# SD Department of Health Cancer Programs
# Implementation Grants Request for Applications (RFA) #25CP0001

**Purpose:** The SD Department of Health cancer programs are seeking applications that support the 2021-2025 SD Cancer Plan, focus on evidence-based intervention implementation, and promote equitable and accessible cancer prevention, early detection, and cancer survivorship efforts in South Dakota. The RFA aligns with the South Dakota Prevention Framework.

**Eligibility:**

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

| RFA Schedule | Date |
|---|---|
| Application Released | January 16th, 2023 |
| Application Assistance Available Click here to request assistance! | January 16th – March 14th, 2024 |
| **Application Submission Deadline** | **5:00pm CT on March 15th, 2024** |
| Tentative Award Notification | Week of May 13th, 2023 |
| Project Period | June 1, 2024-May 31, 2025 |

**Available Funding:**

- Applicants may request up to $25,000 per project period year. Budget requests should commensurate with the number of interventions selected and total number of individuals impacted. Funding will not exceed $25,000 per application, per project period year. Applicants must demonstrate significant progress towards objectives in the first year.
- The total number of awards is dependent upon available funds and the number and scope of proposals submitted. 100% of this project will be funded by federal funds.
- Funding will be remitted on a reimbursement basis monthly or quarterly (depending on contractor preference).

**Guidelines:**

- Awardees must utilize the following application and implement the evidence-based intervention(s) proposed.
- Applications should demonstrate a systems level change approach impacting the permanent culture around cancer prevention and control at the organization-wide level with potential for sustained and lasting impact.
- Applications should demonstrate the ability to have a positive systems level impact on cancer prevention, early detection, or survivorship interventions or impact one or more of these indicators within a priority population as listed in the SD Cancer Plan. Additional details can be found in the scoring rubric (Appendix D).
- Awardees will participate in technical assistance sessions with at least one in-person site visit at the beginning of the project period. Additional technical assistance sessions will occur via conference call, webinar, or in-person to discuss project progress, successes, and challenges and/or receive technical assistance.
- For projects focusing on breast and cervical cancer screening, women should be assessed for eligibility in the All Women Count! Program as applicable. Eligible women should be informed on the program and encouraged to enroll. See https://www.getscreenedsd.org/or call 1-800-738-2301 for more information. Education on the All Women Count! Program will be provided to all awardees.

- Education on the SD QuitLine will be provided to all awardees. Clients should be assessed for tobacco use and referred to the SD QuitLine as appropriate. See https://www.sdquitline.com/ for more information.

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

**Funds CAN be used for items such as:**
- Staff time for informatics/data analysis, developing and implementing policies and workflows, implementing reminders, provider interventions, navigation, key project initiatives
- Development and mailing costs for reminders, automated reminder costs, mailing costs for FIT tests
- In-state travel to support intervention implementation (at state rates; see budget instructions on page 10). Out-of-state travel requires pre-approval.
- Other eligible expenses. Please contact Shannon with any budgetary questions.

**Scoring Criteria:**
- Complete applications meeting RFA guidelines will be submitted for review by the grant review committee. Final award decisions will be determined by the SD Department of Health. Applicants are encouraged to review their application with the scoring criteria before submitting. See Appendix D for a scoring rubric.

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

**Technical Assistance:**
- **Application assistance via phone or web-conference is available to all interested applicants throughout the application period. This includes, but is not limited to, discussing potential project ideas, providing feedback on draft applications, addressing questions, reviewing draft applications, data support, and assistance with evaluation plans.** It is strongly encouraged applicants take advantage of this assistance. Contact Shannon at shannon.park@state.sd.us to request assistance.
- Helpful resources are linked in Appendix C.
- Technical assistance for implementation and evaluation support will be provided to awardees throughout the grant period by SD DOH staff and/or partner organizations.

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**APPLICATIONS MUST BE SUBMITTED TO shannon.park@state.sd.us NO LATER THAN 5:00 PM CENTRAL TIME ON MARCH 15th, 2024.**
*Complete applications must be submitted by this deadline. Late or incomplete applications will not be considered for funding.*

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# Cancer Programs Implementation Grant Application

**Applicant Information**

Project Title:
Organization Name*:
Mailing address*:                                    City*                            Zip Code*:
Project Contact Person:                              Title:              Email:
Contract Signatory*:                                 Title:              Email:
*please list as it should appear on a contract, if awarded

**Grant Team:** *Please list the role, name, title, and email of the members who will be serving on your grant/quality improvement team for this project.*

| Role | Name | Job Title | Email |
|---|---|---|---|
| **Implementation Lead** | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

1. Which of the following categories best describes your organization?

   ☐Federally Qualified Health Center      ☐Indian Health Service
   ☐Health Clinic                          ☐Professional Organization
   ☐Health System                          ☐Non-profit
   ☐Health Plan                            ☐Tribal health center
   ☐Quality Improvement Organization       ☐University
   ☐Worksite                               ☐Other: _____

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

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

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

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

4. Does your organization have a written quality improvement plan?
   ☐ Yes – *A copy will be requested if your project is awarded funding.*
   ☐ No

5. Does your organization have a written quality improvement plan?
   ☐ Yes – *A copy will be requested if your project is awarded funding.*
   ☐ No

6. What type of medical record system does your practice site or the partnering organization(s) use?
   ☐ Paper charts or in transition from paper to full electronic medical records
   ☐ Partial electronic health records (e.g. lab results available electronically, but patient history on paper)
   ☐ Full electronic medical records; please identify EHR vendor: Click here to enter text. *(Facilities must utilize full electronic medical records if client reminders, provider reminder and recall system, or provider assessment and feedback are selected as interventions.)*
   ☐ Not applicable

7. **Population of Focus:**  Please describe the primary population(s) of focus for this grant. *Additionally, if the target population will be different for each intervention please specify that information below.*

| |
|---|
| Target population(s): (Geography, race, age, gender, etc.) |
| Will your project address health disparities? |
| What is your experience working with this population(s)? |
| Estimated number of South Dakotans to be reached by the project: |

**PLAN**

**Intervention Planning:** *Please check the interventions that your organization plans to implement. You will indicate which cancer plan priority areas you plan to focus on in the intervention planning section. Requested funding should align with the number of interventions selected and number of people impacted. An intervention description and resource guide can be found in Appendix B. *Reminder, staff are available to discuss intervention options, provide feedback and review application drafts.*

**Primary Evidence-Based Interventions:** *At least **one** primary evidence-based intervention must be implemented.*

| Implementation Proposed | Cancer Prevention & Early Detection Interventions | Implementation Proposed | Cancer Treatment/Survivorship Interventions |
|---|---|---|---|
| ☐ | **Client Reminders** | ☐ | **Clinical Research Accrual** |
| ☐ | **Provider Reminder and Recall Systems** | ☐ | **Survivorship Services** |
| ☐ | **Provider Assessment and Feedback** | **Implementation Proposed** | **Cross-Cutting Interventions** |
| ☐ | **Policy Adoption** | ☐ | **Genetic Counseling and Risk Assessment** |
| ☐ | **Reducing Structural Barriers** | ☐ | **Other Evidence-Based Intervention** |

**Supporting Strategies:** *These strategies should be implemented in coordination with the primary evidence-based intervention(s).* Please address at least one health equity population along with any other cross-cutting strategies. *(see appendix D).*

| Implementation Proposed | Cross-Cutting Strategies |
|---|---|
| ☐ | **Address Health Equity:** *The root of health outcomes is centered on social and economic factors and determinants of health that disproportionately impact populations, including marginalized* |

| | | |
|---|---|---|
| | | *communities.* **Priority consideration will be provided to applicants that propose implementation and evaluation of evidence-based strategies that address cancer prevention and control through a health equity lens.** *Priority populations identified in the SD Cancer Plan include: American Indians, Low Socioeconomic Status Populations, Rural and Frontier Populations, and Uninsured/Underinsured Populations.* |
| | ☐ | **FLU-FIT/FLU-FOBT** |
| | ☐ | **Patient Navigation** |
| | ☐ | **Maintenance of Certification or Professional Education** |

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**IMPLEMENT**
**Evidence-based Interventions:** *Ensure the implementation plan aligns with the intention of the defined interventions. If your organization currently implements these interventions, expansion must occur as part of the application.*

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

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

**Client Reminders-** *Please select which priorities will be addressed by this intervention. You only need to complete the data for the selected priority areas.*
☐ **HPV Vaccination** ☐ **Breast Cancer Screening** ☐ **Cervical Cancer Screening** ☐ **Colorectal Cancer Screening**

| | **Baseline # of Clients Receiving a Reminder** (January 1, 2023-December 31, 2024) | **Target # for Year 1 Project Period** (June 1, 2024-May 31, 2025) |
|---|---|---|
| **HPV Vaccination** | | |
| **Breast Cancer Screening** | | |
| **Cervical Cancer Screening** | | |
| **Colorectal Cancer Screening** | | |

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

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

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

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

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

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

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**Policy Adoption-** *Please select which priorities will be addressed by the policy(ies) adopted.*
☐ **Tobacco Cessation** ☐ **HPV Vaccination** ☐ **Breast Cancer Screening** ☐ **Cervical Cancer Screening** ☐ **Colorectal Cancer Screening** ☐**Other (please specify:** Click here to enter text. **)**

Please provide a thorough and thoughtful description for the following in narrative format:
1. The staff that will be responsible for policy development; include name/title and the amount of time that will be dedicated to the project.
2. The planned process for the policy development, adoption, implementation, and enforcement.
3. Please describe how this intervention addresses health equity?

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

| Baseline # of Clients Participating in a Flu-FIT/FOBT Effort<br>(January 1, 2023-December 31, 2023) | Target # for Year 1 Project Period<br>(June 1, 2024-May 31, 2025) |
|---|---|
| | |

Please provide a thorough and thoughtful description for the following in narrative format:
1. Staff who will organize the intervention to include name/title, experience and time that will be dedicated to intervention.
2. Your implementation plan for the intervention. *Please be very thorough in this section. May include in timeline below.*
3. Process by which patients will be identified and targeted for the intervention. Please include standing order protocol for screening and if efforts will occur throughout the flu season or during a flu vaccination event.
4. Tracking, documentation, and billing process for tests provided and returned.
5. Follow-up and provider coordination of care for positive tests, diagnostic follow-up and cancer treatment if applicable.

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

| Implementation Proposed | Interventions and Supporting Strategies |
|:---:|:---|
| ☐ | Clinical Research Accrual |
| ☐ | Survivorship Services |
| ☐ | Genetic Counseling and Risk Assessment |
| ☐ | Reducing Structural Barriers |
| ☐ | Patient Navigation |
| ☐ | Maintenance of Certification or Professional Education |
| ☐ | Address Health Equity |
| ☐ | Other Evidence-based Intervention *(intervention focus must relate to one of the priorities in the SD Cancer Plan)* |

**Intervention:**

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

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

Please outline the timing and steps of your intervention plan using the timeline below.

| Timeline | Implementation Plans |
|:---|:---|
| **Year One, Quarter 1:** *June, July, August* | |
| **Year One, Quarter 2:** *September, October, November* | |
| **Year One, Quarter 3:** *December, January, February* | |
| **Year One, Quarter 4:** *March, April, May* | |

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

| Tobacco Cessation Intervention | Measure (Example: NQF0028) | 2023 Baseline (January 1, 2023-December 31, 2023) | Target During Year One Project Period (June 1, 2024-May 31, 2025) |
|---|---|---|---|
| | Measure Used: Measure Version: | Numerator: Denominator: Percentage: | Percentage: |

| HPV Vaccination *Please limit data to active patients (at least one visit in the past 24 months)* | Baseline (Data as of Click here to enter text. ) | Target % (5/31/24) | | Baseline (Data as of Click here to enter text. ) | Target % (5/31/24) |
|---|---|---|---|---|---|
| Females and males ages 11-12 with ≥ 1 dose of HPV vaccine | Numerator: Denominator: Percentage: | | Females and males ages 11-12 who've completed* the HPV series | Numerator: Denominator: Percentage: | |
| Females and males ages 13-14 with ≥ 1 dose of HPV vaccine | Numerator: Denominator: Percentage: | | Females and males ages 13-14 who've completed* the HPV series | Numerator: Denominator: Percentage: | |
| Females and males ages 15-26 with ≥ 1 dose of HPV vaccine | Numerator: Denominator: Percentage: | | Females and males ages 15-26 who've completed* the HPV series | Numerator: Denominator: Percentage: | |

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

| Breast Cancer Screening Rate | Measure (Examples: NQF2372, HEDIS, Other) | 2022 Baseline (January 1, 2022-December 31, 2022) | 2023 Baseline (January 1, 2023-December 31, 2023) | Target During Year One Project Period (June 1, 2024-May 31, 2025) |
|---|---|---|---|---|
| | Measure Used: Measure Version: | Numerator: Denominator: Percentage: | Numerator: Denominator: Percentage: | Percentage: |

| Cervical Cancer Screening Rate | Measure (Examples: NQF0032, HEDIS, UDS, Other) | 2022 Baseline (January 1, 2022-December 31, 2022) | 2023 Baseline (January 1, 2023-December 31, 2023) | Target During Year One Project Period (June 1, 2024-May 31, 2025) |
|---|---|---|---|---|
| | Measure Used: Measure Version: | Numerator: Denominator: Percentage: | Numerator: Denominator: Percentage: | Percentage: |

| Colorectal Cancer Screening Rate | Measure (Examples: eCQM, CMS, UDS, Other) | 2022 Baseline (January 1, 2022-December 31, 2022) | 2023 Baseline (January 1, 2023-December 31, 2023) | Target During Year One Project Period (June 1, 2024-May 31, 2025) |
|---|---|---|---|---|
| | Measure Used: Measure Version: | Numerator: Denominator: Percentage: | Numerator: Denominator: Percentage: | Percentage: |

**Project Evaluation:** *Technical assistance will be provided to funded applicants to further refine evaluation and outcome tracking.*

| |
|---|
| How does this application align with the goals and priorities of the SD Cancer Plan? |
| How will you evaluate the effectiveness of this project? *(If multiple interventions are selected, please indicate evaluation plan/questions for each intervention selected.)* |
| What data will be collected as part of this intervention? When and how will this data be collected? Will this data be compared to baseline data to show progress? *Please include any outcome measures and targets you have established for the intervention(s), if not indicated in the tables above.* |
| What will success look like for this intervention? *Consider both immediate and long-term success.* |

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

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

**Sustainability Plan:** Please thoroughly describe the plan to sustain the project and related outcomes beyond the funding cycle. Please address the following guiding questions, at minimum.

*How will this project lead to long-term change (include changes in environment, policies, and/or systems)?*

*In what ways will your project continue after the funding cycle?*

*Will your project include any community-based partnerships?*

*How will project findings be disseminated?*

**Budget Justification:** Applicants may request up to $25,000 per year, as commensurate with the scope of the project and total number of individuals impacted. *Funding will not exceed $25,000 per year.*

| Category | Funding Requested | In-kind Contribution |
|---|---|---|
| Supplies<br>Justification: | $ | $ |
| Itemized description: | | |
| Staff Support<br>Justification: | $ | $ |
| Itemized description: *(Please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator $25 per hour x 60hrs = $1,500.)* | | |
| Travel<br>Justification: | $ | $ |
| Itemized description: | | |
| Other Expenses<br>Justification: | $ | $ |
| Itemized description: | | |
| Indirect Costs *(Indirect costs cannot exceed 1.8% of the total requested budget.)* | $ | $ |
| **Total request:** | **Total: $** | **Total: $** |

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

## Appendix A: Budget Instructions

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

*Supplies*
Estimate the unit cost for each item and the total number of items needed. (Example: 250 client reminder postcards X $0.64 = $160)
Staff Support
Funds should not be requested to supplant existing job responsibilities. The position title must be included plus the rate per hour times the total number of hours estimated for the project period. Benefits can either be calculated in the rate per hour or itemized separately. In the itemized description section, please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator $25 per hour x 60hrs = $1,500.)
*Travel*
Travel essential to the proposed project may be funded under this proposal. Travel reimbursement is allowed at the following state rates: $0.42/mile, $6.00/breakfast, $14.00/lunch and $20.00/dinner; lodging maximum is $75 plus taxes per night.
*Other*
Include additional requests not addressed in the budget categories provided.
*Indirect Costs*
Funding can be requested to support indirect costs at a rate not to exceed 1.8% of the total grant award. Indirect costs represent the expenses of doing business that are not readily identified within the budget submission but are necessary for the general operation of the organization of the activities required.

## Appendix B: Intervention Descriptions and Resources

| Primary Evidence-Based Interventions | | |
|---|---|---|
| **Intervention Descriptions** | **Cancer Plan Priority** | **Intervention Resources** |
| **Client Reminders:** Patient reminder via mail, text, phone, auto dialer, patient portal, etc. to patients who are due or overdue for a healthcare service. | -HPV Vaccination<br>-Breast Cancer Screening<br>-Cervical Cancer Screening<br>-Colorectal Cancer Screening | -Community Guide- Vaccines<br>-Community Guide- Cancer |
| **Provider Reminder and Recall Systems:** Reminders to providers through charts, email, EHR trackers, etc. that a patient is due or overdue for a healthcare service. | -HPV Vaccination<br>-Breast Cancer Screening<br>-Cervical Cancer Screening<br>-Colorectal Cancer Screening | -Community Guide-Vaccines<br>-Community Guide- Cancer |
| **Provider Assessment and Feedback:** Query and present providers with information about their performance in providing healthcare services. Data often shared in comparison to others performance and/or a benchmark. | -HPV Vaccination<br>-Breast Cancer Screening<br>-Cervical Cancer Screening<br>-Colorectal Cancer Screening | -Community Guide- Vaccines<br>-Community Guide- Cancer |
| **Policy Adoption:**<br>**Healthcare-** Policy adoption assists healthcare facilities to establish system changes and institutionalize cancer prevention and early detection interventions into routine clinical care.<br>**Worksites-** Research has shown that offering designated time off for cancer screenings increases employee screening rates. | -Tobacco Cessation<br>-HPV Vaccination<br>-Breast Cancer Screening<br>-Cervical Cancer Screening<br>-Colorectal Cancer Screening | -Healthcare Systems Tobacco Cessation Model Policy<br>-Healthcare System Model Tobacco-Free Policy<br>-HPV Immunization Model Policy<br>-Cancer Screening Model Policy<br>-Worksite Cancer Screening Policy |
| **Reducing Structural Barriers:** Possible interventions include provision of FIT tests for eligible patients via mail, expanded service delivery (provision of FIT tests or mammography at a worksite or community, extended service hours/walk-in vaccine only appointments), standing orders, or scheduling assistance. *(Reminder: This grant cannot pay for direct service items such as FIT tests or mobile mammography. Funds can be used for staff time to follow-up with clients, develop workflows, mailing expenses, etc.)* | -HPV Vaccination<br>-Breast Cancer Screening<br>-Cervical Cancer Screening<br>-Colorectal Cancer Screening | -Community Guide- Cancer |
| **Clinical Research Accrual:** Efforts to increase cancer clinical trial participation in SD. | -Clinical Trial Participation | -CoC Standard 9.1 Clinical Research Accrual |
| **Survivorship Services:** Services may include, but are not limited to: survivorship care plans, assessment and referral processes (i.e. rehabilitation, nutrition, psychological support, etc.), palliative care services, etc. | -Quality cancer care and supportive services | -CoC Standards 4.5, 4.6, 4.7, 4.8, and 5.2<br>-NAPBC Standard 2.20 Breast Cancer Survivorship Care<br>-CDC's Cancer Survivor Wellness Program Guide |
| **Genetic Counseling and Risk Assessment:** Efforts that enhance the use of cancer risk assessment and risk-appropriate referral for genetic services. | -Breast Cancer Screening<br>-Cervical Cancer Screening<br>-Colorectal Cancer Screening | -CoC Standard 2.3 Genetic Counseling and Risk Assessment |
| **Other Evidence-based Intervention(s):** | -Any of the 12 cancer plan | -Community Guide |

| Other evidence-based interventions may be implemented provided that a clear evidence-based source is documented and the focus area supports one or more of the cancer plan priority areas. | priorities | -RTIPs<br>-A National Action Plan for Cancer Survivorship<br>-National Guideline Clearinghouse (AHRQ)<br>-Cochrane Reviews<br>-National Academies of Sciences, Engineering, and Medicine (Formerly Institute of Medicine) Reviews |
|---|---|---|
| **Supporting Strategies** | | |
| **Intervention Descriptions** | **Cancer Plan Priority** | **Intervention Resources** |
| **Maintenance of Certification (MOC) or Professional Education:** Professional education provision for health care professionals through (MOC) or another evidence-based mechanism. | -Any of the 12 cancer plan priorities | -American Board of Medical Specialties<br>-HPV IQ |
| **Patient Navigation:** Efforts that enhance patient navigation services for early detection of cancer and/or for cancer patients/survivors. | -Breast Cancer Screening<br>-Cervical Cancer Screening<br>-Colorectal Cancer Screening<br>-Quality cancer care and supportive services | -NAPBC Standard 2.2 Patient Navigation |
| **FLU-FIT/FLU-FOBT:** FLU-FIT and FLU-FOBT Programs help clinical teams increase access to colorectal cancer screening by offering home tests to patients at the time of their annual flu shots. | -Colorectal Cancer Screening | -FluFIT |

**Appendix C: Helpful Resources**

Evidence-based Intervention and Implementation:
1. **South Dakota Prevention Framework**
2. **Advisory Committee for Immunization Practices (ACIP) HPV Vaccination Recommendations**
3. **American Academy of Pediatrics HPV Champion Toolkit**
4. **HPV IQ: Immunization Quality Improvement Tools**
5. **Steps for Increasing HPV Vaccination in Practice: An Action Guide for Clinicians**
6. **South Dakota QuitLine**
7. **United States Preventive Services Task Force**
8. **Increasing Population-Based Breast and Cervical Cancer Screenings: An Action Guide to Facilitate Evidence-based Strategies Action Guide**
9. **The Guide to Community Preventative Services: The Community Guide**
10. **National Cancer Institute: Evidence-Based Cancer Control Programs (EBCCP)**
11. **A Practitioner's Guide for Advancing Health Equity**
12. **National Cancer Institute: Cancer Health Disparities**

Relevant Data Sources:
1. **CDC Cancer Data and Statistics**
2. **Cancer: South Dakota County Assessment Tool**
3. **SD Behavior Risk Factor Surveillance System**
4. **PLACES: Local Data for Better Health**

Definitions:

- Health Disparities - adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." (U.S. Department of Health and Human Services, 2010).
- Health Equity - is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life, quality of life, rates of disease, disability, death, severity of disease, and access to treatment. (CDC, 2020)
- Systems Change – involves changing the rules within the organization to encourage healthier choices and promote healthier outcomes. To be successful, these changes cannot occur at a single time point or in a silo, but rather must be fully integrated into the established systems in which we live, work, study, play and pray (GW Cancer Center, n.d.)

**Appendix D: Scoring Rubric**

| Applicant Information & Population of Focus (5 POINTS) | | | |
|---|---|---|---|
| No applicant information provided. Target population not provided or inappropriate for the interventions selected. No estimate of impact or history working with the population provided. | Some applicant information included but without enough detail to understand background. The target population and/or estimated population impacted are vaguely outlined. There is a very limited to no history of working with the identified population. | The target population is outlined, including the estimated number of South Dakotans impacted. The target population is appropriate for the intervention. The organization has a limited history of working with the population. | Information on applicant, grant team, population demographics and geographic area well described. The target population is clearly outlined, including the estimated number of South Dakotans impacted. The target population is appropriate for the intervention. The organization has a strong history of working with the population. |
| (0) | (1-2) | (3-4) | (5) |
| **Intervention Planning (25 POINTS)** | | | |
| The proposed intervention plan is not evidence-based, poorly defined, is not feasible, has an unclear purpose, poor alignment with the intent of the RFA (cancer prevention and control), and/or will not lead to sustainable change. Poorly defined timeline. | The proposed intervention plan has a mild evidence-base, is defined adequately but could be improved, is feasible, but has limited ability to lead to sustainable change or does not fully align with the purpose of the RFA (cancer prevention and control). Limited timeline provided. | The proposed intervention plan has a moderate to strong evidence-base, is defined adequately, aligns with the purpose of the RFA, is feasible, and may lead to sustainable change. Moderate timeline details provided. | The proposed intervention plan has a strong evidence-base, is well defined, feasible, and will lead to sustainable change. The project impact is clearly defined, and the interventions align with the purpose of the RFA (cancer prevention and control). Thorough timeline provided. |
| (0-5) | (6-14) | (15-24) | (25) |
| **Impact (15 POINTS)** | | | |
| The project will have no impact on cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota. | The project will have a relatively small impact on cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota in SD due to a low number of individuals impacted or sites/locations implementing efforts or no impact on the priority populations identified in the SD Cancer Plan. | The project will have a moderate impact relative to other applicants, a sufficient number of sites/locations and/or target population has been identified to produce a meaningful impact. The project will contribute to increasing objectives related to cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota.<br>OR<br>A priority population is being targeted by the intervention and impact will be made in reducing cancer inequity in SD. | Relative to other applicants, a large number of sites/locations and/or large eligible target population was identified and will produce a meaningful impact. The project will have a substantial positive impact on increasing objectives related to cancer prevention, early detection, and/or cancer survivorship efforts in South Dakota.<br>OR<br>A priority population is being targeted by the intervention and considerable impact will be made in reducing cancer inequity in SD. |
| (0) | (1-9) | (10-14) | (15) |
| **Outcomes, Metrics, and Evaluation (15 POINTS)** | | | |

| | | | |
|---|---|---|---|
| Baseline data and targets are not provided. Evaluation plan not clear. No connection to the SD Cancer Plan. | Limited data and targets provided or do not align with the interventions proposed. Appropriate data measures are not utilized. Limited impact based on proposed targets. Limited evaluation plan and/or correlation to the SD Cancer Plan. | Baseline data and targets are provided but could use improvement. Targets may need revision based on the baseline provided or target population identified. Data measures vary from the measures provided. Evaluation plan could be enhanced. Some connection to the SD Cancer Plan. | Baseline data using the measures identified is provided for each area when interventions are proposed. The proposed intervention plan will lead to achievement of the proposed targets. The proposed targets are appropriate based on the current baseline, proposed interventions, and patient population. Targets indicate demonstrated impact will be achieved throughout the project period. Strong evaluation plan and correlation to the SD Cancer Plan. |
| (0) | (1-6) | (7-14) | (15) |

## Sustainability Plan (10 POINTS)

| | | | |
|---|---|---|---|
| No plan provided. | Proposed steps are not clear. Sustainability is limited or unlikely. | Proposed steps are appropriate but could be improved. Plans to sustain resources have been identified but could be improved. Efforts will lead to some level of policy, system or environmental change. | A strong sustainability plan has been identified that identifies plans to sustain resources and efforts beyond the grant. The project will lead to policy, system and/or environmental change. |
| (0) | (1-3) | (4-9) | (10) |

## Budget (20 POINTS)

| | | | |
|---|---|---|---|
| The budget does not support the implementation of the proposed evidence-based interventions and budget items will not lead to sustainable change. Numerous budget restrictions. | The number of evidence-based interventions and people impacted is not appropriate for the budget requested. The budget items only mildly support the implementation of the proposed evidence-based interventions. Budget restrictions present in request. Budget details/justification limited. | The number of evidence-based interventions and people impacted is appropriate for the budget request. The budget items requested support the implementation of the proposed evidence-based interventions. Budget details/justification could be improved. Budget items may support sustainable changes. In-kind support may be limited. | The number of evidence-based interventions and people impacted aligns with the budget amount requested. The budget is realistic, detailed, and budget items requested support the implementation of the proposed evidence-based interventions. Budget request will support the project and lead to sustainable change. No restricted requests. Appropriate in-kind support is demonstrated for the project. |
| (0) | (1-9) | (10-19) | (20) |

## Health Equity (10 POINTS)

| | | | |
|---|---|---|---|
| Project does not address health equity. | | Plans to impact health equity are limited. | Plans to impact health equity are well defined. |
| (0) | | (2-9) | (10) |
| | | | |
| | | | **Total Score** _____/100 |