



CANCER PREVENTION &
RESEARCH INSTITUTE OF TEXAS

**REQUEST FOR
APPLICATIONS**
RFA P-10-HPP2

**Health Promotion, Public Education,
and Outreach Programs**

2009–2010

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1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT); CPRIT may issue \$3 billion in general obligation bonds over 10 years to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to:

- Create and expedite innovation in the area of cancer research, thereby enhancing the potential for a medical or scientific breakthrough in the prevention of cancer and cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in this State; and
- Continue to develop and implement the Texas Cancer Plan by promoting the development and coordination of effective and efficient statewide public and private policies, programs, and services related to cancer and by encouraging cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer prevention, detection, treatment, and research.

2. EXECUTIVE SUMMARY

Cancer is the second leading cause of death in the United States and Texas. Several types of cancer can be prevented, and the prospects for surviving cancer continue to improve. CPRIT will foster prevention of cancer in Texas by providing financial support for a wide variety of projects relevant to cancer prevention, risk reduction, early detection, and survivorship. This RFA solicits applications for health promotion, education, and outreach opportunities that would, if successful, increase the number of persons who improve their health behaviors related to the prevention of cancer, obtain recommended cancer screening tests, and have cancers detected at earlier stages as well as improve the quality of life for survivors.

3. FUNDING OPPORTUNITY DESCRIPTION

3.1. Program Objectives

Background: It is estimated that 97,847 persons will be diagnosed with cancer and 37,285 persons will die from cancer in Texas during 2009.¹ The risk of developing many cancers can be reduced by personal behavior changes; e.g., smoking cessation, improved nutrition, and increased physical activity. Some cancers can be prevented if tissue changes are detected early and the tissues are removed at a precancerous stage; e.g., precancerous colon polyps or precancerous changes in cervical tissue. Research has shown that several types of cancer can be “cured” if detected during early stages of development and treated promptly and appropriately. Other cancers can be controlled for many years with appropriate treatment and support services.

Objectives and Scope: CPRIT’s Health Promotion, Public Education, and Outreach Programs will focus on the development and delivery of culturally competent, evidence-based methods of community education on primary prevention, early detection, and survivorship. *This program does not focus on health care provider education, the delivery of screening, or survivorship services.* Priority will be given to applications that propose innovation in the delivery of education, consider culturally appropriate approaches to educate and mobilize the family or community, leverage existing resources, and demonstrate measurable outcomes. The applicant should demonstrate knowledge of evidence-based education and outreach strategies; however, CPRIT is seeking projects and partnerships that will apply evidence-based strategies in novel ways that change personal behaviors, thereby leading to cancer prevention, risk reduction, and early detection and to improvements in the quality of life for survivors. Applications may also propose to evaluate the effectiveness of different methods and strategies of public education and outreach. However, prevention research will not be funded through this award mechanism. Refer to the Centers for Disease Control and Prevention’s document titled *Guidelines for Defining Public Health Research and Public Health Non-Research* as guidance in defining prevention research and nonresearch:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>.

¹ Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, January, 2009

CPRIT seeks projects that challenge the status quo because, in many cases, the pace of progress in the prevention of cancer has slowed or stagnated. CPRIT seeks projects that question and address high incidence and mortality rates for cancers that can be prevented or successfully treated if detected early and why population disparities persist.

Educational and outreach programs proposed under this RFA should clearly describe the need for the program based on the target audience's current level of knowledge and health behaviors, and provide a baseline of knowledge and health behavior from which to measure change. In addition, the applicant should describe why the proposed program is not otherwise available or easily accessible to the target population (nonduplicative).

Examples of projects include:

- Providing outreach to entire families in culturally appropriate ways;
- Providing education on cancer screening at any point of contact with the healthcare system;
- Tailoring educational messages and modes of education for hard-to-reach communities to address where they live, work, and play; and
- Evaluating the effectiveness and impact of variables leading to improved screening rates.

Public education may include efforts aimed at primary prevention (e.g., education on vaccine-conferred immunity to human papillomavirus or on modifiable lifestyle factors, such as smoking cessation) and secondary prevention; e.g., programs promoting age-appropriate screening guidelines. Public education efforts may also include tertiary prevention; e.g., survivorship issues, such as physical rehabilitation, pain control, and social and emotional health. Evidence-based survivorship programs may address survivors of any type of cancer. Public education and health promotion projects should focus on educational gaps and priority populations (defined below).

3.2. Award Description

3.2.1. Priority Areas

The priority of CPRIT awards will be education and outreach efforts (e.g., education on and promotion of evidence-based screening guidelines) that have the potential to create demonstrable change in behaviors that can prevent or reduce the risk of cancer within a relatively short time (2 to 3 years). Applicants should propose “active” outreach and inreach for public dissemination of information on primary prevention, early detection, and survivorship of cancer. Active outreach and inreach involves comprehensive, culturally tailored, population-specific strategies designed to reach people and recruit them to cancer screenings. Applicants should design and deliver clear and consistent evidence-based messages on primary prevention, screening, and survivorship. The format for delivery of education must be appropriate to the objectives and target audience. The messages should be written at appropriate reading levels for those with low health literacy skills, be culturally appropriate for ethnic and racial minority group members, and be delivered in the primary language of the recipient.

Priority populations should be a major focus of public education and outreach efforts. Priority populations are subgroups who are disproportionately affected by cancer. Priority populations include, but are not limited to:

- Underinsured and uninsured individuals age 50 and older, especially men and women who have never been screened for colorectal cancer, women who have never been screened for cervical cancer or have not been screened in the past 5 years, and women age 40 and older who have not received a mammogram within the past 5 years;
- Geographically or culturally isolated populations;
- Medically unserved or underserved populations;
- Populations with low health literacy skills;
- Racial, ethnic, and cultural minority populations; and
- Any other populations with low screening rates, high incidence rates, and high mortality rates.

3.2.2. Outcome Metrics

The applicant will be expected to describe final outcome measures for the project. Applicants must evaluate changes in knowledge and behavior after the program and describe their

assessment and evaluation methodology. Applicants will be required to provide baseline data for the service area that they are proposing and must describe how funds from the CPRIT grant will improve outcomes over baseline. In most cases, this will require followup of participants to track behavior change. Specific outcomes to be measured will depend on the objectives of each project; however, outcome metrics should include, but are not limited to, the following:

- Increase over baseline of priority populations who take preventive measures after participating in the educational program. In addition, interim measures may include:
 - Increase over baseline of persons appropriately counseled about health behaviors and evidence-based screening guidelines.
 - Increase over baseline of persons discussing the pros and cons of screening for prostate cancer with their healthcare provider.
- Percentage increase over baseline of improvement in quality-of-life measures for cancer survivors. In addition, interim measures may include:
 - Increase over baseline of persons with knowledge of cancer survivorship issues and services.
 - Increase over baseline of persons who access cancer survivorship services.

3.3. Eligibility

3.3.1. Institutional Applicant

- The applicant must be a Texas-based entity, including a public or private institution of higher education, health institution, university, government organization, nongovernmental organization, other public or private company, or an individual residing in Texas.
- The applicant must designate a single Program Director (PD) who will be responsible for the overall performance of the funded project. The PD may submit more than one application under this RFA during this funding cycle, provided that each application is for a distinctly different program.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-

profit, and for-profit entities. Such entities may be located outside of the State of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.

- CPRIT grants will be awarded by contract to successful applicants. Certain contractual requirements are mandated by Texas law or by administrative rules. Although the applicant need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in Section 7. All statutory provisions and relevant administrative rules can be found at www.cprit.state.tx.us.

3.3.2. Program Management

- The PD must have relevant educational background and an appropriate level of education as well as management experience suitable for the proposed project. The PD must reside in Texas during the time the prevention project that is the subject of the grant is conducted.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., epidemiology, statistics) and who resides in Texas during the time the project is conducted.

3.4. Funding Information

Applicants may request up to \$300,000 in direct costs for up to 24 months. Because of the nature of this funding mechanism, renewal applications will not be accepted. Grant funds may be used for salary and fringe benefits, supplies, equipment, and travel of project personnel to project site(s). Requests for funds for travel to professional meetings are not appropriate for this funding mechanism nor are requests for funds to support construction, renovation, or any other infrastructure needs.

Applicants should be aware that Texas law limits the amount of indirect costs that may be funded by CPRIT grants. Guidance regarding indirect cost recovery can be found in the administrative rules proposed by CPRIT. While State law does not specifically address a limit on indirect cost recovery for CPRIT-funded prevention programs, it is CPRIT's policy not to allow recovery of indirect costs for prevention programs except under exceptional circumstances. The rules and the statute can be found at www.cprit.state.tx.us.

4. KEY DATES

RFA release	December 7, 2009
Online application opens	December 18, 2009
Application due	March 1, 2010, 3 p.m. Central Time
Application review	April to May, 2010
Award notification	June 2010
Anticipated start date	September 2010

5. SUBMISSION GUIDELINES

5.1. Online Registration

Applications will be accepted beginning at **7 a.m. Central Time on December 18, 2009** and must be submitted via the CPRIT Application Receipt System (<https://CPRITGrants.org>). **Only applications submitted at this portal will be considered eligible for evaluation.** All applicants must register a user name to start and submit an application.

5.2. Application Submission Deadline

All applications must be submitted by 3 p.m. Central Time on March 1, 2009.

5.3. Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of the online application.

5.3.1. Contact Information

Enter all required applicant and Application Signing Official (ASO) information along with the application title. In addition to the PD, an ASO (a person authorized to sign for the organization) will need to create an account in CARS. There are two different roles/accounts required (one for the PD and a separate one for the ASO) in order to submit the proposal.

5.3.2. Abstract (3,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to be used in addressing the problem(s). Describe the need that the proposed project will address and how the project will overcome the barriers. Clearly outline the goals and/or specific aims of the program, the

population that will be served, estimated number of individuals served, and specific services that will be provided as a part of the program.

5.3.3. Significance (3,000 characters)

Clearly address how the proposed project, if successful, will have a major impact on the field of cancer prevention. Summarize how the proposed education and outreach effort creates new paradigms or challenges existing ones.

5.3.4. Project Plan (15 pages; applicants may submit fewer than the maximum allowed pages)

Background: Briefly present the rationale behind the proposed project, emphasizing the pressing problem in cancer prevention that will be addressed and how the project will have a major impact on changing behaviors that can prevent cancer, reduce the risk of cancer, or improve the quality of life for survivors within a relatively short timeframe (2 to 3 years). Clearly demonstrate the ability to complete the proposed project, and describe how results will be improved over baseline. Clearly demonstrate the ability to reach the target population. Preliminary data are not required, but a strong rationale and literature support will obviously enhance the application.

Specific Aims: Concisely state the specific aims that will be pursued and the target population.

Components of the Project: Clearly describe the need, educational design, delivery method, and evidence base for the method selected as well as instructors and anticipated results. Describe why this project is nonduplicative or unique.

Evaluation Strategy: Describe the impact on ultimate outcome measures (e.g., reduction of cancer incidence, mortality, and morbidity) and interim outcome measures (e.g., increase in the proportion of individuals receiving cancer screening) as outlined in Section 3.2.2. Describe the plan for outcomes measurement, including data collection and management methods, statistical analyses, and anticipated results. Since evaluation and reporting of outcomes are critical components of this RFA and must be headed by a professional who has demonstrated expertise in the field, applicants should budget accordingly for this activity.

5.3.5. Supplemental Documents

References: Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence of need and literature support for the proposed education and outreach methods.

Budget and Justification: Provide a brief outline and justification of the budget for the entire proposed period of support, including salaries and benefits, supplies, equipment, other expenses, and indirect costs. Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. CPRIT funds will be distributed on a reimbursement basis. (See the Instructions for Applicants document for budget guidance.) Applications requesting more than \$300,000 (total costs) will be administratively withdrawn from consideration.

Biographical Sketches: The PD should provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications relevant to cancer prevention. Up to two additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two (2) pages.

Current and Pending Support: For all current and pending awards/grants for education and outreach programs, provide the funding source, amount, duration, title, and a two-line summary of the goal/use of the funds. Current and pending support may be reported for the PD and other key personnel on an individual basis or on an organizational level for the applicant. If relevant, also describe how the CPRIT funds will extend or complement other awards. Applicants are encouraged to demonstrate how other resources from State, Federal, nonprofit, and other sources will be leveraged.

Letters of Support: Applicants should provide letters of support from community organizations, service providers, or any other component essential to the success of the program. For example, if the goal is to provide outreach to a specific underserved population, the applicant should provide letters of support demonstrating community connections with the targeted population.

Applications that are missing one or more of these components; exceed the specified page, word, or budget limits; or do not meet the eligibility requirements listed above will be administratively rejected without review.

6. APPLICATION REVIEW

6.1. Outline

All eligible applications will be reviewed using a two-stage process: (1) Peer review, and (2) programmatic review. In the first stage, applications will be evaluated by an independent review panel using the criteria listed below. In the second stage, applications judged to be most meritorious by review panels will be evaluated and recommended for funding by the CPRIT Prevention Review Council based on comparisons with applications from all of the merit review panels and programmatic priorities. Each stage of application review is conducted completely confidentially, and all panel members are required to sign nondisclosure statements regarding the contents of the applications. All panel members will be non-Texas residents and operate under strict conflict-of-interest prohibitions. Under no circumstances should institutional personnel and/or individual applicants initiate contact with any member involved in the peer review process (with the exception of members of the CPRIT Prevention Review Office) regarding the status or substance of the application. Violations of this prohibition will result in the administrative withdrawal of the application.

6.2. Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, listed below. Review panels will evaluate and score each primary criterion and subsequently assign a global score that reflects an overall assessment of the application. The overall assessment will not be an average of the scores of individual criteria; rather, it will reflect the reviewers' overall impression of the application.

6.2.1. Primary Criteria

Primary criteria will evaluate the impact on public health, potential to demonstrate outcomes, and innovation of the proposed work. Concerns with any of these criteria potentially indicate a major flaw in the significance and/or design of the proposed project.

Impact and Innovation

- Does the project address an important problem, an underserved area, or a priority population?

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- Will the project ultimately make a difference in cancer incidence, mortality, and morbidity (quality of life)?
 - Has the application convincingly demonstrated the length of time to impact and the short-term and long-term impacts of the program?
 - Is project original and innovative? For example, does the project challenge existing paradigms or address a critical barrier? Does the project develop or employ novel concepts, approaches, methodologies, tools, or technologies for this area?
 - Does the application demonstrate knowledge of evidence-based education and outreach strategies but apply them in novel ways?

Organizational Capacity and Feasibility

- Are the proposed objectives and activities feasible within the duration of the award?
- Is the program design supported by established theory and practice as well as evidence-based interventions?
- Does the organization have clearly described strategies and the ability to access the target populations and provide outreach and education? Does the organization demonstrate cultural competence for this population?
- Does the organization have the necessary resources and infrastructure for the evaluative portion of the project?
- Does the track record and the internal organizational position of the PD support the proposed project and expected outcomes?
- If the project is to continue beyond the funded timeframe of this award, is there a clearly outlined plan for sustainability?

Target Population

- Does the project address the needs of an underserved area or population?
- Is the target population clearly described, including, but not limited to, the demographics of each group and the heterogeneity and/or homogeneity of the groups with regard to each specific group's cancer prevention needs and barriers to access to education and services?
- Are culturally appropriate approaches demonstrated in outreach and education?

Outcomes Evaluation

- Are the proposed outcome measures appropriate for the project, and are the expected changes significant?
- Are there clear baseline data for the target population or clear plans to collect baseline data at the beginning of the proposed project; e.g., needs assessment in the service area?
- Does the project provide a clear and appropriate plan for data collection and management, statistical analyses, and interpretation of results?

Nonduplicative

- Is the proposed program nonduplicative? That is, does the program address known gaps in education and outreach?
- Does the application demonstrate knowledge of similar resources that are available and avoid duplication of effort?
- Does the project leverage resources and partners to maximize reach of the proposed goals?

6.2.2. Secondary Criteria

Secondary criteria contribute to the global score assigned to the application.

Budget: Is the budget appropriate for the proposed work?

Personnel: Do project personnel have the needed expertise, facilities, and resources to accomplish all aspects of the proposed project? Are the levels of effort of the key personnel appropriate?

Collaborations: If collaborations or partnerships are proposed, are they complementary? Do they add value to the project?

Potential for Replication: Does the program lend itself to replication by others in the State? If so, does the program describe a plan for doing so?

7. AWARD ADMINISTRATION

Texas law requires that CPRIT awards be made by contract between the applicant and CPRIT. Award negotiation will commence once the applicant has accepted an award. Texas law specifies several components that must be addressed by the award contract, including needed

compliance and assurance documentation, confirmation of the negotiated indirect rate agreement, budgetary review, and terms relating to intellectual property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at www.cprit.state.tx.us All CPRIT awards will be made to institutions, not to individuals. If the PD changes institutional affiliation during the time period of the award, a written request must be submitted to CPRIT to transfer the award to the new institution. If the award is not transferred, the applicant institution may be required to provide evidence of the qualifications of the new PD in order to maintain awarded funding.

CPRIT requires the PD of the award to submit annual progress reports. These reports summarize the progress made toward project goals and address plans for the upcoming year. In addition, fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Failure to provide timely and complete reports will constitute an event of default of the award contract, which may result in the early termination of the CPRIT award, reimbursement to CPRIT of award funds, and cessation of future funding. Forms and instructions will be made available at the www.cprit.state.tx.us.

8. CONTACT INFORMATION

8.1. HelpDesk

HelpDesk support is available for questions regarding user registration and online submission of applications. Queries submitted via e-mail will be answered within 1 business day. HelpDesk staff are not in a position to answer questions regarding the scope and focus of applications.

Dates of Operation: December 18, 2009 to March 1, 2010

Hours of Operation: 8 a.m. – 5 p.m. Central Time

Tel: 866-973-6661

E-mail: PreventionHelp@CPRITGrants.org

8.2. Program Questions

Questions regarding the CPRIT program, including questions regarding this or other funding opportunities, should be directed to the CPRIT Prevention Review Office:

Tel: 512-305-8419

E-mail: PreventionHelp@CPRITGrants.org

Web: www.cprit.state.tx.us

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