for development of strategies for these services. **This is a planning project. Implementation of the design, with this funding, is not anticipated.**

Recipients of these grants will develop formalized **plans** for State health department chronic disease programs and Medicaid programs to:

1. Support or enhance collaborative planning and action at the state level with activities being delivered on the local levels, as possible.
2. Develop and promote policies that facilitate implementation of systematic screening programs for target populations of the Medicaid enrollees.
3. Transition current NBCCEDP patients into state Medicaid as eligibility criteria are expanded.
4. Design and develop systems that allow linkage of Medicaid enrollee data to existing NBCCEDP or similar datasets to enable active education and recruitment for screening, and a registry to monitor participation in screening programs, diagnostic follow-up and long-term outcomes.
5. Design and develop cost-effective outreach program to increase participation in cancer screening among the Medicaid population.

Grant proposals should describe a process to develop and promote plans to create strategies to: 1) Formalize collaborative agreements for chronic disease programs and state Medicaid programs, with a focus on policy development; 2) Develop and implement outreach demonstration projects to transition NBCCEDP-enrolled women into expanded Medicaid programs; and 3) Plan and develop/expand data-

registries and linkages to track cancer screening and plan outreach needs. These grants are to promote planning, preparation and formalization of efforts and are not intended to fund implementation of these new efforts, plans and activities.

Applicants must:

1. Demonstrate existing capacity to accomplish the project objectives by describing past experience identifying and engaging decision-makers and policy-makers.
2. Develop strategic action plans to work collaboratively with Medicaid to achieve common goals.
3. Describe a management plan to lead project. Management plan should include identification of key staff and associated resources to produce the roadmap.
4. Describe an implementation plan for the roadmap that adequately describes how support for the plan will be mobilized.
5. Describe an evaluation plan to assess the process and develop measures which demonstrate accomplishment of project goals and intended outcomes.
6. Provide required progress reports that describe project accomplishments, challenges, and outcomes to NACCD for CDC-review.

Examples of specific projects in each area are listed below. Awardees will receive technical assistance, active mentoring, and expert consultation in the development of the desired roadmaps. Awardees will meet via teleconference every other month and have a site visit or an in person congregate meeting one time during the project period.

State Health Department and Medicaid Collaborative Efforts

- Analyze existing data on enrollment characteristics and screening utilization. Assess need to access, collect and integrate additional data to expand present data-systems infrastructure and programmatic capacity.
- Develop formal partnerships externally with the state Medicaid program and internally with public health data programs of particular relevance to cancer screening.
- Define opportunities for technical support, data-sharing and collaborative funding and/or staffing across agencies.
- Develop a strategic plan to expand data capacity to support cancer screening surveillance.

Policy Interventions

- Determine policy-making processes for state Medicaid program coverage, operations, funding and regulatory action.
- Identify institutional or regulatory barriers to access and the use of data and determine needed policy strategies.
- Develop policies to guide and regulate the proposed screening system and outreach strategies.
- Incorporate needed policy actions into the policy agenda of state Comprehensive Cancer Coalition and relevant advocacy organizations.

Development of Data Systems

- Design a system to identify a registry of Medicaid recipients who are eligible for screening services and identify subsets of high-risk patients (survivors and first degree relatives).
- Develop data linkages and systems to identify and recruit individuals who will be eligible for Medicaid expansions after health reform.
- Develop and support data systems and linkages that can provide or collect past and current utilization of screening services among screening eligible Medicaid recipients.
- Develop tracking and documentation systems that assure adequate follow-up of screened patients requiring diagnostic services or treatment and develop linkage to Cancer registry datasets.

Outreach

- Develop automated reminder systems for patient notification of recommended cancer screening services.
- Develop more intensive outreach systems for non-adherent patients (target high risk).
- Develop tracking and documentation systems that assure adequate follow-up of screened patients requiring diagnostic services or treatment.

References

Taplin, SH et al. Evaluating Organized Breast Cancer Screening Implementation: The Prevention of Late-Stage Disease. Cancer Epidemiology, Biomarkers and Prevention. 2004;13:225-234.

Ballad_Barbash, R et al. Breast cancer screening in 21 counties: delivery of services, notification of results and outcomes ascertainment. European Journal of Cancer Prevention. 1999;8:417-426.

ELIGIBLE APPLICANTS

State, territorial and tribal and US jurisdiction health department chronic disease programs are eligible to apply. If you have questions about your eligibility, please contact Dianah Bradshaw RN, PhD at 910-639-2487 or dbradshaw@chronicdisease.org .

Eligible applicants for this funding opportunity are listed below:

- Federally recognized American Indian Tribes
- Tribal Organizations

- Urban Indian Organizations
- Alaska Native Organizations
- State health departments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the National Government of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

Special Requirements

- If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.
- Late applications will be considered non-responsive. The application must be submitted **electronically to Chuck Gollmar of NACDD. Send to cgollmar@chronicdisease.org no later than 8:00 pm Eastern Standard Time on Wednesday, February 16, 2011.** No hard copies or faxes will be accepted.

PROJECT PERIOD AND AVAILABILITY OF FUNDING

Funding in the amount of \$215,578 is available to award two to three selected grantees \$75,000 or less to develop their plans. Awards will be made for a project period of 18 month beginning March 1, 2011. Funds up to \$75,000 may be available to enable selected projects to cover costs associated with the project. This could include but is not limited to meeting facilitation, data analysis, literature review, travel to one time congregate meeting, etc.

SUBMISSION PROCESS DEADLINES

- **Application:** The application must be submitted **electronically to Chuck Gollmar of NACDD. Send to cgollmar@chronicdisease.org no later than 8:00 pm Eastern Standard Time on Wednesday, February 16, 2011.** No hard copies or faxes will be accepted. Late submissions will not be declared ineligible.
- **Notification:** Applicants will be notified of award decisions by February 25, 2011, with funding to begin on March 1, 2011. Funding is to cover an 18 month period of project work.

PREAPPLICATION TECHNICAL ASSISTANCE CONFERENCE CALL

There is a technical assistance conference call scheduled for **Friday, January 28, 2011 at 3:00 pm EST**. Potential applicants are encouraged to ask questions about this grant program and the application process.

The conference can be accessed by calling 1-866-707-1077; Code: 1304004#.

The leaders for this call will be Dianah Bradshaw, RN, Ph.D., and Medicaid technical advisors.

The purpose of the call is to help potential applicants to:

- Understand the scope and intent of the Program Announcement for the National Association of Chronic Disease Directors, and the CDC Cancer Prevention and Control Program;
- Become familiar with the Public Health Services funding policies, application and review procedures.

Participation in a conference call is not mandatory. If during the call you need technical assistance, press *0 to speak to an operator. Please note: restrictions may exist when accessing free phone/ toll free numbers using a mobile telephone. The Questions and Answers from the conference call will be made electronically available to those presenting a letter of intent, or by contacting the program technical assistance contacts.

PROJECT REQUIREMENTS

Resource Allocation

- Matching funds: Matching funds from applicants and partners are not required.
- In-kind support: In-kind contribution of staff time of the project lead is required.
- Fiscal agent: Applicants may use a fiscal agent to accept funds.

Reporting and Information Sharing

- Two progress reports will be due during the project period. The first progress report will be due at six months (September 15, 2011) and the second progress report will be due at twelve months (March 15, 2012).
- A final project report will be due September 15, 2012. A final financial status report for projects receiving funds will be due September 15, 2012.
- All awardees must be willing to share information about their project and respond to reasonable requests for information after the project period has ended so that NACDD and its partners may continue to monitor the impact of the grant program.

Site Visits and Workshop Attendance

- Site visits: Selected projects must be available for in-person site visit during the project period.
- Virtual site visits: All funded projects will be required to participate in a virtual site visit by conference call. The call will be scheduled between months 9 and 12 of the project.
- The project coordinator may be expected to attend one in person grant conference and workshop. The workshop will be held in Atlanta, GA. Costs associated with travel to this meeting will be paid with contract funds awarded.

- The project lead staff will be expected to participate in every other month project calls. The first will be held Wednesday, April 13, 2011 at 3:00 pm EST. Call in information will be provided prior to the call.

Staffing

The staff person assigned overall project responsibility must be from within the state health department.

APPLICATION CONTENT

Email or electronic Letter of Intent (LOI)

Your LOI must be written in the following format:

- Maximum number of pages: 1 page
- Font size: 12-point un-reduced, Times New Roman
- Single spaced
- Page margin size: One inch
- Written in plain language, avoid jargon

The LOI must contain the following information:

- Name and contact information of applicant agency
- Program announcement RFA number
- Name and contact information of Principal Investigator and lead staff

RFA Cover Page (one page, should include:)

- Applicant name
- Contact names and information (including telephone number, e-mail address and fax number) for Grant Project Point of Contact and person with project responsibility (this can be the same person)
- Total dollar amount requested
- Project title
- Fiscal agent if other than applicant
- Project objectives (maximum 40 words)
- Abstract project description (maximum 120 words)
 - The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a

technically literate lay reader. This Abstract must not include any proprietary/confidential information.

- Must be submitted and signed by the applicant's Chronic Disease Director (or equivalent.)

2. Narrative Description (max. ten double-spaced pages, Times New Roman, 12-point font and one-inch margins with page numbering.)

- **Background and Need (15 points):** Document the need for the proposed project. Include history and organization of both the state cancer programs and state Medicaid program and relevant past success, collaboration and innovative projects. Describe the challenges and opportunities for implementing the proposed project; including those related to infrastructure, collaboration, resources, and other key areas.
- **Partnerships and Coordination (15 points):** Describe organizational relationship between state cancer programs and state Medicaid program. Describe areas of collaboration between cancer programs and the state Medicaid program. Document successful policy interventions, creation of specialized data units, collection of new or expanded datasets and other innovative collaborations. For new partnerships, justify expectations for productive, effective collaboration. Collaborations not specific to cancer control can be described if they demonstrate ability to work collaboratively using data systems and population-based interventions (i.e. quality improvement programs). Describe role and commitment of the Comprehensive Cancer Coalition and influential roles or membership of these coalitions. Describe involvement and support of the American Cancer Society Regional Division, Komen Affiliates and other relevant national partners in this project.
- **Infrastructure and Capacity (20 points)** Describe placement, organization and leadership of relevant health statistics infrastructure, systems and components within the state. Describe innovative use of data systems to promote quality improvement or to expand surveillance activities. Describe existing outreach and care management programs operated by the state that are related to cancer control or could be expanded or tailored to support the needs of this project. Describe successful policy interventions and regulatory changes related to cancer control or development of new data systems to expand surveillance or quality assurance of cancer control.
- **Project Objectives and Work Plan (15 points):** State the objectives, core components and general design of the systematic screening program that you propose to develop. Provide a description of anticipated data needs, policy development or regulatory changes, quality standards and infrastructure enhancements and how they will be pursued. Describe strategies to assure that the program will be evidence-based, cost effective and politically viable.

3 Appendices (10 page maximum)

- **Appendix A: Line-item Budget (not scored 1 page maximum).** Provide a detailed line-item budget that describes all in-kind contributions (required of all applicants) and expenditure plans for requested funds.
- **Appendix B: Budget Narrative (10 points, 2 page maximum).** Provide a detailed narrative to accompany the line-item budget that clearly relates each expense to project activities.

- **Appendix C: Organization Charts (not scored 1 page maximum).** Show the relationship between cancer programs including cancer registry, state Medicaid program, relevant health statistics programs and other partners.
- **Appendix D: Time Line (10 points).** Provide anticipated time line with dates noting planning and collaborative efforts, indicate progress toward anticipated goals.
- **Letters of Intention and Support:** Letters must specify role, expectations, and level of commitment including in-kind support, if relevant. Must be signed and created on letterhead. May be scanned into application or created electronically.
 - **Appendix E (5 points):** Chronic Disease Voting Member/SHO
 - **Appendix F (5 points):** State NBCCEDP Director
 - **Appendix G (5 points):** State Medicaid Director
 - **Appendix H (not scored):** CCC Chair, State Epidemiologist or CD Epidemiologist
- **Appendix I (not scored):** Other supporting information

SCORING AND TECHNICAL REVIEW

- **Background and Need:** The extent to which:
 - the challenges and opportunities for completing the proposed project are described
 - the proposed project addresses the identified need
 - the history of healthy activities within the applicant organization are described
 - the expected impact of the proposed project is described and is reasonable
 - evidence is presented to demonstrate the capacity for the state public health department to successfully implement the proposed project
- **Partnerships and Coordination:** The extent to which:
 - Relevant partnerships are described
 - the participation and role of partners is reflected in letters of intention and support
 - the extent to which expectations of successful collaboration are justified
- **Infrastructure and Capacity**
- **Objectives and Work Plan:** The extent to which:
 - the proposed project conforms to the guidelines presented
 - the work plan and timeline present evidence that the proposed project can be accomplished and that there is a clear connection between activities, objectives, and outcomes
 - the proposed project is likely to create sustainable momentum and strategic action beyond the grant period
- **Appendix A:** Line-item Budget. Not scored.
- **Appendix B:** Budget Narrative. The extent to which:
 - the budget narrative is consistent with the application narrative
 - the justification is reasonable
- **Appendix C:** Organization Chart. Not scored.

- Appendices D: Timeline. The extent to which:
 - the proposed project shows efforts toward completion of goals
 - outreach and collaboration is indicated

- E-H: Letters of Intention and Support. The extent to which:
 - the letters are consistent with the narrative
 - the letters specify role, commitment, and intention regarding the project

- Appendix I: Other supporting information. Not scored