[](http://getscreened.sd.gov/count/)

**SD Department of Health Cancer Programs   
Implementation Grants Request for Applications (RFA) #19CP0004**

**Purpose:** The SD Department of Health cancer programs are soliciting applications that support the [2015-2020 South Dakota Cancer Plan](https://www.cancersd.com/about-us/2015-2020-sd-cancer-plan/), focus on evidence-based intervention implementation, and promote cancer prevention, early detection, and cancer survivorship efforts in South Dakota.

**Eligibility:**

* Eligible applicants include organizations that have the capacity to implement the required interventions. Eligibility includes, but is not limited to, federally qualified healthcare centers, health plans, healthcare clinics, healthcare systems, cancer treatment centers, healthcare professional organizations, Indian Health Service, non-profits, quality improvement organizations, school-based healthcare clinics, tribal health centers, universities, coalitions, and worksites. Please direct any eligibility questions to Lexi at [lexi.pugsley@state.sd.us](mailto:lexi.pugsley@state.sd.us).
* Project activities must occur within the geographical borders of South Dakota **and** target residents and/or tribal communities within South Dakota.
* Applicants are strongly encouraged to join the SD Cancer Coalition. Membership information is available at: <http://www.cancersd.com/join-us/>. Coalition membership is free and offers many benefits.

**RFA Schedule:**

|  |  |
| --- | --- |
| **RFA Schedule** | **Date** |
| Request for grant application released and posted to <http://www.cancersd.com/> | September 4th, 2018 |
| Last day for questions and to request review of grant application | October 30th, 2018 |
| **Application submission deadline** | **5:00pm CT on Thursday, November 1st, 2018** |
| Notice of grant award issued (via email) | Week of November 26th *(tentative)* |
| Project Period | January 1, 2019 – December 31, 2019 |

**Available Funding:**

* Applicants may request up to $20,000. Budget requests should be commensurate with the number of interventions selected and total number of individuals impacted.
* The total number of awards is dependent upon available funds and the number and scope of proposals submitted. It is anticipated that three to four applicants will be funded. 100% of this project will be funded by federal funds.
* Funding will be remitted on a reimbursement basis monthly. In the event the contractor lacks sufficient working capital to provide the services of the contract, an advance payment not to exceed half of the contract amount may be provided. Please indicate in your budget if advance payment is requested along with a justification.

**Guidelines:**

* Applications should demonstrate a systems level change approach impacting the permanent culture around cancer prevention and control at the organization-wide level with potential for sustained and lasting impact.
* Applications should demonstrate the ability to have a positive systems level impact on cancer prevention, early detection, or survivorship interventions or impact one or more of these indicators within a disparate population. Additional details can be found in the Impact section of the scoring rubric (Appendix D). Information on health equity and disparities in cancer can be found at the following links.
  + [CDC Health Disparities in Cancer](https://www.cdc.gov/cancer/healthdisparities/basic_info/index.htm)
  + [NCI About Cancer Health Disparities](https://www.cancer.gov/about-nci/organization/crchd/about-health-disparities)
* Awardees must utilize the following application and implement the evidence-based intervention(s) proposed.
* Awardees will participate in technical assistance sessions with at least one in-person site visit at the beginning of the project period. Additional technical assistance sessions will occur via conference call, webinar, or in-person to discuss project progress, successes, and challenges and/or receive technical assistance.
* For projects focusing on breast and cervical cancer screening, women should be assessed for eligibility in the All Women Count! Program as applicable. Eligible women should be informed on the program and encouraged to enroll. See <https://getscreened.sd.gov/count/services/> or call 1-800-738-2301 for more information. Education on the All Women Count! Program will be provided.
* Education on the SD QuitLine will be provided to all awardees. Clients should be assessed for tobacco use and referred to the SD QuitLine as appropriate. See <https://www.sdquitline.com/> for more information.

**Funding Restrictions:**

* Funds can **not** cover any type of direct service (i.e. vaccine or vaccine administration, screening tests, diagnostics, cancer treatment, or direct delivery of care). Direct services may be covered based on your standard organizational practice (i.e. paid for by insurance, the All Women Count! Program or Vaccines for Children Program if applicable, private pay, etc.). Vaccine may be available for eligible South Dakotan’s age 18-26.
* Funds may not be used for research activities, lobbying efforts at the local, state, or federal level or for the purchase of food, beverages, equipment, or client/patient/provider incentives.
* Funds should not be used for the development or purchase of educational materials. Educational materials are available free of charge from the SD DOH at: [doh.sd.gov/catalog](https://apps.sd.gov/ph18publications/secure/puborder.aspx).
* Funding will be awarded to an organization only and not to an individual(s).
* Funds may not be used to replace dollars currently earmarked for cancer programs/projects.

**Funds CAN be used for items such as:**

* Staff time for informatics/data analysis, developing and implementing policies and workflows, implementing reminders, provider interventions, navigation, key project initiatives
* Development and mailing costs for reminders, automated reminder costs, mailing costs for FIT tests
* Licensing costs for the Someone You Love: The HPV Epidemic film
* In-state travel to support intervention implementation (at state rates; see budget instructions on page 10)
* Other eligible expenses. Please contact [Lexi](mailto:lexi.pugsley@state.sd.us) with any budgetary questions.

**Scoring Criteria:**

* Complete applications meeting RFA guidelines will be submitted for review by the grant review committee. Final award decisions will be determined by the SD Department of Health.
* See Appendix D for a scoring rubric.

**Reporting Requirements:**

* Quarterly reports are required of each funded applicant. Quarterly reports shall describe 1) qualitative and quantitative progress towards target outputs and outcomes, 2) progress made towards implementation of interventions, and 3) successes and/or barriers. Report templates will be provided.
* Technical assistance will be provided to funded sites to complete required reporting.
* Awardees must submit and give permission to share a success story using the provided success story template at the conclusion of the project.

**Technical Assistance:**

* Helpful resources are linked in Appendix C.
* Technical assistance is available to all interested applicants throughout the application period. This includes, but is not limited to, discussing application plan, addressing questions, reviewing draft applications, and providing feedback. Contact Lexi at [lexi.pugsley@state.sd.us](mailto:lexi.pugsley@state.sd.us) or 605.626.2660 for assistance.
* Technical assistance for implementation and evaluation support will be provided to awardees throughout the grant period by SD DOH staff and/or partner organizations.

**GRANT APPLICATION VIA ELECTRONIC SUBMISSION TO** [**lexi.pugsley@state.sd.us**](mailto:lexi.pugsley@state.sd.us)

**DUE NO LATER THAN 5:00 PM CENTRAL TIME ON NOVEMBER 1st, 2018**

**Cancer Programs Implementation Grant Application**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Applicant Information** | | | |
| Organization Name *\**: | | | | |
| Mailing address*\**: | City: | Zip Code: | | |
| Contact person: | Title: | | | |
| Email Address:  *\*please list as it should appear on a contract if awarded* | Phone #: | | | |
| **Grant Team:** *Please list the role, name, title, and email of the members who will be serving on your grant and/or quality improvement team for this grant.* | | |

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| --- | --- | --- | --- |
| **Role** | **Name** | **Job Title** | **Email** |
| **Implementation Lead** |  |  |  |
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1. Which of the following categories best describes your organization?

Federally Qualified Health Center Indian Health Service

Health Clinic Professional Organization

Health System Non-profit

Health Plan Tribal health center

Quality Improvement Organization University

Worksite Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall Population Demographics:Please quantify your total population (i.e. number of patients served, health plan members, total # of students, total # of workers, etc.) *Please limit demographics to SD residents and/or tribal communities.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Category** | **Male** | **Female** | **Total** |
| **0-10** |  |  |  |
| **11-12** |  |  |  |
| **13-20** |  |  |  |
| **21-26** |  |  |  |
| **27-39** |  |  |  |
| **40-49** |  |  |  |
| **50-65** |  |  |  |
| **66-75** |  |  |  |
| **76+** |  |  |  |

1. Approximately what percent of all patients at this practice site are insured by:

|  |  |
| --- | --- |
| Medicaid | % |
| Medicare | % |
| Private Insurance | % |
| IHS or Tribal Contract Health | % |
| Veteran’s Administration | % |
| Uninsured | % |
| Other –specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | % |
| Total | 100% |

1. Does your organization have a written quality improvement plan?

Yes - **Please include a copy, if available.**

No

|  |
| --- |
| 1. **Population of Focus:**  Please describe the primary population(s) of focus for this grant.*Additionally, if the target  population will be different for each intervention please specify that information below.* |
| Target population(s): (Geography, race, age, gender, etc.)  Will your project address health disparities? |
| What is your experience working with this population(s)? |
| Estimated number of South Dakotans to be reached by the project: |
| 1. **Evidence-based Interventions:** *Please check the interventions that your organization plans to implement. You will indicate which cancer plan priority areas you plan to focus on in the intervention planning section. Requested funding should align with the number of interventions selected and number of people impacted. An intervention description and resource guide can be found in Appendix B.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Implementation Proposed** | **Cancer Prevention & Early Detection Interventions** | **Implementation Proposed** | **Cancer Treatment/Survivorship Interventions** |
|  | **Client Reminders** |  | **Clinical Research Accrual** |
|  | **Provider Reminder and Recall Systems** |  | **Survivorship Care Plan Provision** |
|  | **Provider Assessment and Feedback** |  | **Palliative Care Services** |
|  | **Reducing Structural Barriers** |  | **Patient Navigation** |
|  | **Policy Adoption** |  | **Cancer Survivor Wellness or Psychosocial Support Programs** |
|  | **Someone You Love Documentary Screening: With Panel Discussion and/or Vaccination Opportunity** | **Implementation Proposed** | **Cross-Cutting Interventions** |
|  | **FLU-FIT/FLU-FOBT** |  | **Genetic Counseling and Risk Assessment** |
|  | **Immunization education and/or Vaccination Programs (including HPV) in K-12 or postsecondary education settings** |  | **Maintenance of Certification or Professional Education** |
|  |  |  | **Other Evidence-based Intervention** |

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| --- |
| 1. **Intervention Planning:** *Ensure the implementation plan aligns with the intention of the defined interventions. If your organization currently implements these interventions, expansion must occur as part of the application.* |

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| --- |
| **Please specify the name, number and location of clinic sites, worksite locations, health plan member groups, etc. that will implement the identified interventions.** *If this varies for different interventions, please specify this information for each intervention selected.* |
|  |

What type of medical record system does your practice site or the partnering organization(s) use?

Paper charts

Partial electronic health records (e.g. lab results available electronically, but patient history on paper)

In transition from paper to full electronic medical records

Full electronic medical records; please identify EHR vendor:Click here to enter text. ***(Facilities must utilize full electronic medical records if client reminders, provider reminder and recall system, or provider assessment and feedback are selected as interventions.)***

Not applicable

**IN THIS SECTION, ONLY ADDRESS THE EVIDENCE-BASED INTERVENTIONS YOUR ORGANIZATION PLANS TO IMPLEMENT (selected in section 3). *You may delete the sections that do not pertain to your application.***

**Client Reminders-** *Please select which priorities will be addressed by this intervention. You only need to complete the data for the selected priority areas.*

**HPV Vaccination  Breast Cancer Screening  Cervical Cancer Screening  Colorectal Cancer Screening**

|  |  |  |
| --- | --- | --- |
|  | **Baseline # of Clients Receiving a Reminder**  (January 1, 2018 – June 31, 2018) | **Target # for Project Period** (January 1, 2019 – December 31, 2019) |
| **HPV Vaccination** |  |  |
| **Breast Cancer Screening** |  |  |
| **Cervical Cancer Screening** |  |  |
| **Colorectal Cancer Screening** |  |  |

Please provide a thorough and thoughtful description for the following in narrative format:

1. The staff that will be responsible for the client reminders to include name/title and time that will be dedicated to the project.
2. Process by which clients will be identified to receive a client reminder. Please include the capabilities of your database in querying this information and population specifics of those that will receive a reminder. Please include the frequency that your organization plans to query the patient population and send reminders to those newly eligible during the project period.
3. Type of reminders that clients will receive (e.g. mailed, telephone, text, email, portal)
4. Volume of reminders to be distributed monthly.
5. Will clients receive multiple reminders if they do not respond to the initial reminder? If yes, please provide a description of the plan for follow-up reminders.
6. *(For HPV Vaccination only)* Please describe the process that will be used to send reminders for series completion.

**Provider Reminder and Recall Systems -** *Please select which priorities will be addressed by this intervention.* **HPV Vaccination  Breast Cancer Screening  Cervical Cancer Screening  Colorectal Cancer Screening**

Please provide a thorough and thoughtful description for the following in narrative format:

1. The staff that will be responsible for the intervention; include name/title and the amount of time that will be dedicated to the project.
2. What types of reminders are proposed? (i.e. electronic pop-up reminders, EHR tracker, email, etc.)
3. What is the process by which this intervention will be implemented? *Be sure to include the capabilities of your EHR to setup provider reminders and the process that will be implemented to include these reminders. Additionally, please describe which healthcare professionals will receive the reminders/recalls and how patient queries will be setup to determine the provider reminders. Please include a detailed plan.*

**Provider Assessment and Feedback -** *Please select which priorities will be addressed by this intervention.* **HPV Vaccination  Breast Cancer Screening  Cervical Cancer Screening  Colorectal Cancer Screening**

Please provide a thorough and thoughtful description for the following in narrative format:

1. The staff that will be responsible for the intervention; include name/title and the amount of time that will be dedicated to the project.
2. What is the process by which this intervention will be implemented? *Be sure to include the capabilities of your EHR to query this information, include whether assessment and reporting will occur by individual provider, group of providers or both individual and group of providers. Also, state the current compliance rate (if known), the target compliance rate, and the process by which this target was determined.*
3. Please describe the interval(s) that provider assessment and feedback will be conducted throughout the grant period. Additionally, please indicate how providers/groups of providers will be notified of their rates, if other provider rates will be shared for comparison, and if the rates will be shared blinded or un-blinded.

**Reducing Structural Barriers for Clients-** *Please select which priorities will be addressed by this intervention.*

**HPV Vaccination  Breast Cancer Screening  Cervical Cancer Screening  Colorectal Cancer Screening  
 Other (please specify:** Click here to enter text. **)**

Please provide a thorough and thoughtful description for the following in narrative format:

1. Describe what interventions will be implemented (direct mailing of FIT tests, mobile mammography, patient navigation, standing orders, etc.).
2. Your implementation plan for the intervention.
3. The staff that will be responsible for the intervention.
4. Identify SMART (specific, measurable, achievable, relevant and time-bound) project objective(s).
5. How will this project lead to long-term change (include policy, system, or environmental changes)?

**Policy Adoption-** *Please select which priorities will be addressed by the policy(ies) adopted.*

**Tobacco Cessation  HPV Vaccination  Breast Cancer Screening  Cervical Cancer Screening  Colorectal Cancer Screening Other (please specify:** Click here to enter text. **)**

Please provide a thorough and thoughtful description for the following in narrative format:

1. The staff that will be responsible for policy development; include name/title and the amount of time that will be dedicated to the project.
2. The planned process and timeline for the policy development, adoption, implementation, and enforcement.

**FLU-FIT/FLU-FOBT-**

|  |  |
| --- | --- |
| **Baseline # of Clients Participating in a**  **Flu-FIT/FOBT Effort**  (January 1, 2017 – December 31, 2017) | **Target # for Project Period** (January 1, 2019 – December 31, 2019) |
|  |  |

Please provide a thorough and thoughtful description for the following in narrative format:

1. What is the process and timeline for implementation of this intervention?
2. Staff who will organize the intervention to include name/title, experience and time that will be dedicated to intervention.
3. Process by which patients will be identified and targeted for the intervention. Please include standing order protocol for screening and if efforts will occur throughout the flu season or during a flu vaccination event.
4. Tracking, documentation, and billing process for tests provided and returned.
5. Follow-up and provider coordination of care for positive tests, diagnostic follow-up and cancer treatment if applicable.

**Someone You Love Documentary Screening –** *\*A tracking and evaluation tool will be provided to track the effectiveness of this intervention.*

Please provide a thorough and thoughtful description for the following in narrative format:

1. The location and target audience for the screening.
2. The panel presenters and content that will be included as part of the screening.
3. If a vaccination opportunity will be included as part of the screening and/or how vaccination referrals will be provided at the screening event.

**All Other Intervention(s) –** *Please select which interventions you plan to implement and complete the narrative section below for each intervention selected. (Copy and paste these questions as needed if multiple interventions are proposed.)*

|  |  |
| --- | --- |
| **Implementation Proposed** | **Interventions** |
|  | Clinical Research Accrual |
|  | Survivorship Care Plan Provision |
|  | Palliative Care Services |
|  | Patient Navigation |
|  | Cancer Survivor Wellness or Psychosocial Support Programs |
|  | Genetic Counseling and Risk Assessment |
|  | Maintenance of Certification or Professional Education |
|  | Immunization education and/or Vaccination Programs (including HPV) in K-12 or postsecondary education settings |
|  | Other Evidence-based Intervention *(intervention focus must relate to one of the priorities in the* [*SD Cancer Plan*](http://www.cancersd.com/wp-content/uploads/2016/12/Updated-two-page-Cancer-Plan-Summary-2017.pdf)*)* |

**Intervention Name:**

Please provide a thorough and thoughtful description for the following in narrative format:

1. Please identify the evidence-based source for your intervention and provide a brief justification as to why this intervention was selected.
2. Your implementation plans and timeline for the intervention. *Please be very thorough in this section.*
3. The staff that will be responsible for the intervention.
4. Identify SMART (specific, measurable, achievable, relevant and time-bound) project objective(s).
5. How will this project lead to long-term change (include policy, system, or environmental changes)?
6. If applicable, please indicate the process by which patients will be identified and targeted for the intervention.

|  |
| --- |
| 1. **Outcomes & Impact Metrics:**In the table below, specify the impact metrics that are relevant to the project and  indicate baseline values and targets for the project. Please limit the query to the target population for the grant. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tobacco Cessation Intervention** | Measure (Example: NQF0028) | **2017 Baseline**  (Jan. 1, 2017 – Dec. 31, 2017) | **2018 Baseline**  (Jan. 1, 2018 – specify date) | **Target During Project Period** (January 1, 2019 –  December 31, 2019) |
|  | Measure Used:  Measure Version: | Numerator:  Denominator:  Percentage: | Numerator:  Denominator:  Percentage: | Percentage: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HPV Vaccination**  *Please limit data to active patients (at least one visit in the past 24 months)* | **Baseline**  (Data as of 8/31/18) | **Target %**  (12/31/19) |  | **Baseline**  (Data as of 8/31/18) | **Target %**  (12/31/19) |
| Females and males ages 11-12 with ≥ 1 dose of HPV vaccine | Numerator:  Denominator:  Percentage: |  | Females and males ages 11-12 who’ve completed\* the HPV series | Numerator:  Denominator:  Percentage: |  |
| Females and males ages 13-14 with ≥ 1 dose of HPV vaccine | Numerator:  Denominator:  Percentage: |  | Females and males ages 13-14 who’ve completed\* the HPV series | Numerator:  Denominator:  Percentage: |  |
| Females and males ages 15-26 with ≥ 1 dose of HPV vaccine | Numerator:  Denominator:  Percentage: |  | Females and males ages 15-26 who’ve completed\* the HPV series | Numerator:  Denominator:  Percentage: |  |

\*complete HPV series: 2 doses of HPV if the series was started before the age of 15 (interval: 0, 6-12 months), 3 doses of HPV if the series was started at the age of 15 or older (interval: 0, 2, 6 months)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Breast Cancer Screening Rate** | Measure (Examples: NQF2372, HEDIS, Other) | **2017 Baseline**  (Jan. 1, 2017 – Dec. 31, 2017) | **2018 Baseline**  (Jan. 1, 2018 – specify date) | **Target During Project Period** (January 1, 2019 –  December 31, 2019) |
|  | Measure Used:  Measure Version: | Numerator:  Denominator:  Percentage: | Numerator:  Denominator:  Percentage: | Percentage: |

${NumeratorDetails}

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cervical Cancer Screening Rate** | | Measure  (Examples: NQF0032, HEDIS, UDS, Other) | **2017 Baseline**  (Jan. 1, 2017 – Dec. 31, 2017) | **2018 Baseline**  (Jan. 1, 2018 – specify date) | **Target During Project Period** (January 1, 2019–  December 31, 2019) |
|  | Measure Used:  Measure Version: | Numerator:  Denominator:  Percentage: | Numerator:  Denominator:  Percentage: | Percentage: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Colorectal Cancer Screening Rate** | Measure  (Examples: NQF0034, HEDIS, UDS, Other) | **2017 Baseline**  (Jan. 1, 2017 – Dec. 31, 2017) | **2018 Baseline**  (Jan. 1, 2018 – specify date) | **Target During Project Period** (January 1, 2019 –  December 31, 2019) |
|  | Measure Used:  Measure Version: | Numerator:  Denominator:  Percentage: | Numerator:  Denominator:  Percentage: | Percentage: |

**Please complete the table below if none of the above outcome metrics pertain to your proposal or if you have additional outcome metrics you’d like to report.** *Technical assistance will be available to funded applicants to further refine evaluation and outcome tracking.*

|  |
| --- |
| How will you evaluate the effectiveness of this project? *(If multiple interventions are selected, please indicate evaluation plan/questions for each intervention selected.)* |
| What data will be collected as part of this intervention? When and how will this data be collected? Will this data be compared to baseline data to show progress? |
| What will success look like for this intervention? *Please include any outcome measures and targets you have established for the intervention(s).* |

|  |
| --- |
| 1. **Screening and Diagnostic Processes *(for projects including breast, cervical, or colorectal cancer screening):*** *Please describe your organizational screening and diagnostic processes below.* |

|  |  |
| --- | --- |
| **Action Step:** | **Process** |
| 1. Notify patients of the results of screening (include onsite and referred screening resources) |  |
| 2. Positive screening follow-up process to diagnostic exam (include diagnostic resources; both onsite and referred): |  |
| 3. Positive diagnostic exam follow-up to treatment (include treatment resources; both onsite and referred): |  |

${NumeratorDetails}

|  |
| --- |
| 1. **Sustainability Plan:** Please thoroughly describe the plan to sustain the project and related outcomes beyond the funding cycle. |

|  |
| --- |
| 1. **Budget Justification:**Applicants may request up to $20,000, as commensurate with the scope of the project and total number of individuals impacted. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Implementation Grant Funding Requested** | | **In-kind Contribution** |
| Supplies | $ | | $ |
| Justification: |
| Itemized description: | | | |
| Staff Support | $ | | $ |
| Justification: |
| Itemized description: *(Please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator $25 per hour x 60hrs = $1,500.)* | | | |
| Travel | $ | | $ |
| Justification: |
| Itemized description: | | | |
| Other Expenses | $ | | $ |
| Justification: |
| Itemized description: | | | |
| Indirect Costs (*Indirect costs cannot exceed 6.2% of the total requested budget.)* | | $ |  |
| **Total request:** | | **Total: $** | **Total: $** |

**-----END OF APPLICATION. APPENDICES BEGIN BELOW.-----**

**Appendix A:** **Budget Instructions**

Allowable categories have been identified. If funding is requested for a category, a funding justification and description must be included. Awardees must obtain prior written approval for changes to the budget submitted, if changes are requested during the project period.

*Supplies*

Estimate the unit cost for each item and the total number of items needed. (Example: 250 client reminder postcards X $0.64 = $160)

Staff Support

Funds should not be requested to supplant existing job responsibilities. The position title must be included plus the rate per hour times the total number of hours estimated for the project period. Benefits can either be calculated in the rate per hour or itemized separately. In the itemized description section, please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator $25 per hour x 60hrs = $1,500.)

*Travel*

Travel essential to the proposed project may be funded under this proposal. Travel reimbursement is allowed at the following state rates: $0.42/mile, $6.00/breakfast, $11.00/lunch and $15.00/dinner; lodging maximum is $55 plus taxes per night ($70 plus taxes per night from June 1-Sept. 1).

*Other*

Include additional requests not addressed in the budget categories provided.

*Indirect Costs*

Funding can be requested to support indirect costs at a rate not to exceed 4.5% of the total grant award. Indirect costs represent the expenses of doing business that are not readily identified within the budget submission but are necessary for the general operation of the organization of the activities required.

**Appendix B: Intervention Descriptions and Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intervention Descriptions** | **Cancer Plan Priority** | **Potential Setting(s)** | **Intervention Resources** |
| **Client Reminders:** Patient reminder via mail, text, phone, auto dialer, patient portal, etc. to patients who are due or overdue for a healthcare service. | -HPV Vaccination  -Breast Cancer Screening  -Cervical Cancer Screening  -Colorectal Cancer Screening | Healthcare clinic/system  Health Plan  Quality Improvement, Professional Organization, or Worksite (in collaboration with health clinic/system partners) | -[Community Guide- Vaccines](http://www.thecommunityguide.org/vaccines/index.html)  -[Community Guide- Cancer](http://www.thecommunityguide.org/cancer/screening/client-oriented/reminders.html) |
| **Provider Reminder and Recall Systems:** Reminders to providers through charts, email, EHR trackers, etc. that a patient is due or overdue for a healthcare service. | -HPV Vaccination  -Breast Cancer Screening  -Cervical Cancer Screening  -Colorectal Cancer Screening | Healthcare clinic/system  Health Plan, Quality or Professional Organization (in collaboration with healthcare clinic/system) | -[Community Guide-Vaccines](https://www.thecommunityguide.org/findings/vaccination-programs-provider-reminders)  -[Community Guide- Cancer](https://www.thecommunityguide.org/findings/cancer-screening-provider-reminder-and-recall-systems-breast-cancer) |
| **Provider Assessment and Feedback:** Query and present providers with information about their performance in providing healthcare services. Data often shared in comparison to others performance and/or a benchmark. | -HPV Vaccination  -Breast Cancer Screening  -Cervical Cancer Screening  -Colorectal Cancer Screening | Healthcare clinic/system  Health Plan, Quality or Professional Organization (in collaboration with healthcare clinic/system) | -[Community Guide- Vaccines](https://www.thecommunityguide.org/findings/vaccination-programs-provider-assessment-and-feedback)  -[Community Guide- Cancer](https://www.thecommunityguide.org/findings/cancer-screening-provider-assessment-and-feedback-breast-cancer) |
| **Reducing Structural Barriers:** Possible interventions include provision of FIT tests for eligible patients via mail, expanded service delivery (provision of FIT tests or mammography at a worksite or community, extended service hours/walk-in vaccine only appointments), patient navigation, standing orders, or scheduling assistance. *(Reminder: This grant cannot pay for direct service items such as FIT tests or mobile mammography. Funds can be used for staff time to follow-up with clients, develop workflows, mailing expenses, etc.)* | -HPV Vaccination  -Breast Cancer Screening  -Cervical Cancer Screening  -Colorectal Cancer Screening | Healthcare clinic/system  Health Plan  Quality or Professional Organization  Worksite | -[Community Guide- Cancer](https://www.thecommunityguide.org/findings/cancer-screening-reducing-structural-barriers-clients-breast-cancer) |
| **Policy Adoption:**  **Healthcare-** Policy adoption assists healthcare facilities to establish system changes and institutionalize cancer prevention and early detection interventions into routine clinical care.  **Worksites-** Research has shown that offering designated time off for cancer screenings increases  employee screening rates. | -Tobacco Cessation  -HPV Vaccination  -Breast Cancer Screening  -Cervical Cancer Screening  -Colorectal Cancer Screening | Healthcare clinic/system  Health Plan  Worksite | -[Healthcare Systems Tobacco Cessation Model Policy](http://goodandhealthysd.org/content/uploads/2014/12/HealthcareSystemsStrategiesForTobaccoCessation.pdf)  -[Healthcare System Model Tobacco-Free Policy](http://goodandhealthysd.org/content/uploads/2016/02/HealthcareSystemModelTobaccoFreePolicy.pdf)  -[HPV Immunization Model Policy](http://goodandhealthysd.org/content/uploads/2013/08/HPVPolicy.pdf)  -[Cancer Screening Model Policy](http://goodandhealthysd.org/content/uploads/2015/09/CancerScreeningModelPolicy.pdf)  -[Worksite Cancer Screening Policy](http://goodandhealthysd.org/workplaces/policies/) |
| **FLU-FIT/FLU-FOBT:** FLU-FIT and FLU-FOBT Programs help clinical teams increase access to colorectal cancer screening by offering home tests to patients at the time of their annual flu shots. | -Colorectal Cancer Screening | Healthcare clinic/system  Health Plan  Worksite | -[FluFIT](http://flufit.org/) |
| **Immunization education and/or Vaccination Programs (including HPV) in K-12 or postsecondary education settings:** Integration of vaccination education into curriculum and/or integration of vaccination programs into educational settings. | -HPV Vaccination | Middle or High Schools  Postsecondary education institutions | -Community Guide: -[School Requirements](https://www.thecommunityguide.org/findings/vaccination-programs-requirements-child-care-school-and-college-attendance), -[Vaccination Programs,](https://www.thecommunityguide.org/findings/vaccination-programs-schools-and-organized-child-care-centers)  -[Education](https://www.thecommunityguide.org/topic/vaccination?field_recommendation_tid=All&items_per_page=All) |
| **Someone You Love Documentary Screening: With Panel Discussion and/or Vaccination Opportunity** *(At least one other HPV vaccination focused intervention must be selected with this intervention.)* | -HPV Vaccination | Healthcare clinic/system  Health Plan  Worksite | -[Someone You Love Documentary](http://www.hpvepidemic.com/) |
| **Maintenance of Certification (MOC) or Professional Education:** Professional education provision for health care professionals through (MOC) or another evidence-based mechanism. | -Any of the 15 [cancer plan](https://www.cancersd.com/about-us/2015-2020-sd-cancer-plan/) priorities | Healthcare clinic/system  Health Plan  Quality or Professional Organization | -[American Board of Medical Specialties](http://www.abms.org/board-certification/a-trusted-credential/built-upon-professional-standards/)  -[HPV IQ](https://www.hpviq.org/communication-training-tools/) |
| **Clinical Research Accrual:** Efforts to increase cancer clinical trial participation in SD. | -Clinical Trial Participation | Health system  Cancer treatment center  Quality or Professional Organization | -[CoC Standard 1.9](https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx)  [Clinical Research Accrual](https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx)  -[NAPBC Standard 3.2 Clinical Trial Accrual](https://www.facs.org/~/media/files/quality%20programs/napbc/2014%20napbc%20standards%20manual.ashx) |
| **Survivorship Care Plan Provision:** Delivery of cancer survivorship care plans to cancer survivors in accordance with accreditation requirements. | -Patient-centered care for cancer patients/survivors | Health system  Cancer treatment center  Quality or Professional Organization | -[CoC Standard 3.3](https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx)  [Survivorship Care Plan](https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx)  **-**[NAPBC Standard 2.20 Breast Cancer Survivorship Care](https://www.facs.org/~/media/files/quality%20programs/napbc/2014%20napbc%20standards%20manual.ashx) |
| **Genetic Counseling and Risk Assessment:** Efforts that enhance the use of cancer risk assessment and risk-appropriate referral for genetic services. | -Breast Cancer Screening  -Cervical Cancer Screening  -Colorectal Cancer Screening | Health system  Cancer treatment center  Quality or Professional Organization | -[CoC Standard 2.3](https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx)  [Genetic Counseling and Risk Assessment](https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx) |
| **Palliative Care Services:** Efforts that enhance palliative care services for cancer patients. | -Palliative Care Services | Health system  Cancer treatment center  Quality or Professional Organization | -CoC Standard 2.4  [Palliative](https://www.facs.org/~/media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx) Care Services |
| **Patient Navigation:** Efforts that enhance patient navigation services for cancer patients/survivors. | -Patient-centered care for cancer patients/survivors | Health system  Cancer treatment center  Quality or Professional Organization | -CoC Standard 3.1  Patient Navigation Process  **-**[NAPBC Standard 2.2 Patient Navigation](https://www.facs.org/~/media/files/quality%20programs/napbc/2014%20napbc%20standards%20manual.ashx) |
| **Cancer Survivor Wellness or Psychosocial Support Programs:** Efforts that enhance wellness or psychosocial support services for cancer patients/survivors. | -Patient-centered care for cancer patients/survivors | Health system  Cancer treatment center  Quality or Professional Organization | [-CDC’s Cancer Survivor Wellness Program Guide](http://files.constantcontact.com/a04e367f101/8dd0b033-9b03-429c-9001-c31658458284.pdf)  -CoC Standard 3.2  Psychosocial Distress Screening |
| **Other Evidence-based Intervention(s):** Other evidence-based interventions may be implemented provided that a clear evidence-based source is documented and the focus area supports one or more of the cancer plan priority areas. | -Any of the 15 [cancer plan](http://www.cancersd.com/wp-content/uploads/2016/12/Updated-two-page-Cancer-Plan-Summary-2017.pdf) priorities | All eligible settings | -[Community Guide](https://www.thecommunityguide.org/)  -[RTIPs](https://rtips.cancer.gov/rtips/index.do)  -[A National Action Plan for Cancer Survivorship](http://www.cdc.gov/cancer/survivorship/what_cdc_is_doing/action_plan.htm)  -[National Guideline Clearinghouse (AHRQ)](http://www.guideline.gov/)  -[Cochrane Reviews](http://www.cochrane.org/what-is-cochrane-evidence)  -[National Academies of Sciences, Engineering, and Medicine (Formerly Institute of Medicine) Reviews](http://www.nationalacademies.org/hmd/Reports.aspx)  -Other published systematic reviews in the peer reviewed literature |

**Appendix C: Helpful Resources**

1. [**Advisory Committee for Immunization Practices (ACIP) HPV Vaccination Recommendations**](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html)
2. [**American Academy of Pediatrics HPV Champion Toolkit**](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/HPV-Champion-Toolkit.aspx)
3. [**HPV IQ: Immunization Quality Improvement Tools**](https://www.hpviq.org/communication-training-tools/)
4. [**Steps for Increasing HPV Vaccination in Practice: An Action Guide for Clinicians**](https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/217/Steps%20for%20Increasing%20HPV%20Vaccination%20in%20Practice.pdf)
5. [**Human Papillomavirus Vaccination 2016: ACOG’s toolkit for providers**](http://immunizationforwomen.org/uploads/HPVToolkit2016/HPV_Toolkit_2016.pdf?src=TAPResource)
6. [**ASCO Tobacco Cessation Guide**](https://www.asco.org/sites/new-www.asco.org/files/content-files/blog-release/documents/tobacco-cessation-guide.pdf)
7. [**CDC's Best Practices for Comprehensive Tobacco Control Programs—2014: Cessation Interventions**](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/sectionA-III.pdf)
8. [**South Dakota QuitLine**](https://www.sdquitline.com/)
9. [**The Colorectal Cancer Clinician’s Toolbox “How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidenced-Based Toolbox and Guide.”**](http://nccrt.org/about/provider-education/crc-clinician-guide/)
10. [**Colorectal Cancer Screening Best Practices Handbook for Health Plans**](http://nccrt.org/wp-content/uploads/NCCRT-Health-Plan-Handbook-Draft-06c.pdf)
11. [**United States Preventive Services Task Force**](https://www.uspreventiveservicestaskforce.org/)
12. [**Increasing Population-Based Breast and Cervical Cancer Screenings: An Action Guide to Facilitate Evidence-based Strategies Action Guide**](http://www.cdc.gov/cancer/nbccedp/pdf/breastcanceractionguide.pdf)
13. [**The Guide to Community Preventative Services: The Community Guide**](http://www.thecommunityguide.org/index.html)
14. [**National Cancer Institute: Research-tested Intervention Programs (RTIPs)**](http://rtips.cancer.gov/rtips/index.do)

**Appendix D: Scoring Rubric**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION (5 POINTS)** | | | | | | | |
| No information provided. | | Some information included but without enough detail to understand background. | | Most information included with some details lacking or unclear. | | Information on applicant, grant team, population demographics and geographic area well described. Quality improvement plan included (if applicable). | |
| (0) | | (1-2) | | (3-4) | | (5) | |
| **POPULATION OF FOCUS (5 POINTS)** | | | | | | | |
| Target population not provided or inappropriate for the interventions selected. No estimate of impact or history working with the population provided. | | The target population and/or estimated population impacted are vaguely outlined. There is a very limited to no history of working with the identified population. | | The target population is outlined, including the estimated number of South Dakotans impacted. The target population is appropriate for the intervention. The organization has a limited history of working with the population. | | The target population is clearly outlined, including the estimated number of South Dakotans impacted. The target population is appropriate for the intervention. The organization has a strong history of working with the population. | |
| (0) | | (1-2) | | (3-4) | | (5) | |
| **INTERVENTION PLANNING (25 POINTS)** | | | | | | | |
| The proposed intervention plan is not evidence-based, poorly defined, is not feasible, has an unclear purpose, poor alignment with the intent of the RFA (cancer prevention and control), and/or will not lead to sustainable change. | | The proposed intervention plan has a mild evidence-base, is defined adequately but could be improved, is feasible, but has limited ability to lead to sustainable change or does not fully align with the purpose of the RFA (cancer prevention and control). | | The proposed intervention plan has a moderate to strong evidence-base, is defined adequately, aligns with the purpose of the RFA, is feasible, and may lead to sustainable change. | | The proposed intervention plan has a strong evidence-base, is well defined, feasible, and will lead to sustainable change. The project impact is clearly defined and the interventions align with the purpose of the RFA (cancer prevention and control). | |
| (0-5) | | (6-14) | | (15-24) | | (25) | |
| **IMPACT (20 POINTS)** | | | | | | | |
| The project will have no impact on cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota. | | The project will have a relatively small impact on cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota in SD due to a low number of individuals impacted or sites/locations implementing efforts or no effect on disparate populations. | | The project will have a moderate impact relative to other applicants, a sufficient number of sites/locations and/or target population has been identified to produce a meaningful impact. The project will contribute to increasing objectives related to cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota.  OR  A disparate population is being targeted by the intervention and some impact will be made in reducing cancer inequity in SD. | | Relative to other applicants, a large number of sites/locations and/or large eligible target population was identified and will produce a meaningful impact. The project will have a substantial positive impact on increasing objectives related to cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota.  OR  A disparate population is being targeted by the intervention and meaningful impact will be made in reducing cancer inequity in SD. | |
| (0) | | (1-9) | | (10-19) | | (20) | |
| **Outcomes and Metrics (15 POINTS)** | | | | | | | |
| Baseline data and targets are not provided. | Limited data and targets provided or do not align with the interventions proposed. Appropriate data measures are not utilized. Limited impact based on proposed targets. | | Baseline data and targets are provided but could use improvement. Targets may need revision based on the baseline provided or target population identified. Data measures vary from the measures provided. | | Baseline data using the measures identified is provided for each area when interventions are proposed. The proposed intervention plan will lead to achievement of the proposed targets. The proposed targets are appropriate based on the current baseline, proposed interventions, and patient population. Targets indicate demonstrated impact will be achieved throughout the project period. | | |
| (0) | (1-6) | | (7-14) | | (15) | | |
| **Sustainability Plan (10 POINTS)** | | | | | | | |
| No plan provided. | Proposed steps are not clear. Sustainability is limited or unlikely. | | Proposed steps are appropriate but could be improved. Plans to sustain resources have been identified but could be improved. Efforts will lead to some level of policy, system or environmental change. | | A strong sustainability plan has been identified that identifies plans to sustain resources and efforts beyond the grant. The project will lead to policy, system and/or environmental change. | | |
| (0) | (1-3) | | (4-9) | | (10) | | |
| **Budget (20 POINTS)** | | | | | | | |
| The budget does not support the implementation of the proposed evidence-based interventions and budget items will not lead to sustainable change. Numerous budget restrictions. | The number of evidence-based interventions and people impacted is not appropriate for the budget requested. The budget items only mildly support the implementation of the proposed evidence-based interventions. Budget restrictions present in request. Budget details/justification limited. | | The number of evidence-based interventions and people impacted is appropriate for the budget request. The budget items requested support the implementation of the proposed evidence-based interventions. Budget details/justification could be improved. Budget items may support sustainable changes. In-kind support may be limited. | | The number of evidence-based interventions and people impacted aligns with the budget amount requested. The budget is realistic, detailed, and budget items requested support the implementation of the proposed evidence-based interventions. Budget request will support the project and lead to sustainable change. No restricted requests. Appropriate in-kind support is demonstrated for the project. | | |
| (0) | (1-9) | | (10-19) | | (20) | | |
| **OVERALL COMMENTS/RECOMMENDATIONS FOR OR AGAINST FUNDING** | | | | | | | |
|  | | | | | | | **Total Score** \_\_\_\_/100 |