



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

REQUEST FOR APPLICATIONS
RFA P-25.2-CSD

Cancer Screening and Early Detection

Please also refer to the Instructions for Applicants document

Application Receipt Opening Date: September 9, 2024

Application Receipt Closing Date: December 5, 2024

FY 2025

Fiscal Year Award Period

September 1, 2024-August 31, 2025

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RFA VERSION HISTORY

Rev 8/26/2024 RFA release

1. ABOUT CPRIT

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$6 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and enhance the potential for a medical or scientific breakthrough in the prevention of or 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; and
- Develop and implement the Texas Cancer Plan.

1.1 Prevention Program Priorities

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities will also guide CPRIT staff and the Prevention Review Council (PRC) on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

Established Principles:

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary prevention interventions

CPRIT's Cross-Program Priorities:

- Prevention and early detection initiatives
- Translation of Texas research (discoveries) to innovations
- Enhancement of Texas' research capacity and life science infrastructure

Prevention Program Priorities

- Prioritize populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services
- Assess the CPRIT Prevention Program to identify best practices, use as a quality improvement tool, and guide future program direction

2. FUNDING OPPORTUNITY DESCRIPTION

2.1 Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT fosters the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based risk reduction, early detection, and survivorship interventions.

This award mechanism seeks to support the delivery of evidence-based clinical services to screen for cancer and precancer in priority populations who do not have adequate access to screening and early detection interventions and health care, bringing together networks of public health and community partners to carry out programs tailored for their communities. Screening for cancer recurrence or a new primary cancer in the cancer survivor population is supported by this mechanism.

Projects should identify cancers that cause the most burden in the community, have nationally recommended screening methods, and use evidence-based methods to screen for these cancers. Delivery of clinical services is restricted to residents of Texas.

Partnerships with other organizations that can support and leverage resources are strongly encouraged. A coordinated submission of a collaborative partnership program in which all partners have a substantial role in the proposed project is preferred.

NOTE: The CSD award mechanism will not support cancer prevention/intervention research; projects must be focused on implementing existing evidence-based screening and diagnostic testing in communities. Applicants interested in prevention research should review CPRIT’s Academic Research RFAs (available at <http://www.cprit.texas.gov>).

2.2 Project Objectives

CPRIT seeks to fund projects that will do the following:

- Deliver comprehensive projects comprising all the following: public and/or professional education, outreach, delivery of clinical services, follow-up navigation to diagnosis and into cancer treatment, and system and/or policy improvements.
- Offer effective and efficient systems of delivery of screening services based on the existing body of knowledge about and evidence in ways that far exceed current performance in a given service area.
- Implement policy changes and/or system improvements that are sustainable over time (eg, decrease wait times between positive screen and diagnostic tests and treatment through improved navigation, reminder systems)
- Provide tailored, culturally appropriate outreach and accurate information on early detection and prevention to the public and health care professionals that results in a health impact that can be measured.

2.3 Award Description

The **Cancer Screening and Early Detection** RFA solicits applications for eligible projects up to 5 years in duration that will deliver evidence-based clinical services in cancer detection and screening for breast, cervical, colorectal, liver, and lung cancers according to established and current national guidelines and criteria. Projects with a focus on guidelines-informed screening and early detection of subsequent treatment-related cancers in survivor populations are eligible. Nonmetropolitan (rural) and/or medically underserved populations must be included in the defined service area.

The following are required components of the project:

- **Geographic Area to be Served:** Clinical service delivery to nonmetropolitan/medically underserved area (MUA) counties must be included in the defined service area. Rural and

MUA counties may be identified via web-based tools from the [US Department of Health and Human Services](#). Service to urban/nonmedically underserved counties is allowable if the project proposes to also serve nonmetropolitan/medically underserved counties.

- **Comprehensive Projects:** Comprehensive projects include a continuum of services and systems and policy changes and comprise all the following: Public and professional education and training, outreach, delivery of screening and diagnostic services, follow-up navigation into treatment services for those diagnosed with cancer and precancer, data collection and tracking, and systems improvement.
- **Evidence Based:** CPRIT's secondary prevention grants are intended to fund effective and efficient systems of delivery of early detection services based on the existing body of knowledge about and evidence for screening for both primary and secondary cancers in ways that far exceed current performance in a given service area. The provision of clinical services, including rescreening at the appropriate interval, must comply with established and current national guidelines (eg, US Preventive Services Task Force [USPSTF], American Cancer Society [ACS], Children's Oncology Group [COG] Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers).

If evidence-based strategies have not been implemented or tested for the specific population or service setting proposed, provide evidence that the proposed service is appropriate for the population and has a high likelihood of success. Baseline data (eg, availability of resources and screening coverage) for the target population and target service region are required. If no baseline data exist, the applicant must present clear plans and describe method(s) of measurement used to collect the data necessary to establish a baseline.

The National Comprehensive Cancer Network, ACS, and COG have developed consensus-based comprehensive survivorship care guidelines to provide direction on managing the potential physical and psychosocial long-term impact of cancer/associated treatment and subsequent surveillance for recurrence and screening for second primary cancers for projects focusing on survivor care.

- **Clinical Service and Community Partner Networks:** If applicable to the proposed project, applicants are encouraged to coordinate and describe a collaboration of clinical service providers and community partners that can deliver outreach, education, clinical, and navigation services to the most counties and the most people possible in a selected service region. Applicants should consider providing financial assistance to service providers for navigation services. Partnerships with other organizations that can support and leverage resources (eg, community-based organizations, local and voluntary agencies, nonprofit agencies, groups that represent priority populations) are encouraged. Letters of commitment or memoranda of understanding describing their specific role in the partnership will strengthen the application.

In cases where the project proposes to work with multiple clinical providers, the Program Director (PD) should facilitate the establishment of standard protocols for all clinical service providers in the network as well as standard systems, policies, and procedures for the participating clinical service providers and organizations. These should include, but are not limited to, patient tracking and timely follow-up of all abnormal screening results and/or diagnoses of cancer.

This mechanism will fund case management/patient navigation to screening, to diagnostic testing, and into treatment. Applicants must ensure that diagnostic testing for those with an abnormal screening exam and navigation into treatment services for patients with precancer or cancers that are detected as a result of the project are provided and must describe the process for ensuring diagnostic and navigation into treatment services.

Applicants should not request funds for any of the above components if these components are already being funded from other sources. If clinical services are being provided and paid by others, the applicant must demonstrate and report on the outcomes and services that are delivered to the people navigated by the program.

CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area) in the provision of evidence-based clinical services, changes in provider practice, systems changes, and cost-effectiveness. Applicants must demonstrate how these outcomes will ultimately impact incidence mortality, morbidity, and disparities.

Under this RFA, CPRIT **will not** consider the following:

- Projects focused solely on metropolitan counties that are not medically underserved.
- **Projects focused solely on primary cancer prevention services (eg, vaccinations, tobacco use, physical inactivity, unhealthy diet, sun exposure).** These applicants should apply under the Primary Prevention of Cancer RFA. Primary prevention services are allowable under this RFA if combined with cancer screening/early detection services (eg, hepatitis B vaccination with hepatitis C screening, HPV vaccination with cervical cancer screening).
- Projects focusing solely on systems and/or policy change or solely on education and/or outreach that do not include the navigation to and delivery of cancer screening and early detection services.
- **Projects focusing on screening the general population for genetic disposition to cancer.**
- **Projects focusing solely on case management/patient navigation services.** Case management/patient navigation services must be paired with the delivery of a clinical cancer screening service and reported to CPRIT, including those services delivered by another provider. Furthermore, while navigation into treatment of cancer is required when cancer is discovered through a CPRIT-funded project, applications seeking funds to provide coordination of care while an individual is in treatment are not allowed under this RFA.
- Clinical tests/services proposed as part of the project that do not comply with established and current national guidelines and criteria, have not yet been approved by the FDA, and/or have not been recommended by the USPSTF due to lack of evidence available to draw reliable conclusions about benefits and harms of the tests. These include, but are not limited to, breast self-exams, clinical breast exams, skin cancer screening, ovarian cancer screening, and prostate-specific antigen (PSA) tests.
- **Prevention/intervention research projects.** Projects must be focused on implementing existing evidence-based screening and diagnostic testing in communities. Applicants interested in prevention research should review CPRIT's Academic Research RFAs (available at <http://www.cprit.texas.gov>).

- Resources for the treatment of cancer or viral treatment for hepatitis. CPRIT funds may be used for diagnostic testing and for navigation into cancer treatment but not treatment itself.

2.4 Priorities

Types of Cancer: Applications addressing any cancer type(s) that can be prevented or detected early (eg, breast, cervix, colorectal, liver, lung, or any therapy-related neoplasms) are recommended by the USPSTF or other national guidelines and are responsive to this RFA will be considered for funding. See [section 2.5](#) for specific areas of emphasis. All services must comply with established and current national guidelines.

Lung cancer screening projects must also meet the Centers for Medicare and Medicaid Services (CMS) eligibility criteria for radiologists and facilities. CMS also requires delivery of smoking cessation counseling if low-dose computed tomography screening is offered. Shared decision-making about the eligibility, risks, and benefits of annual lung cancer screening between the health care provider and patient is required.

The Prevention Program's priorities for funding include the following:

1) Populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence.

CPRIT-funded programs must address 1 or more of these priority populations:

- Underinsured and uninsured individuals
- Medically underresourced communities
- Historically underserved or underrepresented groups, populations with low screening rates, high incidence rates, and high mortality rates, focusing on individuals never before screened or who are significantly out of compliance with nationally recommended screening guidelines
- Cancer survivors who belong to 1 or more of the priority populations

The age of the priority population and/or frequency of screening/rescreening for provision of clinical services described in the application must comply with established and current national guidelines (eg, USPSTF, ACS). Clearly state the national guideline that will be followed.

2) Geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence.

While disparities and needs exist across the state, CPRIT will also prioritize applications proposing to serve geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence. For this RFA, projects must propose to serve nonmetropolitan and/or medically underresourced areas of the state. In addition, projects addressing areas of emphasis (see [section 2.5](#)) will receive priority consideration.

3) Populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services

Individuals belonging to one of the priority populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence often face barriers. Projects should consider strategies for delivering care that overcome individual and systematic barriers and promote access to health services.

Geographic and Population Balance in Current CPRIT portfolio

At the programmatic level of review conducted by the PRC ([section 5.1](#)), priority will be given to projects that target geographic regions of the state and population subgroups that are not adequately covered by the current CPRIT Prevention project portfolio (see <https://www.cprit.texas.gov/our-programs/prevention/portfolio-maps> and <https://www.cprit.texas.gov/grants-funded?search=prevention>).

2.5 Specific Areas of Emphasis

CPRIT has identified the following areas of emphasis for this cycle of awards.

<u>Secondary Prevention – Screening and Early Detection Services</u>
Breast Cancer
<ul style="list-style-type: none">Decreasing disparities in mortality rates of breast cancer. The mortality rate is significantly higher in Black women than in other populations.Increasing screening/detection rates in MUAs of the state.
Cervical Cancer
<ul style="list-style-type: none">Decreasing disparities in incidence and mortality rates of cervical cancer. Hispanic women have the highest incidence rates while Black women have the highest mortality rates.Increasing screening/detection rates in MUAs of the state.

Colorectal Cancer
<ul style="list-style-type: none"> Decreasing disparities in incidence and mortality rates of colorectal cancer. Blacks have the highest incidence and mortality rates, followed by non-Hispanic Whites and Hispanics.
<ul style="list-style-type: none"> Increasing screening/detection rates in Public Health Region (PHR) 2, 4, 5, 9, and 11, where the highest rates of cancer incidence are found. Mortality rates are highest in PHR 2 and 9. Decreasing incidence and mortality rates in nonmetropolitan counties. Incidence and mortality rates are higher in nonmetropolitan counties compared with metropolitan counties.
Liver Cancer
<ul style="list-style-type: none"> Screening for hepatitis C virus infection in populations at high risk of infection.
<ul style="list-style-type: none"> Increasing screening rates in PHR 1, 8, 9, 10, and 11. Incidence and mortality rates are highest in PHR 9 and 11.
Lung Cancer
<ul style="list-style-type: none"> Decreasing disparities in incidence and mortality rates of lung cancer. Blacks have higher mortality rates than Hispanics and non-Hispanic Whites. Increasing screening/early detection rates in PHR 2, 3, 4, 5, and 9 where the highest rates of cancer incidence are found. Mortality rates are highest in PHR 2 and 5.
Cancer Survivorship: Second Cancer Screening
<ul style="list-style-type: none"> Guidelines-informed long-term follow-up and screening after cancer treatment are imperative for the early detection of late effects in survivors and may mitigate significant treatment-related outcomes.

See the Texas Cancer Registry for data on cancer incidence rates in Texas (<https://www.cancer-rates.info/tx/>).

2.6 Outcome Metrics

Applicants are required to clearly describe their assessment and evaluation methodology. The applicant is required to describe final outcome measures for the project. Output measures that are associated with the final outcome measures should be identified only in the project plan. Planned policy or system changes/improvements should be identified and the plan for qualitative analysis described. **Baseline data for each measure proposed are required.** In addition, applicants should describe how funds from the CPRIT grant will improve outcomes over baseline. If the applicant is not providing baseline data for a measure, the applicant must provide a well-justified explanation and describe clear plans and method(s) of measurement to collect the data necessary to establish a baseline.

Reporting Requirements

Funded projects are required to report both qualitative and quantitative output and outcome

metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report.

If someone other than the PD will enter information in the progress reports, they must be named as an Alternate Submitter in the CPRIT Application Receipt System (CARS). The Alternate Submitter is an application contact designated by the PD to complete PD tasks in CARS and/or the grants management system.

If clinical services are being paid for and provided by others, the applicant is required to report on the number of clinical services and outcomes (eg, cancers detected) that are delivered to the people navigated by the program.

2.7 Funding Information

The total amount of funding that applicants may request is dependent upon the project type. Use the table below to determine the maximum amount of total funding and the maximum number of years that may be requested. Funding maximums are for the entire grant period.

Project Type	Maximum Amount of Total Funding	Maximum Duration
New Project	\$1.5 million	3 years
Initial Expansion Project	\$2 million	3 years
Maintenance Expansion Project	\$2.5 million	5 years

Expansion projects require **significant expansion** in the geographic area and/or clinical services provided for the initial expansion, or in the number of clinical services delivered for any subsequent expansion, as described in [section 2.10](#). Grant funds may be used to pay for clinical services, navigation services, salary and benefits, project supplies, equipment, costs for outreach and education of populations, and travel of project personnel to project site(s). Applicants must ensure that there is access to and navigation into treatment services for patients with precancers or cancers that are detected as a result of the program and must describe access to and navigation into treatment services in their application.

Requests for funds to support construction or renovation or requests to support lobbying will not be approved. Cost sharing for equipment purchases is encouraged. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be proportional to the number of individuals 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 funding should not be used to replace existing funding, supplant funds that would normally be expended by the applicant's organization, or make up for funding reductions from other sources.

State law limits the amount of award funding that may be spent on indirect costs to no more than 5% of the **total** award amount.

2.8 Eligibility

- 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 is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted. The designated 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 time.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field and who resides in Texas during the time that the project is conducted.
- The applicant may submit more than 1 application, but each application must be for distinctly different services without overlap in the services provided. Applicants who do not meet this criterion will have all applications administratively withdrawn without peer review.
- If an organization has a current CPRIT grant that is the same or similar to the prevention intervention being proposed, the applicant must explain how the projects are nonduplicative or complementary. Duplicative applications will be administratively withdrawn.
- If the applicant or a partner is an existing Department of State Health Services contractor, 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.

- 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.
- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.
- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way, (whether slated to receive salary or compensation under the grant award or not), are currently ineligible to receive federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.
- 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 [on the CPRIT website](#).

2.9 Resubmission Policy

- **One resubmission** is permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. Resubmission applications must include a resubmission summary (see [section 4.4.9](#)).
- Reviewers of resubmissions are asked to assess whether the resubmission adequately addresses critiques from the previous review. **Applicants should note that addressing previous critiques is advisable; however, it does not guarantee the success of the resubmission.** All resubmitted applications must conform to the structure and guidelines outlined in this RFA.

2.10 Expansion Policy

- Expansion grants are intended to fund expansion of currently or previously funded projects that have demonstrated exemplary success, as evidenced by progress reports and project evaluations, and desire to further enhance their impact on priority populations. Detailed descriptions of **results, barriers, outcomes, and impact of the currently or previously funded project are required** (see outline of Most Recently Funded Project Summary, [section 4.4.10](#)).
- Proposed expansion projects should NOT be new projects but should closely follow the intent and core elements of the currently or previously funded project. Established infrastructure/processes are required.
- Fully described prior results of the project upon which the initial or maintenance expansion is based should be provided. These include numbers of screenings, repeat screenings, diagnostics, cancer precursors, cancers detected, measured outcomes, policy/system/environmental changes implemented, and program evaluation results.
- Expansion of current projects into geographic areas not well served by the CPRIT Prevention portfolio (see maps at [http:// www.cprit.state.tx.us/our-programs/prevention/portfolio-maps](http://www.cprit.state.tx.us/our-programs/prevention/portfolio-maps)) will receive priority consideration.
- CPRIT expects measurable outcomes of supported activities, such as a significant increase over baseline (for the proposed service area). It is expected that baselines will have already been established and that continued improvement over baseline is demonstrated in the current application. However, in the case of a proposed expansion

where no baseline data exist for the priority population, the applicant must present clear plans and describe method(s) of measurement used to collect the data necessary to establish a baseline. Applicants must demonstrate how these outcomes will ultimately impact cancer incidence, mortality, morbidity, or quality of life.

- CPRIT also expects that applications for continuation **will not** require startup time, that applicants can demonstrate that they have overcome barriers encountered, and that applicants have identified **lasting systems changes** that improve results, efficiency, and sustainability. Leveraging of resources and plans for dissemination are expected and should be well described.

Requirements for Initial and Maintenance Expansion Projects

- **Initial Expansion:** For the first expansion application, eligible applicants should propose to expand their programs to include additional types of prevention clinical services or to expand current clinical services into additional counties. Rescreening of individuals served by the prior project should be included. In either case, the expansion must include the delivery of services to nonmetropolitan (rural) and/or medically underserved counties in the state. These may be identified via web-based tools from the [Texas Department of State Health Services](#) and [US Department of Health and Human Services](#).
- **Maintenance Expansion:** For a subsequent expansion, additional clinical services and/or expansion to additional counties is optional; however, the counties and the practices offered in the first expansion should not be decreased. The number of services delivered during the maintenance expansion must be increased substantially such that the cost per clinical service is similar to the initial expansion if no further geographic or preventive service expansion is proposed. Rescreening of individuals served by the prior project should be included.

3. KEY DATES

RFA release	August 26, 2024
Online application opens	September 9, 2024, 7 AM central time
Application due	December 5, 2024, 4 PM central time
Application review	January-March 2025
Award notification	May 2025
Anticipated start date	June 1, 2025

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

4. APPLICATION SUBMISSION GUIDELINES

4.1 *Instructions for Applicants* document

It is **imperative** that applicants read the accompanying instructions document for this RFA (<https://CPRITGrants.org>). Requirements may have changed from previous versions.

4.2 Online Application Receipt System

Applications must be submitted via CARS (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start and submit an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Application Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (an individual who will help manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on September 9, 2024, and must be submitted by 4 PM central time on December 5, 2024. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

4.3 Submission Deadline Extension

The submission deadline may be extended for grant applications upon a showing of good cause.

All requests for extension of the submission deadline must be submitted via email to the CPRIT [Helpdesk](#) within 24 hours of the submission deadline. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

4.4 Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details.

Submissions that are missing 1 or more components or do not meet the eligibility requirements may be administratively withdrawn without review.

4.4.1 Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

The abstract format is as follows (use headings as outlined below):

- **Need:** Include a description of need in the specific service area. Include rates of incidence, mortality, and screening in the service area compared to overall Texas rates. Describe barriers, plans to overcome these barriers, and the priority 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, including the services to be provided and the process/system for delivery of services and outreach to the priority population.
- **Specific Goals:** State specifically the overall goals of the proposed project, including the prepopulated navigation into diagnosis and treatment goal; include the estimated overall numbers of clinical services delivered and number of people (public and/or professionals) served.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a major impact on cancer prevention and control for the population proposed to be served and for the State of Texas.

4.4.2 Goals and Objectives (1,300 characters each)

List only major **outcome goals** and **measurable objectives** for each year of the project. **Do not include process objectives**; these should be described in the project plan only. Include the proposed metric within both the stated objective **and** the “How will this objective be measured?” sections. Refer to the *Instructions for Applicants* document for details.

One goal with 2 objectives addressing navigation into diagnosis and into treatment is required for all proposals and will be prepopulated into the application. While this goal is not modifiable by the applicant, the baseline and how the objective will be measured may be edited. If desired, applicants may add a third, related objective to the required goal.

Applicants must **ADD** a minimum of 1 and a maximum of 3 **additional** goals with up to 3 outcome objectives each. Projects will be evaluated annually on progress toward **all** outcome goals and objectives. See [appendix B](#) for instructions on writing outcome goals and objectives.

A baseline and method(s) of measurement are required for each objective, including the prepopulated goal. Provide both raw numbers and percent changes for the baseline and target. If a baseline has not been defined, applicants are required to explain plans to establish baseline and describe method(s) of measurement.

4.4.3 Project Timeline (2 pages)

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1, 2, 3 and Months 1, 2, 3, etc, as applicable (eg, Year 1, Months 3-5). **Do NOT** refer to specific months or years (eg, not May 2024). Month 1 (as opposed to June 1, 2024) is the first full month of the grant award.

4.4.4 Project Plan (12 pages; fewer pages permissible)

The required project plan format follows. Applicants must use the headings outlined below.

Background: Briefly present the rationale behind the proposed services, emphasizing the critical barriers to current service delivery that will be addressed. Identify the evidence-based service to be implemented for the priority population. Describe the race, ethnicity, age, and other defining characteristics of the population to be served.

If evidence-based strategies have not been implemented or tested for the specific population or

service setting proposed, provide evidence that the proposed service is appropriate for the population and has a high likelihood of success. Baseline data for the priority population and proposed service area are required where applicable.

Reviewers will be aware of national and state statistics, and these should be used only to compare rates for the proposed service area. Describe the geographic region of the state that the project will serve; maps are encouraged.

Goals and Objectives: Process objectives should be included in the project plan, including the process of achieving the prepopulated navigation into diagnosis and treatment goal. Outcome goals and objectives will be entered in separate fields in CARS. However, if desired, outcome goals and objectives may be fully repeated or briefly summarized here. See [appendix B](#) for instructions on writing goals and objectives.

Components of the Project: Clearly describe the need, delivery method, and evidence base (provide references) for the services, as well as anticipated results. Be explicit about the base of evidence and any necessary adaptations for the proposed project. If an organization has a current CPRIT grant that is the same or similar to the prevention intervention being proposed, the applicant must explain how the projects are nonduplicative or complementary.

It is important to distinguish between Texas counties where the project proposes to deliver services and counties of residence of population served (see [appendix A](#) for definitions and *Instructions for Applicants*). Only counties with service delivery should be listed in the Geographic Area to be Served section of the application. Projecting counties of residence of population served is not required but may be described in the project plan.

Clearly demonstrate the ability to provide the proposed service(s) and describe how results will be improved over baseline and the ability to reach the priority population. Describe the method(s) that will be used to recall for appropriate rescreening those individuals who have been screened through this or the previous project.

If clinical services are being paid for and provided by others, the applicant must explain and report on the number of clinical services and outcomes (eg, screenings/diagnostics, vaccinations, cancer precursors, cancers detected) that are delivered to the people navigated by the program. Applicants must also clearly describe **access to and navigation into treatment services** should

precancer or cancer be detected and assurances that the treatment services will be covered for those who are uninsured or underinsured. Include how and by whom any positive screening results will be delivered to a program participant.

Evaluation Strategy: A strong commitment to evaluation of the project is required. Describe the plan for outcome and output measurements, including qualitative analysis of policy and system changes. Describe data collection and management methods, data analyses, and anticipated results. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field. If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, or the like. Applicants should budget accordingly for the evaluation activity and should involve that professional during grant application preparation to ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

Organizational Qualifications and Capabilities: Describe the organization and its track record and success in providing health programs and services. Describe the role and qualifications of the key collaborators/partners in the project. Include information on the organization's financial stability and viability. The applicant should demonstrate how the organizational environment will contribute to a successful project. If equipment or physical resources are required to carry out the project, the applicant should describe the availability of these resources and the organizational capacity to use equipment. To ensure access to preventive services and reporting of services outcomes, applicants should demonstrate that they have provider partnerships and agreements (via memoranda of understanding) or commitments (via letters of commitment) in place.

Project Maintenance and Sustainability: CPRIT acknowledges that full maintenance and sustainability of projects when CPRIT funding ends may not be feasible, especially in cases involving the delivery of clinical services. However, it is important to consider sustainability early in the life cycle of a project, particularly regarding organizational characteristics and processes that are modifiable.

Washington University in St Louis has developed a useful tool ([Program Sustainability Assessment Tool](#)) to assess program capacity for sustainability. The tool assesses several factors that contribute to program sustainability. These factors include environmental support, funding

stability, partnerships, organizational capacity, program evaluation, program adaptation, communication, and strategic planning. Applicants are not required to use this tool; however, it provides practical guidance on factors that should be considered and should be included in the application to describe a program's organizational capacity for sustainability.

It is expected that steps toward building capacity for the program will be taken and plans for such should be described in the application. The applicant should describe the factors that will contribute to the organization's capacity to facilitate sustainability.

Dissemination and Replication: 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 efforts should consider the message, source, audience, and channel (Brownson, RC, et al. [J Pub Health Manag Pract. 2018;24\[2\]:102-111](#)). Dissemination methods may include, but are not limited to, presentations at workshops and seminars, one-on-one meetings, publications, news media, social media, etc.

While passive dissemination methods are common (eg, publications, presentations at professional meetings), plans should include some active dissemination methods (eg, meetings with stakeholders, blogs, social media). Applicants should describe their dissemination plans. The plans should include the kinds of audiences to be targeted and methods for reaching the targeted audiences. See [Dissemination Resources](#) for additional information on dissemination methods.

Replication by others is an additional way to disseminate the project. For applicable components, describe how the project or components of the project lend themselves to application by other communities and/or organizations in the state or expansion in the same communities. Describe what components of this project can be adapted to a larger or lower resource setting. Note that some programs may have unique resources and may not lend themselves to replication by others.

4.4.5 Number of Unique People Served (Direct Contact)

Provide the estimated overall number of unique members of the public and professionals served by the funded project. One person may receive multiple services but should only be counted once here. Refer to [appendix A](#) for definitions.

4.4.6 Number of Services Delivered (Direct Contact)

Provide the estimated overall number of services directly delivered to members of the public and to professionals by the funded project. Each individual service should be counted, regardless of the number of services 1 person receives. The applicant is required to itemize separately the education, navigation, and clinical activities/services, with estimates, that led to the calculation of the overall estimate provided. Refer to [appendix A](#) for definitions.

4.4.7 Number of Clinical Services Delivered

Provide the estimated overall number of clinical services directly delivered to members of the public by the funded project. Each individual clinical service should be counted, regardless of the number of services 1 person receives. Separately itemize the clinical services, with estimates, that led to the calculation of the overall estimate provided. Refer to [appendix A](#) for definitions.

4.4.8 References

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence and literature support for the proposed services.

4.4.9 Resubmission Summary (2 pages)

Resubmission applications must include a resubmission summary that will be evaluated and assessed for responsiveness to previous critiques. Describe the approach to the resubmission and provide a bulleted list of changes between the previous and current applications. Describe how weaknesses identified in the Summary of Panel Discussion portion of the Summary Statement from the previous review have been addressed and improved. It is not necessary to address weaknesses identified by individual reviewers. Refer the reviewers to specific sections of other documents in the application where further detail on the points in question may be found.

The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

4.4.10 Most Recently Funded Relevant CPRIT Prevention Project Summary (only if applicable) (3 pages)

Upload a summary that outlines the progress made with the applicant's most recently funded

relevant CPRIT Prevention Award. Applicants must describe results and outcomes of the most recently funded award and demonstrate why further funding is warranted.

Please note that a different set of reviewers from those assigned to the previously funded application may evaluate this application. Applicants should make it easy for reviewers to compare the most recently funded project with the proposed project.

In the description, include the following:

- Describe the evidence-based intervention, its purpose, and how it was implemented in the priority population. Describe any adaptations made for the population served.
- List approved goals and objectives of the most recently funded grant.
- For each objective, provide milestones/target dates and target metrics as compared to actual completion dates and metrics.
- Include a discussion of objectives not fully met. Explain any barriers encountered and strategies used to overcome these.
- For the most recently funded project, describe major activities; significant results, including major findings, developments, or conclusions (both positive and negative); and key outcomes.
- Describe steps taken toward sustainability for components of the project. Fully describe systems or policy improvements and enhancements.
- Describe how project results were disseminated or plans for future dissemination of results.

4.4.11 CPRIT Grants Summary

Use the template provided on CARS (<https://CPRITGrants.org>). Provide a listing of **all** projects funded by the CPRIT Prevention program for the PD and the Co-PD, regardless of their connection to this application.

4.4.12 Budget and Justification

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, services delivery, and other expenses. CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in [section](#)

[2.7](#) will be administratively withdrawn.

Clearly describe any organizational cost sharing or pro bono contributions related to this project, as well as any attempts made or successes to secure other state/federal funds.

- **Average Cost per Person:** The average cost per person will be automatically calculated from the total cost of the project divided by the total number of unique people served (refer to [appendix A](#)).
- **Average Cost per Service:** The average cost per service will be automatically calculated from the total cost of the project divided by the total number of services delivered (refer to [appendix A](#)). A significant proportion of funds is expected to be used for program delivery as opposed to program development and organizational infrastructure.
- **Average Cost per Clinical Service:** The average cost per clinical service will be automatically calculated from the total cost of the project divided by the total number of clinical services delivered (refer to [appendix A](#)).
- **Personnel:** The individual salary cap for CPRIT awards is \$225,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference. Meals are not reimbursable for trips that do not include an overnight stay.
- **Equipment:** Equipment having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit must be specifically approved by CPRIT. An applicant does not need to seek this approval prior to submitting the application. Justification must be provided for why funding for this equipment cannot be found elsewhere; CPRIT funding should not supplant existing funds. Cost sharing of equipment purchases is strongly encouraged.
- **Supplies:** Includes medical supplies, medications, office supplies, patient education supplies, computer software/Wi-Fi cards, laptops and iPads, consumable items.
- **Services Costs:**
 - CPRIT reimburses for services using Medicare reimbursement rates. Describe the source of funding for all services where CPRIT funds are not requested. If clinical services are being paid for and provided by others, the applicant is required to explain

- and report on the number of clinical services and outcomes (eg, screenings/diagnostics, vaccinations, cancer precursors, cancers detected) that are delivered to the people navigated by the program.
- CPRIT does not allow recovery of any costs for services not related to cancer (eg, health physicals, HIV testing) other than those required prior to the clinical services proposed in the project.
 - CPRIT does not allow recovery of costs related to tests that have not been recommended by the USPSTF. In several cases (eg, breast self-exams, clinical breast exams, PSA tests), the Task Force has concluded there is not enough evidence available to draw reliable conclusions about the additional benefits and harms of these tests. (See <https://www.uspreventiveservicestaskforce.org/>)
 - **Other:**
 - **Incentives:** Use of incentives or positive rewards to change or elicit behavior is allowed; however, incentives may only be used based on strong evidence of their effectiveness for the purpose and in the priority 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.
 - Includes Internet services, telephone expenses, printing expenses/copying services, postage, client incentives, service agreements, publication fees.
 - **Conference/Seminar Registration Fees (not associated with travel):** Conference and seminar registration fees, including those associated with the CPRIT conference, paid prior to travel should be reported in the “Other” category.
 - **Indirect/Shared Costs:** Texas law limits the amount of grant funds that may be spent on indirect/shared expenses to no more than 5% of the total award amount (5.263% of the direct costs). Indirect costs reimbursed to subcontractors count toward the total allowable indirect costs. Guidance regarding indirect cost recovery can be found in [CPRIT’s Administrative Rules](#).

4.4.13 Current and Pending Support and Sources of Funding

Use the template provided on the CARS (<https://CPRITGrants.org>). Describe the funding source and duration of **all** current and pending support for the proposed project, including a

capitalization table that reflects private investors, if any.

4.4.14 Biographical Sketches

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PD(s) must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

- Use the Co-PD Biographical Sketch section ONLY if a Co-PD has been identified.
- The evaluation professional must provide a biographical sketch in the Evaluation Professional Biographical Sketch section.
- Up to 3 additional biographical sketches for key personnel may be provided in the Key Personnel Biographical Sketches section.

Each biographical sketch must not exceed 5 pages and should use either the “Prevention Programs:Biographical Sketch” template provided on the CARS (<https://CPRITGrants.org>) or the NIH Biographical Sketch format. Only biographical sketches will be accepted; do not submit resumes and/or CVs. If a position is not yet filled, please upload a job description.

4.4.15 Personnel and Collaborating Organizations

List **ALL** paid and unpaid personnel working on the proposed project, including those listed on the Personnel Level of Effort form, as well as partners, collaborators, and anyone listed under the Current & Pending Support section.

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, evaluation, clinical services, recruitment to screening).

4.4.16 Letters of Commitment (10 pages)

Applicants should provide letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the program. Letters should be specific to the contribution of each organization.

5. APPLICATION REVIEW

5.1 Review Process Overview

All eligible applications will be reviewed using a 2-stage peer review process: (1) evaluation of applications by peer review panels and (2) prioritization of grant applications by the PRC. 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 PRC and recommended for funding based on comparisons with applications from all of the review panels and programmatic priorities.

Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The peer review scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that are not well represented in the current CPRIT Prevention project portfolio.

Applications approved by the PRC will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, [chapter 703, sections 703.6 to 703.8](#).

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, PRC members, PIC members, CPRIT employees, and Oversight Committee members with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and PRC members are non-Texas residents.

An applicant will be notified regarding the peer review panel assigned to review the grant application. Peer Review Panel members are listed by panel on CPRIT's website.

By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, [chapter 703, section 703.9](#).

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee member, a PIC member, a Review Panel member, or a PRC member.

Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

5.2 Review Criteria

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review panels consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score 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

Impact

- Do the proposed services address an important problem or need in cancer prevention and control? Do the proposed project strategies support desired outcomes in cancer incidence,

morbidity, and/or mortality? Do the proposed project strategies reach a priority population (eg, low income, minority, rural) at high risk of cancer?

- Will the project serve and impact an appropriate number of people based on the budget allocated to providing services and the cost of providing services?
- If applicable, have partners demonstrated that the collaborative effort will provide a greater impact on cancer prevention and control than the applicant organization's effort separately?
- Does the program address adaptation, if applicable, of the evidence-based intervention to the priority population? Is the base of evidence clearly explained and referenced?

Project Strategy and Feasibility

- Does the proposed project provide services specified in the RFA?
- Are the overall program approach, strategy, and design clearly described and supported by established theory and practice? Are the proposed objectives and activities feasible within the duration of the award? Has the applicant convincingly demonstrated the short- and long-term impacts of the project?
- Has the applicant proposed policy changes and/or system improvements?
- Are possible barriers addressed and approaches for overcoming them proposed?
- Are the priority population and culturally appropriate methods to reach the priority population clearly described?
- If applicable, does the application demonstrate the availability of resources and expertise to provide case management, including follow-up for abnormal results and access to and navigation into treatment?
- Does the program leverage partners and resources to maximize the reach of the services proposed? Does the program leverage and complement other state, federal, and nonprofit grants?

Outcomes Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed outcome measures appropriate for the services provided, and are the expected changes clinically significant?

- If clinical services are being paid for and provided by others, does the applicant explain the methods used to collect data and report on these clinical services and outcomes?
- Does the application provide a clear and appropriate plan for data collection and management and data analyses?
- Are clear baseline data provided for the priority population, or are clear plans included to collect baseline data?
- If the application is a resubmission, have the weaknesses identified in the Summary of Panel Discussion portion of the Summary Statement from the previous review been addressed and improved?
- If an evidence-based intervention is being adapted in a population where it has not been implemented or tested, are plans for evaluation of barriers, effectiveness, and fidelity to the model described?
- Is the qualitative analysis of planned policy or system changes described?

Organizational Qualifications and Capabilities

- Do the organization and its collaborators/partners demonstrate the ability to provide the proposed preventive services?
- Does the described role of each collaborating organization make it clear that each organization adds value to the project and is committed to working together to implement the project?
- Have the appropriate personnel been recruited to design, implement, evaluate, and complete the project?
- Is the organization structurally and financially stable and viable?
- Does the applicant describe the program's organizational capacity for sustainability?
- Does the applicant describe steps that will be taken toward building internal capacity and partnerships?
- Does the applicant describe a plan for systems changes that are sustainable over time (eg, improve results, provider practice, efficiency, cost-effectiveness)?

5.2.2 Secondary Evaluation Criteria

Budget

- Is the budget appropriate and reasonable for the scope and services of the proposed work?

- Is the cost per person served appropriate and reasonable?
- Is the proportion of the funds allocated for direct services reasonable?
- Is the project a good investment of Texas public funds?

Dissemination and Replication

- Are plans for dissemination of the project's results and outcomes, including target audiences and methods, clearly described?
- Are active dissemination strategies included and described in the plan?
- Does the applicant describe whether and/or how the project lends itself to replication of all or some components of the project by others in the state?

6. AWARD ADMINISTRATION

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT's electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT's electronic signature policy as set forth in [chapter 701, section 701.25](#).

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in [CPRIT's Administrative Rules](#). Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in [chapter 703, sections 703.10, 703.12](#).

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, [chapter 703, section 703.20](#).

CPRIT requires the PD of the award to submit quarterly, annual, and final progress reports.

These reports summarize the progress made toward project goals and address plans for the upcoming year and performance during the previous year(s). In addition, quarterly fiscal reporting and reporting on selected metrics will be required per the instructions to award recipients. Continuation of funding is contingent upon the timely receipt of these reports. Failure to provide timely and complete reports may waive reimbursement of grant award costs and may result in the termination of the award contract.

7. CONTACT INFORMATION

7.1 Helpdesk

Helpdesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. Helpdesk staff are not in a position to answer questions regarding the scope and focus of applications. Before contacting the Helpdesk, please refer to the *Instructions for Applicants* document, which provides a step-by-step guide to using CARS.

Hours of operation: Monday through Friday, 8 AM to 6 PM central time

Tel: 866-941-7146

Email: Help@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 Program Office.

Tel: 512-626-2358

Email: prevention@cprit.texas.gov

Website: www.cprit.texas.gov

8. RESOURCES

8.1 General Resources

- The Texas Cancer Registry. <https://www.dshs.texas.gov/tcr> or contact the Texas Cancer Registry at the Department of State Health Services.
- The Community Guide. <https://www.thecommunityguide.org/>
- Evidence-Based Cancer Control Programs (EBCCP). <https://ebccp.cancercontrol.cancer.gov/>
- Guide to Clinical Preventive Services: Recommendations of the US Preventive Services Task Force. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Program Sustainability Assessment Tool, copyright 2012, Washington University, St Louis, MO. <https://www.sustaintool.org/about-us/>
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. http://www.cdc.gov/pcd/issues/2014/13_0184.htm
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess Plan for Sustainability. http://www.cdc.gov/pcd/issues/2014/13_0185.htm
- Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. <http://cpcrn.org/pub/evidence-in-action/>
- Centers for Disease Control and Prevention. Distinguishing Public Health Research and Public Health Nonresearch. <https://www.cdc.gov/os/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>
- Centers for Disease Control and Prevention. Answering Parents' Questions About HPV Vaccination. <https://www.cdc.gov/hpv/hcp/answering-questions.html>

8.2 Dissemination Resources

- Brownson, RC, Colditz GA, and Proctor, EK. (Editors). *Dissemination and Implementation Research in Health: Translating Science to Practice*. Oxford University Press, March 2012

- Getting the Word Out: New Approaches for Disseminating Public Health Science. Brownson, RC; Eyster, AA; Harris, JK; Moore, JB; Tabak, RG. *Journal of Public Health Management & Practice*. 2018;24(2):102-111.
https://journals.lww.com/jphmp/Fulltext/2018/03000/Getting_the_Word_Out_New_Approaches_for.4.aspx
- “There is no money in community dissemination”: A mixed methods analysis of researcher dissemination-as-usual. Uphold, HS; Drahota, A; Bustos, TE; Crawford, MK; Buchalski, Z. *Journal of Clinical and Translational Science*. 2022;6(1):e105, 1-10. doi: 10.1017/cts.2022.437.
- Training researchers in dissemination of study results to research participants and communities. Cunningham-Erves, J; Stewart, E; Duke, J; Akohoue, SA; Rowen, N; Lee, O; Miller, ST. *Translational Behavioral Medicine*. 2021;11(7):1411-1419. doi: 10.1093/tbm/ibab023.
- Dissemination in Extension: Health Specialists’ Information Sources and Channels for Health Promotion Programming. Strayer 3rd, TE; Balis, LE; Ramalingam, NS; Harden, SM. *International Journal of Environmental Research and Public Health*. 2022;19(24):16673-16685. doi: 10.3390/ijerph192416673

9. REFERENCES

- Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <https://www.cancer-rates.info/tx/>

APPENDIX A: KEY TERMS

- **Activities:** A listing of the “who, what, when, where, and how” for each objective that will be accomplished.
- **Capacity Building:** Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee’s setting or community to continue the delivery of some or all components of the evidence-based intervention.
- **Clinical Services:** Number of clinical services such as screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based preventive services delivered by a health care practitioner in an office, clinic, or health care system. Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, clinical assessments, and family history screening.
- **Counties of Residence of Population Served:** Counties where the project does not plan to have a physical presence but people who live in these counties have received services. This includes counties of residence of people or places of business of professionals who participate in or receive education, navigation, or clinical services. Examples include people traveling to receive services as a result of marketing and programs accessible via the website or social media. These counties may be described in the project plan and must be reported in the quarterly progress report.
- **Counties with Service Delivery:** Counties where an activity or service will occur and the project has a physical presence for the services provided. Examples include onsite outreach and educational activities and delivery of clinical services through clinics, mobile vans, or telemedicine consults. These counties must be entered in the Geographic Area to be Served section of the application.
- **Education Services:** Number of evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals. Examples include education or training sessions (group or individual), focus groups, and knowledge assessments. One individual may receive multiple education services.

- **Evidence-Based Program:** A program that is validated by some form of documented research or applied evidence. CPRIT’s website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <https://www.cprit.state.tx.us/our-programs/prevention>.
- **Goals:** Broad statements of general purpose to guide planning. Outcome goals should be few in number and focus on aspects of highest importance to the project ([appendix B](#)).
- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee’s setting or community through policies and practice.
- **Navigation Services:** Number of activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner and facilitate cancer screening and diagnosis to improve health care access and outcomes. Examples include patient reminders, transportation assistance, and appointment scheduling assistance. One individual may receive multiple navigation services.
- **Number of Clinical Services:** Number of [clinical services](#) delivered directly to members of the public by the funded project. One individual may receive multiple clinical services.
- **Number of Services (Direct Contact):** Number of services delivered directly to members of the public and/or professionals—direct, interactive public or professional education, outreach, training, navigation service, or clinical service, such as live educational and/or training sessions, vaccine administration, screening, diagnostics, case management/navigation services, and physician consults. One individual may receive multiple services.
- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for outcomes; example: “Increase screening service provision in X population from Y% to Z% by 20xx.” Baseline data for the priority population must be included as part of each objective ([appendix B](#)). The proposed metric should be included in **both** the objective and the measure.
- **Unique People Served (Direct Contact):** Number of unique members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service, or clinical service. This category includes individuals who would be served through activities that are directly funded by CPRIT as well as individuals

who 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.

APPENDIX B: WRITING GOALS AND OBJECTIVES

List only major **outcome goals** and **measurable objectives** for each year of the project. **Do not include process objectives**; these should be described in the project plan only. Include the proposed metric within **both** the stated Objective and the Measure sections (eg, Measure: 2,000 individuals, ages 9-12, will initiate HPV vaccination during the grant period).

One goal with 2 objectives addressing navigation into diagnosis and into treatment is required for all proposals and will be prepopulated into the application. This goal is not modifiable by the applicant. As with other proposed goals and objectives, the applicant is expected to explain plans to establish a baseline and describe method(s) of measurement, if a baseline is not defined.

Applicants may add a maximum of 3 additional goals with 3 outcome objectives each.

Projects will be evaluated annually on progress toward **outcome** goals and objectives.

The following has been adapted with permission from Appalachia Community Cancer Network, NIH Grant U54 CA 153604:

Develop well-defined goals and objectives.

Goals provide a roadmap or plan for where a group wants to go. Goals can be long term (over several years) or short term (over several months). Goals should be based on needs of the community and evidence-based data.

Goals should be:

- Believable – situations or conditions that the group believes can be achieved
- Attainable – possible within a designated time
- Tangible – capable of being understood or realized
- On a timetable – with a completion date
- Win-Win – beneficial to individual members and the coalition

Objectives are measurable steps toward achieving the goal. They are clear statements of specific activities required to achieve the goal. The best objectives have several characteristics in common–

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- Specific – they tell how much (number or percent), who (participants), what (action or activity), and by when (date)
 - Example: 115 uninsured individuals age 50 and older will complete colorectal cancer screening by March 31, 2018.

- Measurable – specific measures that can be collected, detected, or obtained to determine successful attainment of the objective
 - Example: How many screened at an event? How many completed pre/post assessment?
- Achievable – not only are the objectives themselves possible, it is likely that your organization will be able to accomplish them
- Relevant to the mission – your organization has a clear understanding of how these objectives fit in with the overall vision and mission of the group
- Timed – developing a timeline is important for when your task will be achieved
- Challenging – objectives should stretch the group to aim on significant improvements that are important to members of the community

Evaluate and refine your objectives

Review your developed objectives and determine the type and level of each using the following information:

There are 2 types of objectives:

- Outcome objectives – measure the “what” of a program; should be in the Goals and Objectives form (see [section 4.4.2](#))
- Process objectives – measure the “how” of a program; should be in the project plan only (see [section 4.4.4](#))

There are 3 levels of objectives:

- Community-level – objectives measure the planned community change
- Program impact – objectives measure the impact the program will have on a specific group of people
- Individual – objectives measures participant changes resulting from a specific program, using these factors:
 - Knowledge – understanding (know screening guidelines; recall the number to call for screening)
 - Attitudes – feeling about something (will consider secondhand smoke dangerous; believe eating 5 or more fruits and vegetable is important)
 - Skills – the ability to do something (complete fecal occult blood test)

- Intentions – regarding plan for future behavior (will agree to talk to the doctor, will plan to schedule a Pap test)
- Behaviors (past or current) – to act in a particular way (will exercise 30+ minutes a day, will have a mammogram)

Well-defined outcome goals and objectives can be used to track, measure, and report progress toward achievement.

Summary Table

	Outcome – Use in Goals and Objectives	Process – Use in Project Plan only
Community-level	<p>WHAT will change in a community</p> <p><i>Example: As a result of CPRIT funding, fecal immunochemical tests will be available to 1,500 uninsured individuals age 50 and over through 10 participating local clinics and doctors.</i></p>	<p>HOW the community change will come about</p> <p><i>Example: Contracts will be signed with participating local providers to enable uninsured individuals over age 50 have access to free colorectal cancer screening in their communities.</i></p>
Program impact	<p>WHAT will change in the target group as a result of a particular program</p> <p><i>Example: As a result of this project, 200 uninsured women between 40 and 49 will receive free breast and cervical cancer screening.</i></p>	<p>HOW the program will be implemented to affect change in a group/population</p> <p><i>Example: 2,000 female clients, between 40 and 49, will receive a letter inviting them to participate in breast and cervical cancer screening.</i></p>
Individual	<p>WHAT an individual will learn as a result of a particular program, or WHAT change an individual will make as a result of a particular program</p> <p><i>Example: As a result of one-to-one education of 500 individuals, at least 20% of participants will participate in a smoking cessation program to quit smoking.</i></p>	<p>HOW the program will be implemented to affect change in an individual’s knowledge or actions</p> <p><i>Example: As a result of one-to-one counseling, all participants will identify at least 1 smoking cessation service and 1 smoking cessation aid.</i></p>