CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS

RFA P-11-PPE1

Health Promotion, Education, and Training for Public and Health Care Professional Audiences

2011

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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, 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. FUNDING OPPORTUNITY DESCRIPTION

2.1. Summary

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 care 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 are health care professionals involved in cancer outreach, care, and treatment (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. There are three components to this RFA. Applicants may propose the following types of programs: Health promotion, public education, and outreach programs; professional

education and training programs; and projects addressing both audiences with coordinated messages.

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 health care 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 change in public health behaviors and change not only in provider performance but also changes to systems in which providers practice including the cost effectiveness of those systems. Applicants must demonstrate how these outcomes will ultimately impact 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 104,141 Texans will be diagnosed with cancer and 37,984 Texans will die of cancer in Texas during 2010.[1] The risk of developing many cancers can be reduced by personal behavior changes, such as 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. Education and awareness are key to changing personal and practice behaviors that lead to cancer prevention, risk reduction, and early detection but must be followed by strategies that motivate, initiate, and sustain behavior change.

Scope:

A. **Health Care Professional Education and Training.** CPRIT's Health Care Professional Education and Training Program will focus on the delivery of education and training for health care providers that is **designed to improve practice behaviors and system support related to primary and secondary prevention of cancer as well as cancer survivorship issues.** One of the strongest predictors of whether a person will receive recommended screenings for cancer is whether his or her health care professional recommends it.[2,3] Some examples from research on the role of the health care 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 should 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 should provide a baseline of knowledge and practice 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 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 interventions, such as conferences, medical journals, or mailed clinical practice guidelines, have not been shown to be effective in changing provider behavior.[4]

Health care provider education and training may include efforts aimed at:

- Primary prevention (e.g., education on vaccine-conferred immunity or on modifiable lifestyle factors, such as tobacco use and smoking cessation, healthy diet, alcohol misuse, physical activity, and sun protection)
- Secondary prevention (e.g., age-appropriate cancer screening guidelines), and/or

- 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 psychosocial interventions and physical therapy/rehabilitation).

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

- Training professionals on effective cancer prevention and control message delivery to patients;
- Primary prevention – Training professionals to screen for primary prevention needs and then to counsel and support patients on taking primary preventive measures;
- Secondary prevention – Training professionals on patient risk assessment, cancer screening guidelines, and techniques to improve patient adherence; and
- Tertiary prevention – Training professionals on providing followup care plans and addressing patients' quality of life and survivorship issues.

B. **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. 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, outreach, and support strategies; however, CPRIT is seeking projects and partnerships that will apply evidence-based strategies in novel ways that change and 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 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 for projects may include, but are not limited to:

- Providing outreach to entire families in culturally appropriate ways;
- Providing education on cancer screening at any point of contact with the health care system;
- Providing education and counseling on primary preventive measures;
- Tailoring culturally appropriate educational messages and modes of education for hard-to-reach communities to address where they live, work, and play; and
- Developing realistic individual change plans and realistic self-management plans and social support systems.

C. **Educational efforts addressing both professional and public audiences in a coordinated manner.** CPRIT is seeking projects and partnerships that will address both public and professional audiences where a coordinated message may enhance the message and address important knowledge gaps and informational needs related to cancer prevention and control. Applicants who wish to address both audiences with coordinated messages may apply under this RFA.

2.3. Award Description

The **Health Promotion, Education, and Training for Public and Health Care Professional Audiences** award mechanism seeks to fund programs that greatly challenge the status quo in cancer prevention and control education of health care 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:

- Delivery of clinical preventive services (e.g., cost of vaccines or screenings) to the public. However, applicants must ensure that there is access to any preventive services that are being promoted.
- 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 www.cprit.state.tx.us). 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 non-research (http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm).

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:

- 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; and
- Any other populations with low screening rates, high incidence rates, and high mortality rates, specifically:
    - Underinsured and uninsured individuals age 50 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; and
    - Women age 40 and older who have not received a mammogram within the past 5 years.

2.3.2. Areas of Emphasis

A. Health Care Professional Education and Training: Priority will be given to applications that propose innovation in the delivery of evidence-based and needs-based professional education and training, seek to improve practice behaviors and system support leading to improved patient outcomes, leverage existing resources, and demonstrate the ability to measure patient and health care provider outcomes.

Priority will also be given to applications that target hard-to-reach provider populations, such as rural- and community-based providers who may not have ready access to continuing medical education or national meetings as well as health care professionals who care **primarily** for populations who are disproportionately affected by cancer.

B. Health Promotion, Public Education, and Outreach: Priority will be given to applications that propose innovation in the delivery of evidence- and needs-based education and outreach 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 (2 years), leverage existing resources, and demonstrate the ability to measure behavior change.

C. Educational efforts targeting both public and health care professional audiences: Priorities are the same as outlined above for professional and public audiences. Priority will be given to applications designed to enhance the rate of change in personal and practice behaviors related to primary and secondary prevention of cancer as well as address cancer survivorship issues. The format for delivery of education must be appropriate for the objectives. The content must be appropriate for the level of knowledge of each target audience.

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 health care provider knowledge **and** behavior/performance after the program. Applicants who can demonstrate the impact on public health behaviors in taking preventive measures will have a competitive advantage in the review process. Applicants are expected 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. Applications providing baseline data will be more competitive, but in the case where no baseline data exist for the target population, the applicant should present clear plans to collect the baseline data at the beginning of the proposed project.

Specific public/patient and provider outcomes to be measured will depend on the objectives of each project; however, outcome metrics may include, **but are not limited to**, the following.

Provider Outcomes

- Knowledge increase:
  - The increase over baseline of health care providers' knowledge and ability to counsel, engage, and motivate patients on preventive measures, such as screening guidelines, healthy lifestyles, tobacco cessation, and available prevention services.
  - The increase over baseline of health care providers' knowledge of cancer survivorship issues and services.
- Provider performance/practice improvement or behavior change (see Moore et al.'s seven levels of Continuing Medical Evaluation (CME) outcome measures for an example of an evaluation framework and definition of provider performance change[5]):
  - The increase over baseline of the number of health care providers who screen and counsel their at-risk patients about tobacco use and cessation, healthy lifestyles, alcohol misuse, cancer screenings including the pros and cons of prostate cancer screening , and the like.
  - The increase over baseline of the number of health care providers who address patients' postdiagnosis issues, including counseling and referral to survivorship programs and services.

Public/Patient Outcomes

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

2.4. Eligibility

2.4.1. Applying 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.

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 www.cprit.state.tx.us.

2.4.2. Resubmission

An application previously submitted to CPRIT but not awarded funding may be resubmitted. 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 may use up to half of the first page of the Project Plan to describe the approach to the resubmission.

2.4.3. 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. The applicant may choose to contract for these services if needed; the project budget should reflect these services.

2.5. Funding Information

Applicants applying for one aspect of the award (A, public education or B, professional education) may request up to $300,000 in direct costs for up to 24 months. Applicants

proposing to address both audiences (C, public and professional education) may request up to $600,000 in direct costs for up to 24 months.

It is anticipated that the educational program(s) would be delivered in the first 12 to 18 months with the remaining time used for followup to identify changes in provider and patient outcomes. Grant funds may be used for salary and fringe benefits, project 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. The budget should be proportional to the number of individuals receiving services, and a significant proportion of funds is expected to be used for direct services. 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 costs that should be billed to any other funding source.

Applicants who receive CPRIT funding under this award will be eligible to submit applications for continuation of project-related activities in future cycles, provided that they remain in compliance with CPRIT contractual obligations. However, applications for renewed funding will be subject to the same competitive review process as new applications submitted to CPRIT.

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 CPRIT's administrative rules. 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.

3. KEY DATES

RFA release	June 4, 2010
Online application opens	July 1, 2010, 7 a.m. Central Time
Application due	September 21, 2010, 3 p.m. Central Time
Application review	December 2010

Award notification	January 2011
Anticipated start date	February/March 2011

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 July 1, 2010.

4.2. Application Components

4.2.1. Application Signing Official (ASO) Requirement

In addition to the PD, an ASO (a person authorized to sign 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. Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed and the approach(es) to the solution. The required abstract format is as follows.

- 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 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 targeted population, components of the project, or the like.
- Specific goals/aims: State very specifically what you intend to achieve through your proposed project (e.g., "Strategies to overcome the barriers to screening services will improve screening rates"). Include the estimated number of people reached/contacted and served (e.g., actually educated or trained).
- Innovation: Describe the innovative components of the proposed project. How does it differ from or improve upon the current program or services being provided?

- Significance and impact: Address 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.

4.2.3. Layperson 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 summary.

4.2.4. Project Plan (15 pages maximum; fewer pages are permissible)

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 health care providers' 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 (2 years). 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.

Specific Aims: Concisely state the specific aims that will be pursued and the target population. Include the estimated number of people reached/contacted and served (e.g., actually educated or trained).

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. Describe whether the project lends itself to replication by others in the State.

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 counseling from their health care providers,

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.

4.2.5. Additional Documents and Information

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, and other expenses. CPRIT funds will be distributed on a reimbursement basis (see the Instructions for Applicants document for budget guidance). Applications requesting more than the maximum allowed cost (total costs) will be administratively withdrawn from consideration.

Project Timeline: Provide a project timeline that includes the major milestones, deliverables, and dates.

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: 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 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 providers, the applicant should provide letters of support demonstrating connections with the targeted population.

Biographical Sketches: 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. A biographical sketch for the evaluation professional must also be included. Up to three additional biographical sketches for key personnel may be provided. Each biographical sketch must not exceed two (2) pages.

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 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.

5.2. 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.

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 the project address an important problem? Does clear evidence exist of the need for this public or professional education, and can that education effectively address the need?
- Is the project innovative? Does the project develop/employ novel concepts, approaches, and educational methodologies or challenge existing paradigms?
- Is the proposed program nonduplicative? That is, does the applicant demonstrate knowledge of similar resources that are available and avoid duplication of effort?
- Does the project leverage resources and partners to maximize the reach of the proposed goals?
- Will the project reach and educate an appropriate number of people based on the budget allocated and the cost of providing the program?

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? Has the application convincingly demonstrated the length of time to impact behavior change of the provider and patient population?
- Does the application target priority populations as defined in this RFA, and is the target population clearly described, including, but not limited to, their specific educational needs? Are barriers to access to education clearly described and addressed?
- Does the application clearly describe culturally appropriate approaches and the ability to access the targeted population and reach the desired number of persons within the funding period of the proposed project?

- For public education, health promotion, and outreach programs, does the project demonstrate access to preventive services following educational activities?

Organizational Capacity and Sustainability

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed programs? Is the role of each collaborating/partnering organization clearly described? Do these organizations add value to the project and demonstrate commitment to work together to develop the project plan?
- Have the appropriate personnel been recruited for the proposed project activities as they pertain to organizational ability to implement the project and effect any needed system/policy changes, provide the proposed program, and evaluate the project?
- Are there plans to sustain the project beyond the funded timeframe of this award?

Outcomes Evaluation

- Does the application provide a clear plan to demonstrate an impact on public or provider outcomes (i.e., changes in knowledge and performance/behavior after the program)?
- 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?
- Does the application provide a clear and appropriate plan for data collection and management, statistical analyses, and interpretation of results?

5.2.2. Secondary Evaluation Criteria

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

Budget: Is the budget appropriate for the scope and/or educational services of the proposed work? 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?

Dissemination: Are there plans for dissemination of the project's results?

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 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 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.

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: July 1, 2010 to September 21, 2010

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

Tel: 866-973-6661

E-mail: PreventionHelp@CPRITGrants.org

7.2. 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: 512-305-8422

E-mail: PreventionHelp@CPRITGrants.org

Web: www.cprit.state.tx.us

8. RESOURCES

Cancer Statistics

The Texas Cancer Registry

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

Website: 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) (PDF)
- Cervical Cancer in Texas: A Closer Look (1/4/10) (PDF)
- Colorectal Cancer in Texas: A Closer Look (1/4/10) (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

9. REFERENCES

1. 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.

2. Subramanian S, Klosterman M, Amonkar MM, Hunt TL. Adherence with colorectal cancer screening guidelines: A review. Prev. Med. 2004 May;38(5):536–550.

3. 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.

4. 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 Health care Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/epcsums/canconsum.htm

5. 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.