

Cancer Control Workplace Initiative – Phase I

Indiana State Department of Health, Cancer Control Section

Background

The impact of cancer is tremendous. Cancer is the second leading cause of death for adults in Indiana and in the United States. In Indiana, estimated cancer death rates from 2005 through 2010 have consistently outpaced the national rates. About 2.4 million Hoosiers, or two in five people now living in Indiana, will eventually develop cancer. The American Cancer Society estimated that approximately 34,050 Indiana residents were diagnosed with cancer in 2011, amounting to almost four new cases of cancer diagnosed every hour of every day. In 2011, about 12,960 Indiana residents were expected to have died of cancer, which translates to approximately 36 people every day or almost two people every hour.

In 2010, the Indiana Cancer Consortium, along with the Indiana State Department of Health, developed the Indiana Cancer Control Plan 2010-2014 as a comprehensive blueprint to help reduce the burden of cancer in Indiana. The plan consists of six focus areas – primary prevention, early detection, treatment, quality of life, data and advocacy. Each focus area has one goal, and multiple objectives and strategies.

The goal of the Early Detection focus area is to increase early detection and appropriate screening for cancer. There are four objectives specific to early detection for breast, cervical *or* colorectal cancers. They are:

- By 2014, increase the percentage of women aged 40 and older who receive annual breast cancer screening from 62 percent to 67 percent;
- By 2014, increase the percentage of adults aged 50 and older who receive risk-based colorectal cancer screening and follow-up using accepted professional guidelines from 59 percent to 67 percent;
- By 2014, increase the percentage of women aged 18 and older who have had a Pap smear in the last three years from 79 percent to 87 percent; and
- (Developmental) By 2014, reduce barriers to screenings and diagnostic services for disparate populations.

The workplace is an important setting for cancer screening interventions. In March 2008, 63 percent of the non-institutionalized adult population (145,969,000 adults) in the U.S. was employed; therefore, large proportions of the age-eligible, average-risk populations for breast, cervical *or* colorectal cancer screening can be reached via the workplace. Employers are

motivated to improve cancer screening because they recognize the effect of cancer on their bottom lines via healthcare costs, productivity losses, and other causes.

To mitigate the effects of cancer in the workplace, employers are increasingly implementing workplace health promotion strategies. Although these efforts have primarily focused on lifestyle behaviors such as nutrition, physical activity, and tobacco use, there is a growing interest in the workplace as a site for promoting the use of clinical preventive services, particularly for improving cancer screening. For example, the CEO Roundtable on Cancer, Inc., with support from the American Cancer Society, accredits and recognizes employers that implement best practices aimed at increasing cancer screening and other cancer-preventive behaviors through its [CEO Cancer Gold Standard](#) program. Similar programs are being explored and developed by the [Indiana Cancer Consortium](#) and the [Wellness Council of Indiana](#).

Funding Opportunity

The Cancer Control Section at the Indiana State Department of Health is pleased to announce a two-phase funding opportunity to assess, implement and evaluate a best practice workplace cancer screening intervention to increase cancer screening rates for breast, cervical *or* colorectal cancer. [The Guide to Community Preventive Strategies](#) (commonly referred to as the Community Guide) provides best practice intervention strategies to improve cancer screening via four avenues: health insurance benefits, workplace policies, workplace programs, and workplace communications.

Awardees will participate in a two-phase funding opportunity to assess, develop, implement and evaluate workplace screening programs using the recommended strategies outlined in the Community Guide. During the first phase of the pilot, conducted from January 2, 2013 to June 28, 2013, awardees will work with the Cancer Control Section to develop an in-depth assessment of cancer incidence and mortality, along with current workplace cancer screening rates and policies and employee attitudes, knowledge, and behaviors. This data will be used to develop a customized screening strategy for either breast, cervical *or* colorectal cancer. Implementation of strategies, and evaluation of measurable outcomes, will occur during the second phase of the pilot, conducted from July 1, 2013 to June 27, 2014.

Award

In Phase I, from January 2, 2013 to June 28, 2013, up to \$2,499.00 will be distributed to selected organizations for the assessment and development of a best practice workplace cancer screening initiative targeted towards increasing the cancer screening rate for breast, cervical *or* colorectal cancer.

All Phase I work plan activities and contract deliverables must be completed by June 28, 2013.

Eligibility

To be eligible, the applicant must:

- Be a local business with 100 or more employees.
- Have a current wellness program and coordinator to serve as liaison.
- Be without a current workplace cancer screening initiative for breast, cervical *or* colorectal cancer.
- Commit to Phase I, January 2, 2013 to June 28, 2013, and Phase II, July 1, 2013 to June 27, 2014, of the pilot. Phase I will be completed by June 28, 2013. Phase II will be completed by June 27, 2014.

Additionally, research projects will not be considered. For a definition of research visit:

www.grants.gov/help/glossary.jsp#r.

Requirements

By virtue of applying, applicant agrees to:

- Commit to both Phase I and Phase II of the pilot program. Funding for Phase II will be established prior to July 1, 2013.
- Accept electronic funds transfer (EFT). Grantees must also be a registered vendor with the State prior to payment.
- Complete all deliverables as outlined on page 5 by or before the due date.
- Attend all required meetings, and participate in all required conference calls.
- Work with Cancer Control Section staff to develop a comprehensive assessment tool to determine cancer incidence and mortality, along with current workplace screening rates and policies and employee attitudes, knowledge, and behaviors. Use assessment data to determine which cancer (either breast, cervical *or* colorectal) is most prevalent and will serve as focus of workplace screening initiative in Phase II beginning July 1, 2013.

- Develop screening intervention based on best practice strategies outlined in the Community Guide.
- Submit a written work plan and budget for Phase II (you will be provided a template) by **Friday, June 28, 2013**.
- Work towards adopting the ICC Gold Standard program, the [AchieveWELL program](#) or the [CEO Cancer Gold Standard](#).
- Join the ICC. Membership is free. Register at www.IndianaCancer.org. Grantees are also encouraged to join the Wellness Council of Indiana. Visit www.wellnessindiana.org for more information.

Timeline

- Thursday, **November 1, 2012** — Request for Proposals made available.
- Thursday, **November 1** through Thursday, **November 29, 2012** – Technical assistance available as needed. To schedule a technical assistance call, contact Dawn Swindle, Cancer Control Section Health Education and Communications Director, at dswindle@isdh.in.gov.
- Friday, **November 30, 2012** — Completed applications must be received by close of business (5 p.m.). Late submissions will not be considered.
- Friday, **December 14, 2012** — Grantees will be notified via e-mail.
- Friday, **December 21, 2012** — Initial face to face meetings will be scheduled. Initial meetings will be conducted by Friday, **January 11, 2013**, and will include external evaluators.
- Monday, **January 14, 2013** — Begin developing assessment tool.
- Friday, **June 28, 2013** — Conclusion of Phase I. All assessments are finalized, priority cancer identified, and work plans for best practice strategies developed and approved.

Submit Applications to Dawn Swindle, Cancer Control Section Health Education and Communications Director, at dswindle@isdh.in.gov or 2 N. Meridian 6B, Indianapolis, IN 46202.

Funding Deliverables

Grantees will receive payment based on the expected deliverables below. Grantees are required to invoice monthly in arrears for the completion of each deliverable.

Deliverable	Due Date	Payment
Attend initial grantee one-on-one meeting	January 11, 2013	\$150
Submit signed letter of agreement	January 11, 2013	\$100
Meet with ISDH Health Education and Communications Director to discuss assessments	January 31, 2013	\$150
Submit proposed assessment plan	February 28, 2013	\$350
Receive assessment plan approval	March 15, 2013	\$150
Conduct assessment and share results	May 1, 2013	\$533
Participate in analysis of assessment results	June 3, 2013	\$533
Submit Phase II work plan and budget	June 28, 2013	\$533
TOTAL		\$2,499

Funding Restrictions

The following limitations must be considered:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may not use funds for food or beverages.
- Recipients may not use funds for screenings, screening supplies, or equipment costs.
- Awardees may not generally use funding for the purchase of furniture or equipment.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

APPLICATION FORM

Please use Arial, 12 point font when responding to application questions. Applications may NOT exceed five pages (including cover form, demographic information, and responses to questions). Applications must be received via e-mail at dswindle@isdh.in.gov or via United States Post Office: 2 North Meridian Street, 6B, Indianapolis, IN, 46202, Attn: Dawn Swindle by close of business on November 30, 2012.

Applicant

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person

Contact Name and Title: _____

Direct Phone: _____

E-mail Address: _____

Demographic Information

Please provide as much information as possible.

Number of Employees:

100-249 250-749 750-999 Other: _____

Gender:

% Male: _____ % Female: _____

Job Type:

% Salaried: _____ % Hourly: _____

Work Status:

% Full-time: _____ % Part-time: _____ % Temporary/Seasonal: _____

Average Age: _____

Age by Group:

% < 18 years of age: _____ % 45-64 years of age: _____
% 18-34 years of age: _____ % ≥ 65 years of age: _____
% 35-44 years of age: _____

Racial/Ethnic Group:

% Non-Hispanic White: _____ % Asian/Asian American: _____
% Hispanic/Latino: _____ % Black/African American: _____
% Other: _____ % American Indian: _____

Education Level:

% < High School: _____ % High School Graduate/GED: _____
% Some College/Technical: _____ % College Graduate: _____
% Post-graduate/Advanced Degree: _____

Business Type:

For-profit Nonprofit Other
 Nonprofit/Government

Industry Type:

Health Insurance Provided to Employees?

Yes No

Does Employer Participate in:

Group Policy Company is Self-Insured Other

Percentage of Employee Participation: _____

Does Insurance Currently Cover Preventive Services?

Yes No

If Yes, What Preventive Services are Currently Covered?

Application Questions

1. What prompted you to consider this grant opportunity?
2. How do you anticipate this will benefit your workplace?
3. How will this opportunity supplement and/or complement your current workplace wellness program?
4. Demonstrate your (or your company's) capacity to successfully complete this project.
5. Who will oversee this project?

6. What are your expected outcomes for Phase I (January 2, 2013 to June 28, 2013)? Phase II (July 1, 2013 to June 27, 2014)?
7. How do you plan to sustain your efforts?

Please address all inquiries about this RFP to dswindle@isdh.in.gov. Applications are due by 5 p.m. on Friday, November 30, 2012. Late submissions will not be considered.