



CANCER PREVENTION &
RESEARCH INSTITUTE OF TEXAS

**REQUEST FOR
APPLICATIONS**

RFA P-12-PPE-1

**Health Behavior Change Through
Public and Professional
Education and Training**

FY 2012

Fiscal Year Award Period
September 1, 2011 – August 31, 2012

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RFA VERSION HISTORY

Rev 11/23/11 RFA release

Rev 1/12/12 Section 4.2.6, Additional Documents and Information

- Submission format of Specific Aims changed from PDF to text entry

ARCHIVE

1. ABOUT CPRIT

In 2007, the State of Texas established the Cancer Prevention and Research Institute of Texas (CPRIT) by constitutional amendment. CPRIT began operations in 2009. 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 and product or service development, thereby enhancing the potential for a medical or scientific breakthrough in the prevention, treatment, and possible 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 the State of Texas;
- 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. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

Some types of cancer can be prevented or detected early, 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 healthcare professional education and training and/or health promotion, education, and outreach for prevention, early detection, and survivorship of cancer for the public. The target audiences for education and training are healthcare professionals involved in cancer outreach and care (including, but not limited to, physicians, nurses, medical assistants, dentists, physician assistants, pharmacists, physical therapists, social workers, psychologists, and nutritionists) and general population/priority populations as defined in this RFA. Applicants may propose the following types of programs: (A) Health promotion, public education, and outreach programs; (B) healthcare professional education and training programs; and (C) projects addressing both audiences with coordinated messages.

CPRIT's prevention grants are intended to fund prevention programs and services that have a demonstrated evidence base and are culturally appropriate for the target population. CPRIT recognizes that many evidence-based programs have not been implemented in all populations or service settings. In such cases, some form of evidence (e.g., preliminary evaluation or pilot project data) that the proposed program is appropriate for the population and has a high likelihood of success must be provided.

This RFA encourages traditional and nontraditional partnerships as well as leveraging of existing resources and dollars from other sources to address important knowledge gaps and desired behavior changes related to cancer prevention and control. The goals are to improve the practice and performance of healthcare practitioners and to increase the number of persons who improve their health behaviors related to the prevention of cancer, obtain recommended cancer screening tests, have cancers detected at earlier stages, and improve their quality of life if they are survivors of cancer.

CPRIT expects measurable outcomes of supported activities, such as a significant and sustained change in public health behaviors (e.g., getting vaccinated, quitting smoking, getting screened) and change/improvement not only in professional performance but also to systems in which professionals practice, including the cost effectiveness of those systems. Applicants must demonstrate how these outcomes will ultimately impact cancer incidence, mortality, morbidity, or quality of life.

2.2. Program Objectives

Background: Cancer is the second leading cause of death in the United States and Texas. It is estimated that more than 107,000 Texans will be diagnosed with cancer and approximately 38,000 Texans will die of cancer during 2011.¹ 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 some 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. Education and awareness are key to changing personal and practice behaviors that lead to cancer prevention, risk reduction, and early detection, but they must be followed by strategies that motivate, initiate, and sustain behavior change.

Scope: Public and professional education and training may include efforts aimed at:

- Primary prevention (e.g., delivery of vaccines that reduce the risk of cancer, evidence-based screening and counseling services for behaviors associated with cancer risk such as obesity, alcohol misuse, etc.)
- Secondary prevention (e.g., risk-appropriate cancer screening guidelines for mammography, colonoscopy, Pap test)
- Tertiary prevention (e.g., prevention and detection of new and recurrent cancer as well as interventions for the consequences of cancer and its treatment, such as physical rehabilitation/therapy, psychosocial interventions, survivor care plans , palliative care services)

Priority will be given to applications that propose innovation in the delivery of evidence- and needs-based education, outreach, and training efforts that have the potential to create demonstrable and sustainable change in behaviors that can prevent cancer or reduce the risk of cancer within a relatively short time, leverage existing resources, navigate participants to prevention services and can demonstrate the impact on public health behaviors by taking preventive measures.

It is anticipated that the development time for the proposed evidence-based program(s) would be minimal and that delivery of educational or training program(s) to public and/or professional audiences would begin no later than 6 to 8 months after the contract effective date. In addition, sufficient time should be allowed for followup after completion of the educational program(s) to identify behavioral changes and professional and patient outcomes.

A. Health Promotion, Public Education, and Outreach Programs. 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, outreach, and support on primary prevention, early detection, and survivorship. The applicant should demonstrate knowledge of evidence-based education, outreach, and support strategies; however, CPRIT is seeking projects and partnerships that will apply evidence-based strategies in novel ways that support personal behavior change, thereby leading to cancer prevention, risk reduction, and early detection and to improvements in the quality of life for survivors.

Applicants should propose active, rather than passive, education and outreach strategies that are designed to reach, engage, and motivate people and that include plans for realistic action and sustainable behavior change. Applicants **must assist participants in obtaining the prevention**

interventions being promoted (providing navigation, assisting with scheduling, etc.) and have a process for tracking participants to report on actions taken. For example, a breast cancer education project should include navigation to risk-appropriate screening, follow up with participants and/or professionals to confirm screening took place and, capture the results of the screening test (see Section 2.3.3).

Applicants should plan to design and deliver clear and consistent evidence-based messages whether they are addressing primary prevention, screening, or survivorship. The delivery format 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.

Examples of projects may include, but are not limited to, the following:

- Providing outreach to entire families in culturally appropriate ways and following these families to report on preventive actions taken and sustained over time
- Providing education on cancer screening at any point of contact with the healthcare system, navigating participants to screening resources and reporting on screenings completed and screening results
- Providing education and counseling on primary preventive measures, navigating participants to primary preventive services, and reporting on preventive actions taken and sustained by participants

B. Healthcare Professional Education and Training Programs. CPRIT's Healthcare Professional Education and Training Programs will focus on the delivery of education and training for healthcare professionals that are **designed to improve practice behaviors and system support related to primary and secondary prevention of cancer as well as cancer survivorship issues and that will result in facilitation and sustained behavior change in the patient population.** One of the strongest predictors of whether a person will receive recommended screenings for cancer is whether his or her healthcare professional recommends it.^{2,3} Some examples from research on the role of the healthcare professional indicate that smoking cessation advice given by physicians or nurses increases abstinence rates and that physician advice has modest effects on patient diet, increases the proportion of women who have a mammogram, and may increase the proportion who have a Pap smear.⁴

Educational programs proposed under this RFA must clearly describe the need for the program based on the target audience's current level of knowledge as well as skills and practice behaviors and must

provide a baseline of knowledge and practice behavior from which to measure change. **Projects must measure and report on actions taken and/or sustained by professionals as a result of the proposed educational activities.** In addition, the applicant must describe why the proposed program is not otherwise available or easily accessible to the target audience (nonduplicative).

This RFA seeks to fund projects that employ instructional methods and practice support strategies based on established adult learning principles and clinical effectiveness. Active and multicomponent educational and training interventions have consistently been shown to be more likely to result in behavior change than passive and single-component interventions. Less active and single-component interventions, such as conferences, medical journals, or mailed clinical practice guidelines, have not been shown to be effective in changing professional behavior.⁴ Applicants should describe changes in system support to prompt, standardize, and monitor practice improvements; e.g., new assessment tools, documentation prompts, utilization rates, and role or practice policy changes.

Examples of topics for projects may include, but are not limited to, the following:

- Primary prevention—Training professionals to screen for primary prevention needs and then to counsel and support patients on taking primary preventive measures and following up with professionals and patients to identify effectiveness of counseling
- Secondary prevention—Training professionals on patient risk assessment, cancer screening guidelines, and techniques to improve patient adherence and following up with professionals and patients to identify adherence to recommendations
- Tertiary prevention—Training professionals on providing followup care plans and addressing patients' quality-of-life and survivorship issues and following up with professionals and patients to identify adherence to recommendations
- Programs designed to address quality assurance issues and to improve practice behaviors and system support; e.g., tracking on electronic medical record systems, adherence to practice guidelines and followup with professionals to identify impact of system changes.

All professional training projects must followup to identify the effectiveness of the proposed intervention (e.g., impact of system changes, adherence to practice guidelines), both with the professional audience and the patients they serve.

C. Educational Efforts Addressing Both Professional and Public Audiences in a Coordinated Manner.

Applicants may propose projects that address both public and professional audiences where a

coordinated and integrated message may enhance the message and address important knowledge gaps, informational needs, and behavior change related to cancer prevention and control. Applicants proposing to address both audiences **must**:

- Demonstrate that adequate attention and resources of the proposed project are allocated to addressing each audience (public and professional)
- Link the professional education outcomes to the impact and outcomes measures for the patient/public. Professional education coupled with additional education of patients should demonstrate changes in professional behavior as well as measure the resulting impact on patients/public
- Clearly describe the outcomes and method for measuring outcomes for each audience

2.3. Award Description

The Health Behavior Change Through Public and Professional Education and Training award mechanism seeks to fund programs that greatly challenge the status quo in cancer prevention and control education of healthcare professionals and the public. The proposed program should strive to reach and serve as many people as possible. The budget should be proportional to the number of individuals served.

Under this RFA, CPRIT will not consider:

- **Payment for the delivery of clinical preventive services (e.g., cost of vaccines or screenings) to the public.** However, applicants must assist participants in securing access to any preventive services that are being promoted. Applicants interested in including payment for the delivery of evidence-based services should submit proposals under the Evidence-Based Cancer Prevention Services (EBP) RFA.
- **Treatment of cancer.** While education on treatment options and access to treatment are important in reducing mortality from cancer, this award mechanism will not address treatment of cancer. However, applicants must ensure that professional and public education and outreach programs provide information on available resources that address treatment.
- **Prevention research.** Research will not be funded through this award mechanism. Applicants interested in research should review CPRIT's Research RFAs (available at <http://www.cprit.state.tx.us>). Refer to Appendix A and to the Centers for Disease Control and

Prevention's (CDC's) document (<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>) for guidance in defining prevention research and nonresearch.

2.3.1. Priority Areas

Types of Cancer: CPRIT's primary emphasis will be those cancers for which proven primary prevention, early detection, and tertiary prevention strategies exist.

Target Populations: Priority populations are the primary focus for CPRIT-funded public education and outreach efforts. Priority populations are subgroups who are disproportionately affected by cancer. Priority populations include, but are not limited to, the following:

- Underinsured and uninsured individuals
- Geographically or culturally isolated populations
- Medically unserved or underserved populations
- Populations with low health literacy skills
- Geographic regions of the State with higher prevalence of cancer risk factors; e.g., obesity, tobacco use, alcohol misuse, unhealthy eating, and sedentary lifestyle
- Racial, ethnic, and cultural minority populations
- Any other populations with low screening rates, high incidence rates, and high mortality rates, specifically:
 - Underinsured and uninsured individuals age 50 years and older 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
 - Women age 40 years and older who have not received a mammogram within the past 5 years

2.3.2. Specific Areas of Interest

Applications addressing any type of education and training program that are responsive to this RFA will be considered. However, CPRIT has identified the following areas of interest for this cycle of awards.

A. Primary Preventive Services

Priority will be given to projects that address and can positively influence **local policy or systems change** (e.g., change in healthcare systems, worksites, schools) that can lead to **sustainable change in desired health behaviors**.

Tobacco Prevention and Control

CPRIT is interested in applications focused on areas of the State:

- That have higher smoking rates per capita than other areas of the State;
- Where local tobacco-free ordinances have not been enacted but there is strong support for change by local leadership;
- Where funds for tobacco use control efforts are not readily accessible from other sources; or
- Where there are existing community coalitions centered on tobacco policy change.

HPV Vaccination

All evidence-based primary prevention services will be considered; however, CPRIT is especially interested in applications to increase access to and delivery of the human papillomavirus vaccine.

B. Screening and Early Detection Services

Colorectal Cancer

- Increasing screening/detection rates in North and East Texas. The highest rates of cancer incidence are found in East Texas, while the highest mortality rates are found in East and North Texas.¹
- Decreasing disparities in racial/ethnic populations and rural communities (African Americans have the highest incidence and mortality rates followed by non-Hispanic Whites and Hispanics.)¹
- Decreasing incidence and mortality rates in rural counties. Incidence and mortality rates are higher in rural counties compared to urban counties.¹

Breast Cancer

- Increasing screening/detection rates in non-Hispanic White and Hispanic women along the Texas-Mexico border. These women have higher mortality rates than non-Hispanic Whites and Hispanics in nonborder counties.¹
- Increasing screening/detection rates in rural and medically underserved areas of the State; if addressing breast cancer in urban areas, reaching women who are not receiving regular mammograms or have not been screened in the last 5 years.

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties. Women in these counties have a 31-percent higher cervical cancer mortality rate than women in nonborder counties.¹
- Decreasing disparities in racial/ethnic populations. Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.¹

For more information about breast, cervical, and colorectal cancer in Texas, please visit CPRIT's Web site at <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control> or visit the Texas Cancer Registry site at <http://www.dshs.state.tx.us/tcr>.

C. Survivorship Services

- Palliative care
- Prevention and detection of new cancers and recurrent cancers
- Survivorship care plans

2.3.3. Outcome Metrics

The applicant will be expected to describe final outcome measures for the project. **Applicants must evaluate changes in public and/or healthcare professional knowledge and behavior/performance after the program.** Applicants are required to clearly describe their assessment and evaluation methodology and to provide baseline data describing how funds from the CPRIT grant will improve outcomes over baseline. In the case where no baseline data exist for the target population, the applicant must present clear plans to collect the baseline data at the beginning of the proposed project.

All education and outreach projects must follow-up to identify the effectiveness of the proposed intervention (e.g., impact of system changes, adherence to screening guidelines, number of patients who took action and received primary prevention or screening services, etc.). Specific public/patient and professional outcomes to be measured will depend on the objectives of each project; however, outcome metrics may include, **but are not limited to**, the following:

- Public/Patient behavior change outcomes must be measured
 - The increase over baseline in the number of persons in priority populations **who take preventive actions, e.g., change behavior, access services, receive counseling**, as a result of participating in the educational program.

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- In addition, interim measures may include the increase over baseline in the number of persons **who accessed services and were appropriately counseled** about health behaviors and evidence-based screening guidelines.
 - Professional performance/practice improvement or behavior change must be measured (e.g., Moore et al.'s seven levels of Continuing Medical Evaluation outcome measures⁵):
 - The increase over baseline in the number of healthcare professionals who counsel, screen, and/or refer, their at-risk patients regarding primary prevention, screening/diagnosis, and/or survivorship issues in the areas of tobacco use cessation, healthy lifestyles, avoidance of alcohol misuse, cancer screenings (including the pros and cons of prostate cancer screening), and the like.
 - The increase over baseline in the number of healthcare professionals who address patients' post-diagnosis issues, including counseling and referral to survivorship programs and services.
 - In addition, interim measures may include an increase over baseline of healthcare professionals' **knowledge and ability** to counsel, engage, and motivate patients on preventive measures, such as screening guidelines, healthy lifestyles, tobacco cessation, and available prevention services and/or an increase over baseline of healthcare professionals' knowledge of cancer survivorship issues and services.
 - Qualitative analysis of barriers and policy or systems change implemented to overcome barriers.

2.4. Eligibility

2.4.1. Applicant Organization

The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.

The applicant may submit more than one application, but each application must be for distinctly different programs without overlap in the programs provided. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.

If the applicant or a partner is an existing Department of State Health Services (DSHS) contractor (e.g. tobacco coalition, current Breast and Cervical Cancer Services (BCCS) program provider or other), CPRIT

funds may not be used as a match, and the application must explain how this grant complements or leverages existing State and Federal funds. DSHS contractors who also receive CPRIT funds must be in compliance with and fulfill all contractual obligations within CPRIT. CPRIT and DSHS reserve the right to discuss the contractual standing of any contractor receiving funds from both entities.

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. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants 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 6. All statutory provisions and relevant administrative rules can be found at <http://www.cprit.state.tx.us>.

2.4.2. Resubmission

An application previously submitted to CPRIT but not awarded funding may be resubmitted one time. All resubmitted applications should be carefully reconstructed; a simple revision of the prior application with editorial or technical changes is not sufficient, and applicants are advised not to direct reviewers to modest changes. Applicants preparing a resubmission should use up to half of the first page of the Project Plan to describe the approach to the resubmission.

2.4.3. Competitive Renewal

A previously funded CPRIT project may be resubmitted to continue or expand activities related to that award. Applicants must complete the Renewal Justification form in addition to a full application and provide information on the impact and progress of the previously awarded CPRIT grant. The application for competitive renewal should also describe how the application for renewal is different (if applicable) from the previous CPRIT award. Applications for competitive renewal will be subject to the same competitive peer review process as new applications. To avoid overlap in funding, applicants should time the submission of applications for renewal so that the contract execution date (listed in Section 3,

Key Dates) of the renewal project comes after the contract expiration date of the previous CPRIT award. Applications for renewal submitted in response to a CPRIT RFA that has a contract execution date that comes before the contract expiration date of the previous CPRIT award will be administratively withdrawn. An application is considered for competitive renewal if submitted under the same mechanism for which the previous CPRIT award was funded.

2.4.4. Program Management

The designated Program Director (PD) will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance period.

The educational program must be delivered or taught by qualified persons with demonstrated expertise in public and professional education and the field of cancer prevention and/or survivorship.

The evaluation of the project must be headed by a professional who has demonstrated expertise in the field (e.g., qualitative or quantitative statistics) and who resides in Texas during the time the project is conducted. CPRIT encourages the applicant to involve such a designated professional early in the planning and preparation of the application. The applicant may choose to contract for these services if needed; the project budget should reflect these services.

2.5. Funding Information

Applicants may request any amount of funding up to a maximum of \$500,000 in total funding over a maximum of 36 months. Budget requests for funding will vary depending on the project, and it is anticipated that the majority of projects and projects addressing only one audience (professional or public) will request significantly less than the maximum.

Grant funds may be used to pay for salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Equipment requests (\$5,000 and above) will receive a case-by-case evaluation and be carefully scrutinized. Requests for funds to support construction, renovation, or any other infrastructure needs are not appropriate for this mechanism, nor are requests to support lobbying or to attend out-of-state professional meetings. Grantees may request funds for travel for two project staff to attend CPRIT's annual conference.

The budget should be proportional to the number of individuals (public and/or professionals) receiving programs and services, and a significant proportion of funds is expected to be used for program delivery

as opposed to program development. In addition, CPRIT seeks to fill gaps in funding rather than replace existing resources or provide support for projects where funds are readily available from other sources. Furthermore, CPRIT funds may not be used for any costs under this award that should be billed to any other funding source.

3. KEY DATES

RFA

RFA release November 23, 2011

Application

Online application opens December 15, 2011, 7 a.m. Central Time

Application due February 21, 2012, 3 p.m. Central Time

Application review March–May 2012

Award

Award notification July 2012

Anticipated start date August 31, 2012

4. SUBMISSION GUIDELINES

4.1. Online Submission

Applications must be submitted via the CPRIT Application Receipt System (CARS) at <https://CPRITGrants.org>. **Only applications submitted at this portal will be considered eligible for review.** The PD must register to start an application. Detailed instructions for submitting an application will be posted on CARS beginning December 15, 2011.

4.1.1. Key Terms

People/Professionals Reached: Number of members of the public and/or professionals reached via non-interactive public or professional education and outreach activities, such as mass media efforts, brochure distribution, public service announcements, newsletters, and journals. Include individuals that would be reached through activities that are directly funded by CPRIT and **also include** individuals that would be reached through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.

People/Professionals Served: Number of members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, or clinical service delivery, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management

services, and physician consults. Include individuals that would be served through activities that are directly funded by CPRIT **and also** include individuals that would be served through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project (e.g., X people screened for cervical cancer after referral to Y indigent care program as a result of CPRIT-funded navigation services performed by the project).

Goals: Broad statements of general purpose to guide planning. These should be few in number and focus on aspects of highest importance to the project.

Objectives: Objectives provide specific, measurable, actionable, realistic and timely projections for outputs and outcomes. Example: "Increase screening service provision in X population from Y% to Y% by 20ZZ." Baseline data for the target population must be included as part of the objectives.

Activities: Should list the who, what, when and where of how each objective will be accomplished.

Evidence-based Program: A program that is validated by some form of documented research or applied evidence. CPRIT's Web site provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, please visit <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.

4.2. Application Components

Refer to the Instructions for Applicants document for detailed information and guidance on application components.

4.2.1. Application Signing Official (ASO) Requirement

In addition to the PD, an ASO (a person authorized to sign and submit the application for the organization) must create a user account in CARS. If the same person serves as both PD and ASO, a separate account must be set up for **each** role. An application may not be submitted without ASO approval.

4.2.2. Grants Contract/Office of Sponsored Projects Official Requirement

The Grants Contract/Office of Sponsored Projects Official (the individual who will manage the grant contract if an award is made) must also create an ASO-type user account in CARS. In some organizations without an Office of Sponsored Projects, the roles of PD and/or ASO as well as grants contract official may be assigned to the same individual.

4.2.3. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to the solution. The abstract and significance statement should clearly and succinctly address how the application is responsive to this RFA. Initial compliance decisions are based upon review of this statement. The required abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates (e.g., incidence of targeted cancer, mortality, and screening) in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the target population to be served.
- **Overall Project Strategy:** Describe the project and how it will address the identified need. Clearly explain what the project is and what it will specifically do. For example, summarize the services to be provided, the process/system for delivery of services and outreach to the targeted population, components of the project, or the like.
- **Specific Goals:** State very specifically the overall goals of your proposed project; include the estimated overall numbers of people (public and/or professionals) reached and people (public and/or professionals) served.
- **Innovation:** Describe the creative components of the proposed project. How does it differ from or improve upon the current program or services being provided?
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control for the population proposed to be served and for the State of Texas in general.

4.2.4. Layperson's Summary (3,000 characters)

Provide a layperson's summary of the proposed work. Describe, in very simple and nontechnical terms, the overall goals of the proposed work, the type of cancer addressed, the potential significance of the results, and the impact the work would have on cancer prevention and control. The information provided in this summary will be made publicly available by CPRIT, particularly if the application is recommended for funding. Do not include any proprietary information in the layperson's summary.

4.2.5. Project Plan (15 pages maximum; fewer pages permissible)

Background: Briefly present the rationale for 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 healthcare professionals' and/or patients' behaviors to prevent cancer, reduce the risk of cancer, or improve the quality of life for survivors within a relatively short timeframe. Describe creative

components of the proposed project. Clearly demonstrate the ability to complete the proposed project, and describe how results will be improved over baseline knowledge and personal and practice behaviors. Clearly demonstrate the ability to reach the target population. Because reviewers are non-Texans, describe the geographic region of the State the project will serve; maps are appreciated.

Specific Aims: Itemize the specific goals, objectives, and activities of the proposed project. Provide baseline data for the target population. If no baseline data exists, clearly describe plans to collect baseline data.

Components of the Project: Clearly describe the need, educational design, delivery method, and evidence base (provide references) for the method selected as well as instructors and anticipated results. Describe why this project is nonduplicative or unique. Applicants must clearly describe plans to ensure access to preventive services (i.e., navigation to screenings, vaccine, survivorship services) in their proposal.

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, increase in the number of individuals demonstrating personal health behavior change) as outlined in Section 2.3.3. Describe the plan for outcome measurements, including data collection and management methods, statistical analyses, and anticipated results. 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 the evaluation activity and should involve that professional in the conceptualization and planning of the evaluation of the program during application preparation.

Organizational Capacity and Sustainability: Describe the organization and its track record for providing services; include information on the organization's financial stability and viability. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate they have provider partnerships and agreements (via memorandums of understanding) **or** commitments (via letters of support) in place. A sustainability plan describing the continuation of the proposed program or service after CPRIT funding has ended **must** be included.

Replication and Dissemination: Describe how the project lends itself to replication by other communities in the State. Describe plans for dissemination of project results. Dissemination of project

results and outcomes, including barriers encountered and successes achieved, is critical to building the evidence base for cancer prevention and control efforts in the State. Dissemination methods can include but are not limited to presentations, publications, abstract submissions, professional journal articles, etc.

4.2.6. Additional Documents and Information

Budget and Justification (complete online): Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, equipment, supplies, contractual expenses, education and outreach expenses, and other expenses. CPRIT funds will be distributed on a reimbursement basis (see the Instructions for Applicants document for budget guidance).

- **Cost per Person Served:** The cost per person served will be automatically calculated from the total cost of the project divided by the number of people (public and/or professionals) served.
- **Personnel:** The individual salary cap for CPRIT awards is \$200,000 per year.
- **Travel:** Program Directors and related project staff are expected to attend CPRIT's annual conference. CPRIT funds may be used to send up to two people to the conference.
- **Equipment:** Equipment requests (\$5,000 per unit and above) will be carefully evaluated on a case-by-case basis and must be specifically approved by CPRIT if the project is funded. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. A sustainability plan must be submitted for both the equipment and delivery of corresponding services as a result of the equipment purchase. Cost sharing of equipment purchases is strongly encouraged.
- **Other Expenses:**
 - Incentives:** Use of incentives, or positive rewards used to change or elicit behavior, are allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the target population identified by the applicant. CPRIT will not fund cash incentives. The maximum dollar value allowed for an incentive per person, per activity or session, is \$25.

Applications requesting more than the maximum allowed cost (total costs) as specified in Section 2.5 will be administratively withdrawn from consideration.

Specific Aims (complete online): List goals and objectives for the project.

Project Timeline: Provide a project timeline for project activities that includes deliverables and dates.

People/Professionals Reached and Served (complete online): Provide the estimated overall number of people/professionals to be reached and people/professionals to be served by the funded project. Provide an itemized list of activities/services, with estimates, that led to the calculation of the overall estimates provided. Refer to Section 4.1.1 for definitions of People/Professionals Reached and People/Professionals Served.

Collaborating Organizations (complete online): List all key participating organizations that will partner with the applicant organization to provide one or more components essential to the success of the program (e.g. evaluation, clinical services, recruitment to screening, etc.).

Renewal Justification (if applicable, download template): For applicants applying for funding to continue activities related to a previous CPRIT award. Refer to Section 2.4.3 for information regarding competitive renewals.

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.

Current and Pending Support (download template): Applicants should list, if applicable, all current and pending awards/grants from State, Federal, nonprofit, and other sources that would extend or complement the proposed project. This allows the applicant to demonstrate how other funds would be leveraged to implement the proposed work. Using the template provided in the online application system, provide the funding source, amount, status (pending or awarded), duration, and a two-line summary of the use of the funds for each current or pending award/grant.

Letters of Support: Applicants should provide letters of support and/or memorandums of understanding from community organizations, key faculty, or any other component essential to the success of the program. For example, if the goal is to provide education to rural, community-based professionals, the applicant should provide letters of support demonstrating access to navigation and/or preventive services. These letters should be included and uploaded in the application; do not send any letters directly to the CPRIT office.

PD Biographical Sketch (download template): As part of his/her user profile, the PD should provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in health education programs relevant to cancer prevention and/or service delivery. The PD biographical sketch is a part of the PD's user profile and will automatically be incorporated into the application. The PD should NOT provide an additional biosketch as part of the application.

Evaluation Professional Biographical Sketch (download template): The evaluation professional must provide a biographical sketch. The biographical sketch must not exceed two (2) pages

Biographical Sketches of Key Personnel (download template): Up to three additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two (2) pages. Do NOT include a biographical sketch for the PD or Co-PDs in this section.

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.

5. APPLICATION REVIEW

5.1. Review Process Overview

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 meritorious by review panels will be evaluated by the Prevention Review Council and recommended for funding based on comparisons with applications from all of the merit review panels and programmatic priorities. Programmatic considerations may include but not be limited to geographic distribution, cancer type, population served, and type of program or service. 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 will 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 staff 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.

5.2. Review Criteria

Peer review of applications will be based on primary (scored) criteria and secondary (unscored) criteria, listed below. Review panels consisting of experts in the field as well as consumer advocates 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 and responsiveness to the RFA priorities.

5.2.1. Primary Evaluation Criteria

The project will be evaluated on the basis of the following primary criteria. 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 clear evidence exist of an important need for this public or professional education, and can that education effectively address the need?
- Does the proposed project demonstrate creativity, ingenuity, resourcefulness, or imagination? Does it take evidence-based interventions but apply them in innovative ways, going beyond “doing what they’ve always done” to explore new partnerships, new audiences, improvements to systems?
- Does the applicant demonstrate knowledge of similar resources that are available and avoid duplication of effort?
- Will the project reach and educate an appropriate number of people based on the budget submitted?

Project Strategy and Feasibility

- Are the overall program approach and strategy clearly described and supported by established theory and practice?
- Are the proposed objectives and activities feasible within the duration of the award?
- Is the target population clearly described, as well as culturally appropriate methods to reach the target population? Are barriers for the population clearly described and plans to provide culturally appropriate education to overcome these barriers clearly addressed?

-
- For public education, health promotion, and outreach programs, does the project support access or navigation to preventive services following educational activities? Are partnerships with service providers clearly and convincingly described?

Organizational Capacity

- Does the organization demonstrate the ability to provide the proposed program? Does the described role of each collaborating organization add value to the project and demonstrate commitment to work together to implement the project?
- Have the appropriate personnel been recruited to implement, evaluate, and complete the project?

Sustainability

- Is the organization structurally and financially stable and viable?
- Are there feasible plans to sustain the project beyond the funded timeframe of this award?
- If applicable, are there feasible plans to integrate the program into existing and sustainable systems?

Outcomes Evaluation

- Does the application provide a clear and appropriate plan for data collection and management, statistical analyses, and interpretation of results to follow, measure, and report on the project's outcomes?
- Are the proposed outcome measures appropriate for the project, and are the expected changes significant?
- Do clear baseline data exist for the target population, or are clear plans included to collect baseline data at the beginning of the proposed project?

5.2.2. Secondary Evaluation Criteria

Secondary criteria contribute to the global score assigned to the application. Lack of information or clarity on these criteria may result in a lower global score.

- **Budget:** Is the budget appropriate and reasonable for the proposed scope of work? Is each budget item adequately justified? Is the cost per person served appropriate and reasonable? Is the project a good investment of Texas public funds?

-
- **Potential for Replication:** Does the program lend itself to replication by others in the State? If so, does the application adequately describe a plan for doing so?
 - **Dissemination:** Are plans for dissemination of the project's results clearly described?

6. 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, budgetary review, and terms relating to intellectual property rights. These contract provisions are specified in CPRIT's administrative rules, which are available at <http://www.cprit.state.tx.us>.

All CPRIT awards will be made to institutions or organizations, not to individuals. If the PD changes organizations or 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 or organization. If the award is not transferred, the applicant institution or organization 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 both quarterly and 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. Applicants may view prevention quarterly and annual reporting forms, with instructions, by visiting <http://www.cprit.state.tx.us/funded-grants/grantee-resources>.

7. CONTACT INFORMATION

7.1. 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 15, 2011 to February 21, 2012 (excluding public holidays)
Hours of operation: Monday through Friday, 7 a.m. to 4 p.m. Central Time
Tel: 866-941-7146
E-mail: PreventionHelp@CPRITGrants.org

7.2. Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Review Office.

Tel: 512-305-8422
E-mail: PreventionHelp@CPRITGrants.org
Web site: www.cprit.state.tx.us

8. CONFERENCE CALLS TO ANSWER APPLICANT QUESTIONS

CPRIT will host a webinar to provide an overview of this RFA and a demonstration of the CPRIT Application Receipt System. A programmatic and technical question and answer session will be included. Applicants should sign-up for CPRIT's electronic mailing list at <http://www.cprit.state.tx.us> to ensure notification of this webinar.

9. RESOURCES

Cancer Statistics

The Texas Cancer Registry

Cancer incidence (cases) and mortality (deaths) in Texas

Web site: <http://www.dshs.state.tx.us/tcr>

Email: CancerData@dshs.state.tx.us

Phone: 800-252-8059

CPRIT, Texas Cancer Registry

Priority cancers for CPRIT's prevention program: Breast, cervical, and colorectal

- Breast Cancer in Texas: A Closer Look (1/4/10)
http://www.cprit.state.tx.us/images/uploads/report_breastc_a_closer_look.pdf
- Cervical Cancer in Texas, 2010
http://www.cprit.state.tx.us/images/uploads/cervical_cancer_in_texas_tcr_2010_low.pdf
- Colorectal Cancer in Texas, 2010
http://www.cprit.state.tx.us/images/uploads/colorectal_cancer_in_texas_tcr_2010_low.pdf

Evidence-Based Strategies, Programs, and Clinical Recommendations

The Community Guide

Resources by topic, including specific cancers, tobacco, and worksite programs

<http://www.thecommunityguide.org/index.html>

Cancer Control P.L.A.N.E.T.

Resources by topic, including specific cancers, tobacco, diet/nutrition, and survivorship

<http://cancercontrolplanet.cancer.gov>

Agency for Health Care Research and Quality

Clinical recommendations for screening, counseling, etc.

<http://www.ahrq.gov/clinic/prevenix.htm>

Making Health Communication Programs Work—National Cancer Institute®

Effective communication tools for public education and outreach programs

<http://www.cancer.gov/pinkbook>

10. REFERENCES

- Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX, 78756, <http://www.dshs.state.tx.us/tcr/default.shtm> or (512) 458-7523.
- Subramanian S, Klosterman M, Amonkar MM, Hunt TL. Adherence with colorectal cancer screening guidelines: A review. *Prev. Med.* 2004 May; 38(5):536-550.
- Klabunde CN, Vernon SW, Nadel MR, Breen N, Seeff LC, Brown ML. Barriers to colorectal cancer screening: A comparison of reports from primary care physicians and average-risk adults. *Med. Care* 2005 Sept; 43(9):939-944.
- Diffusion and Dissemination of Evidence-Based Cancer Control Interventions. Summary, Evidence Report/Technology Assessment No. 79. AHRQ Pub. No. 03-E032, May 2003. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/epcsums/canconsum.htm>.
- Moore DE Jr., Green JS, Gallis HA. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *J. Contin. Educ. Health Prof.* 2009; 29(1):1-15.
- APPENDIX A: Defining Cancer Prevention and Control Programs and Cancer Prevention Research for CPRIT Grants.

11. APPENDIX A: DEFINING CANCER PREVENTION AND CONTROL PROGRAMS AND CANCER PREVENTION RESEARCH FOR CPRIT GRANTS

Statute

By Texas statute, 90 percent of dollars available to CPRIT is awarded through CPRIT's Research Grants Program. The CPRIT Cancer Prevention and Control Grants Program may award up to 10 percent (but not more) of dollars available to CPRIT.

Purpose of CPRIT Prevention Grants Program

Grants funded under the Prevention Grants Program are intended to fund prevention strategies, programs and services that have a demonstrated evidence base and are culturally appropriate for the target population. An evidence-based strategy is a program or service that is validated by some form of documented research or applied evidence. Links to resources for evidence-based strategies, programs, and clinical recommendations can be found on CPRIT's Web site at <http://www.cprit.state.tx.us/prevention/resources-for-cancer-prevention-and-control>.

Based upon the above, the Prevention Grants Program will focus on funding:

- The delivery of evidence-based, culturally appropriate education and outreach to the public and to healthcare professionals
- The delivery of evidence-based preventive services
- The adoption and implementation of policy and systems change to address barriers and promote prevention

CPRIT seeks projects that will apply evidence-based strategies, services, or programs in new or innovative ways to increase current rates of recruitment, provision of services, and cancer detection leading to an increase in survival rates.

Eligible projects include:

- Primary prevention (e.g., vaccine-conferred immunity, tobacco control, healthy diet, prevention of alcohol misuse, physical activity, sun protection)
- Early detection/screening (focus on breast, cervical, and/or colorectal cancers)
- Survivorship services (e.g., physical rehabilitation/therapy, psychosocial interventions, navigation services, palliative care)

The Prevention Grants Program seeks to fund innovative ways of delivering evidence-based programs and services that (1) go beyond simply increasing the number of persons educated or trained to demonstrating and supporting sustainable behavior change and (2) go beyond delivering early detection/screening services to improving systems and cost efficiencies by addressing needed system and policy change or improvements. Projects should demonstrate measurable public health impact in ways that exceed current performance in a given service area.

In the first 2 years, the amount available for the CPRIT Prevention Grants Program is approximately \$22 million per year. To ensure that the prevention funds go toward the delivery of programs and services to the public, a distinction between prevention research (funded under the Research Grants Program) and the delivery of evidence-based prevention services to the public (funded under the Prevention Grants Program) must be made. The Prevention Grants Program does not accept or review prevention research applications. Organizations seeking funding for prevention research should consider submitting to CPRIT's Research Grants Program.

Prevention Research Versus Prevention Programs and Services

The CDC makes the following distinction between public health research and nonresearch:

The major difference between research and non-research lies in the primary intent of the activity. The primary intent of research is to generate or contribute to generalizable knowledge. The primary intent of non-research in public health is to prevent or control disease or injury and improve health, or to improve a public health program or service.¹

CPRIT makes the following distinction between prevention research and prevention programs and services.

A project is appropriate for the Prevention Grants Program if:

- The intervention is evidence based.
- The intervention offers a program or service to the public and strives to reach and serve as many people as possible. Cost per person served will be highly variable depending on the project, but the majority of the budget should be for direct program or service delivery. Refer to each RFA;

¹ Centers for Disease Control and Prevention. *Distinguishing Public Health Research and Public Health Nonresearch*. Accessed 11/10/10 from <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

some RFAs, such as those focusing on policy/systems change, may only cover activities to address barriers and may not pay for the delivery of the service being evaluated.

- Evaluation is conducted under real-world (rather than controlled) circumstances, in real time, and with regular personnel conducting the interventions, usually without rigid protocols (also may be described as effectiveness research in contrast to efficacy research). Evaluation and reporting of outcomes are critical components of CPRIT-funded projects and must be guided by a professional with demonstrated expertise and experience in the field. Applicants should budget accordingly for this activity.
- The purpose of the evaluation is to assess the success of the project in achieving its objectives (changing behavior, increasing screening rates, and increasing detection of cancers). CPRIT recognizes that in many cases evidence-based practices have been developed but not implemented in all populations or all service settings. For applications proposing to evaluate such projects, other forms of evidence (e.g., preliminary evaluation or pilot project data) that the proposed service is appropriate for the population and has a high likelihood of success must be provided. For example, the project may compare evidence-based strategies or evaluate implementation in a new population but the main objective of the project should be to deliver a program or service to the public that will have a measureable impact on public health. CPRIT strongly encourages award recipients to submit the results and findings from their funded projects for publication in appropriate journals.

A project is appropriate for the Research Grants Program if:

- The primary intent is to generate or contribute to generalizable knowledge.
- The project is conducted using highly controlled, usually randomized, designs (also may be described as efficacy research).

What Kinds of Prevention Research Will Be Eligible for the Research Grants Program?

There is no restriction on the type of research that can be supported by CPRIT's Research Grants Program except that it must be relevant to cancer. Applications will be evaluated based on their significance and importance, their feasibility, the qualifications of the investigator(s), and the like.

Types of prevention research include, but are not limited to:

- Preclinical and clinical research
- Health services research
- Behavioral research
- Intervention research
- Community-based participatory research
- Disease or behavioral surveillance systems research

ARCHIVE