



## Executive Summary

The Indiana Cancer Consortium (ICC) announces the availability of funds to commence a multi-phase grant initiative with select cancer centers to focus on health systems change for tobacco treatment that addresses the high smoking rates among those living with cancer in designated regional areas across Indiana. These funds support the development of statewide hospital and cancer treatment centers that are tasked with implementing evidence-based tobacco prevention and cessation efforts according to area needs. In phase one, these hospitals or cancer centers will conduct baseline assessments of current tobacco prevention and control practices and develop a 12-month work plan to address specific barriers and gaps in tobacco cessation efforts supported by the ICC Tobacco and Prevention Cessation Manager (TPC Manager). In phase two, the TPC Manager and selected cancer center(s) will work to successfully implement evidence-based and best practice tobacco cessation strategies as outlined in their work plans. Additionally, the ICC will work with an external evaluation consultant to develop a toolkit based on the awarded institution(s) including assessment tools and evidence-based tobacco cessation strategies for other cancer centers in Indiana to replicate.

**Eligible Applicants:** Limited

**Project End Date:** June 30, 2021

**Number of Awards:** Up to two

**Award Continuation:** No

**Project Funding:** Up to \$26,300

**Matching Requirements:** No

**Estimated Award Date:** December 16, 2019

Award applications are due **December 5, 2019** by **11:59 p.m. (EST)**. Please direct any questions or comments to Mary Robertson, Tobacco Prevention and Cessation Manager with the ICC, at [mary@indianacancer.org](mailto:mary@indianacancer.org).

## Funding Opportunity Description

### Organization Background:

The [Indiana Cancer Consortium](#) (ICC) is a statewide network of partnerships whose mission is to reduce Indiana's cancer burden through the coordinated, collective actions of its members and the sharing of resources, knowledge, and passion. The ICC began in February 2001 when the Indiana State Department of Health (ISDH), American Cancer Society-Great Lakes Division, Indiana University Cancer Center, Indiana University School of Nursing, and Indiana University School of Medicine Department of Public Health met to discuss the need for cancer control

planning in Indiana. In May 2001, a group of 15 statewide health groups convened and decided on the name, ICC, and moved forward with cancer control planning. Due to this group's tireless efforts, Indiana received its first comprehensive cancer control (CCC) planning grant from the Centers for Disease Control and Prevention (CDC) in 2003 and has received CCC implementation funding since 2005.

Since its inception in 2001, the ICC has grown to 300+ members sharing resources, knowledge, and passion for cancer prevention and control. Over the last 18 years, the ICC has developed three statewide cancer control plans and five statewide cancer burden reports that guide the implementation and evaluation of cancer control efforts across the continuum, from prevention through survivorship. These strategic plans and comprehensive reports share a variety of cross-cutting themes that prioritize quality cancer data, impact advocacy, and equitable healthcare access and delivery. The ICC released the [Indiana Cancer Control Plan 2018-2020](#) (ICCP) in June 2018. The plan consists of four focus areas, with one overarching goal per focus area: primary prevention, early detection, treatment, and survivorship. Gathering around the ICC table, experts and key stakeholders in the fields of public health, cancer research, and treatment identify the most important activities that, when implemented, can reduce cancer in Indiana. Day by day, as more partners engage in strategies from this plan, extraordinary accomplishments are made.

The [Indiana Cancer Control Plan 2018-2020](#) (ICCP) include an objective and measures aimed at reducing the proportion of Hoosiers who use tobacco, including survivors who currently smoke cigarettes. To advance the work of the ICCP and the 2020 Indiana Tobacco Control Strategic Plan, the ICC continues to focus on ISDH TPC priority area three: decrease Indiana adult smoking rates and priority area four: maintain a state and local infrastructure necessary to lower tobacco use rates.

## **Burden**

Cancer is the second leading cause of death in Indiana and the United States.<sup>1</sup> According to the Centers for Disease Control and Prevention (CDC), smoking can cause cancer and inhibit your body's immune system from fighting it.<sup>1,4</sup> In 2017, Indiana's adult smoking rate of 21.8 percent remained well above the national average of 13.9 percent.<sup>2</sup> Even more alarming, the smoking rate among cancer survivors in Indiana was 22 percent.<sup>2</sup>

## **Smoking and Cancer**

Smoking has been linked to several types of cancer (mouth and throat; larynx; esophageal; trachea, bronchus, and lung – nine out of ten of lung cancers are caused by smoking cigarettes; liver; colon and rectum; cervix; bladder; pancreas; stomach; kidney and renal pelvis; and blood - acute myeloid leukemia).<sup>1</sup> In the United States, if nobody smoked, one out of every three cancer deaths would not occur.<sup>1</sup> In Indiana, smoking accounts for 35.8 percent of all cancer deaths among men and 24.6 percent of all cancer deaths among women.<sup>5</sup>

## **Cancer Survivors Continue to Smoke**

Although treatments for cancer, and particularly lung cancer are improving, lung cancer takes the lives of more men and women than any other cancer in the United States.<sup>1</sup> In Indiana, during 2016, approximately 5,357 residents were diagnosed with lung cancer and 3,859 died as a result of the disease.<sup>6</sup> However, due to advances in early detection and treatment, more and more people are living after a cancer diagnosis.

In Indiana, as of December 31, 2016, there were an estimated 275,439 cancer survivors for all cancers combined.<sup>7</sup> A cancer survivor is any person who has been diagnosed with cancer, from the time of diagnosis through the balance of life.<sup>8</sup> The four highest-burden cancers in Indiana are lung, breast, colorectal, and prostate, which account for approximately 54 percent of these survivors.

According to the Indiana Behavioral Risk Factor Surveillance System (BRFSS), 22.0% of cancer survivors continue to smoke.<sup>2</sup> Cancer survivors who continue to smoke after being diagnosed with cancer have poorer health outcomes, rates of adverse side effects from cancer treatment, and a higher chance of cancer recurrence or developing a second cancer known to be caused by smoking, such as lung cancer.<sup>9</sup> However, those cancer patients who quit smoking after receiving a cancer diagnosis have longer survival times and a lower risk for developing new cancers.<sup>9</sup>

## **Indiana Has Over One Million Smokers**

Over 1 million adults in Indiana continue to smoke, and Indiana's adult smoking rate, 21.8 percent, according to BRFSS, remains above the national average of 13.9 percent (adults aged 18 years and older who report current smoking in the United States - 2017).<sup>10,11</sup> Additionally, more individuals from high-risk populations, including minorities, pregnant women, youth, and other at-risk groups, are continuing to smoke and may not receive proper education on the risks of tobacco and smoking.<sup>12</sup> In 2016, 10.5 percent of Indiana high school youth reported using e- cigarettes in the past 30 days. Although e-cigarette use has declined from 15.1 percent in 2014, among high school youth, these products are still the most commonly used tobacco product among Indiana's youth.<sup>13</sup> Eliminating health disparities related to tobacco use and implementing tobacco prevention and cessation efforts among Indiana's high-risk populations is of the utmost importance.<sup>8</sup>

Cigarette use causes preventable, premature death.<sup>14</sup> In addition, nonsmokers are adversely affected by secondhand smoke as exposure to secondhand smoke is one of the leading causes of preventable death.<sup>13</sup> An estimated 1,300 Hoosiers die each year, due to others' smoking, including secondhand smoke exposure.<sup>13</sup> Focused tobacco cessation efforts will not only impact the lives of smokers, but it will also positively affect the lives of those around them.

## **Funding Opportunity**

The ICC is pleased to announce a funding opportunity to Indiana hospitals and cancer centers to begin addressing the tobacco and cancer burden at the systems level. The funded organizations, with support and technical assistance from the ICC and TPC, will work to address the high rate of tobacco use among cancer patients and survivors from a systems level approach by:

- Participating in a detailed assessment of tobacco treatment and cessation efforts by each cancer center and identifying barriers
- Implementing the tailored work plan provided by ICC TPC Manager
- Increasing availability and utilization of tobacco cessation resources among cancer centers and high-risk cancer populations who are current smokers
- Completing end of phase one and end of phase two reports
- Ensuring all employees and staff receive proper training in regards to the Indiana Tobacco Quitline and tobacco prevention and cessation best practices
- Incorporating tobacco use screening and cessation best practices

## **Technical Assistance & Support**

The technical assistance process will include (1) reviewing implementation plan activities, (2) discussing progress and opportunities, (3) identifying barriers and possible solutions, (4) providing resources, and (5) tracking and communicating progress.

## **Award**

Interested organizations located within the state of Indiana will be awarded to address the cancer burden and high rate of tobacco use among cancer patients and survivors and cancer burden within their health system. Grantees will be designated and prioritized by areas of greatest need, including communities with high smoking rates, access to vulnerable populations, and high incidence rates of lung and other smoking-related cancers. The exact monetary award is dependent on the number of organizations awarded.

## **Eligibility**

The applicant must:

- Be a member of the ICC. Membership is free. Register at [www.IndianaCancer.org](http://www.IndianaCancer.org).

## **Requirements**

By virtue of applying, applicant agrees to:

- Complete all deliverables as outlined on page 5 and 6 by or before the due dates.

- Commit to championing the long-term effort to develop and evaluate evidence-based policy, systems, and environmental change strategies, as outlined in the [Indiana Cancer Control Plan](#).

## **Timeline**

- **Thursday, October 31, 2019**– Request for application made available.
- **Friday, November 1 through Tuesday, November 26, 2019**– Technical assistance available as needed. To schedule a technical assistance call, contact Mary Robertson at [mary@indianacancer.org](mailto:mary@indianacancer.org).
- **Thursday, December 5, 2019**– Completed applications must be received by 11:59 p.m. (EST). Late submissions will not be considered.
- **Thursday, December 16, 2019**– Grantees will be notified via-mail.
- **By Monday, December 30, 2019**– Grantee and ICC TPC Manager one-on-one initial planning meeting
- **Tuesday, June 30, 2020**– End of phase one report due.
- **Wednesday, June 30, 2021**– End of project report due.

**Submit applications to Mary Robertson, Tobacco Prevention and Cessation Manager with the ICC, at [mary@indianacancer.org](mailto:mary@indianacancer.org) or mail to 5150 W 71st St, Indianapolis, IN 46268 Attn: Mary Robertson. All applications must be received no later than December 5, 2019 by 11:59 p.m. (EST).**

## **Funding Deliverables**

Grantee will receive payment based on the expected deliverables below. Grantee is required to invoice monthly in arrears for the completion of each deliverable with concise project narrative.

Deliverables		Complete By:	Percent of Award Payment:
Phase One:	Participate in initial phone grantee one-on-one planning meeting with ICC TPC Manager to discuss questions, expectations, and communication standards	Monday, December 30, 2019	2.5%
	Participate in initial meet & greet on-site meeting with ICC TPC Manager to discuss current tobacco mechanisms in the center	Friday, January 17, 2020	2.5%
	Return completed cancer center and ICC agreement to TPC Manager	Friday, January 24, 2020	7.5%

	Meet with the evaluation team for their initial assessment and provide all applicable information	Friday, February 7, 2020	5%
	Develop a comprehensive list of partners (name, title, organization, email address, phone number, mailing address, and county) from current local TPC collaborations	Friday, February 28, 2020	2.5%
	Work with the TPC evaluation team to complete a detailed assessment of tobacco treatment and cessation (identifying gaps) efforts for each cancer center	February 1, 2020 through April, 2020	10%
	Meet with TPC Manager and evaluation team to discuss the completed summary report and results	Friday, May 15, 2020	2.5%
	Meet with ICC TPC Manager to review tailored work plan	By June 30, 2020	5%
	Complete end of phase one report	Tuesday, June 30, 2020	7.5%
Phase Two:	Promote project work plan and implementation efforts	July 1, 2020 through June 30, 2021	35%
	Complete end of project report	Wednesday, June 30, 2021	10%
	Adhere to the expectations and communications standards set in initial grantee planning meeting with ICC TPC Manager throughout contract length	On-going	10%
<b>TOTAL</b>			<b>100%</b>

\*While it's not a deliverable, grantees are strongly encouraged to attend the 2020 ICC Annual Meeting on Wednesday, April 22, 2020 at the Ivy Tech Corporate College and Culinary Center in Indianapolis, IN.

### **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.

## **Review and Selection Process**

Applications will be reviewed by a selection committee, using a systematic technical acceptability review process. The quality and technical merits of the application will be scored using an objective set of criteria.

## **Resources**

- ICC: <http://indianacancer.org/>
- *Indiana Tobacco Control 2020 Strategic Plan*: [https://www.in.gov/isdh/tpc/files/2020%20Strategic%20Plan\\_PDF\\_FINAL.pdf](https://www.in.gov/isdh/tpc/files/2020%20Strategic%20Plan_PDF_FINAL.pdf)
- Indiana Tobacco Quitline: <https://www.in.gov/quitline/>
- *Indiana Cancer Control Plan 2018-2020*: <http://indianacancer.org/wp-content/uploads/2019/01/ICCP-Final.pdf>
- *Indiana Cancer Facts and Figures Fifth Edition*: [http://indianacancer.org/wp-content/uploads/2019/09/Indiana-Cancer-Facts-and-Figures-2018\\_WithCover.pdf](http://indianacancer.org/wp-content/uploads/2019/09/Indiana-Cancer-Facts-and-Figures-2018_WithCover.pdf)
- *The Guide to Community Preventive Services* (The Community Guide) on Tobacco: <https://www.thecommunityguide.org/topic/tobacco>
- Indiana State Cancer Registry Statistics Report Generator: <http://www.in.gov/isdh/24360.htm>
- Indiana's Public Health Districts: <http://www.in.gov/isdh/17944.htm>
- CDC BRFSS Web enabled Analysis Tool <https://nccd.cdc.gov/weat/#/analysis>
- CDC State Tobacco Activities Tracking and Evaluation (STATE) System <https://www.cdc.gov/statesystem/index.html>
- American Society of Clinical Oncology: <https://www.asco.org/practice-guidelines/cancer-care-initiatives/prevention-survivorship/tobacco-cessation-control>
- American Association for Cancer Research: [https://www.aacr.org/AdvocacyPolicy/GovernmentAffairs/PAGES/TOBACCO-AND-CANCER\\_F3F578.ASPX](https://www.aacr.org/AdvocacyPolicy/GovernmentAffairs/PAGES/TOBACCO-AND-CANCER_F3F578.ASPX)
- International Association for Study of Lung Cancer [https://www.iaslc.org/Portals/0/iaslc\\_2015\\_tobacco\\_statement\\_long.pdf?ver=2019-05-29-024704-833](https://www.iaslc.org/Portals/0/iaslc_2015_tobacco_statement_long.pdf?ver=2019-05-29-024704-833)

## Cancer and Smoking Burden Citations

---

- 1 Centers for Disease Control and Prevention. Smoking and Cancer. Webpage. Accessed on March 13, 2019.
- 2 Indiana State Department of Health, Data Analysis Team. Indiana Behavioral Risk Factor Surveillance System, 2017; Cancer Survivorship Module. Webpage. Accessed on March 13, 2019.
- 4 American Cancer Society. Health Risks of Smoking Tobacco. [Webpage](#). Accessed on April 1, 2019.
- 5 Lortet-Tieulent J, Goding Sauer A, Siegel RL, et al. State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States. *JAMA Intern Med.*, 2016. [Journal Article](#). Accessed on January 15, 2019.
- 6 Indiana State Department of Health. Indiana State Cancer Registry, 2018. [Webpage](#). Accessed on December 14, 2018.
- 7 These numbers conservatively reflect the number of survivors who were diagnosed with an invasive cancer between 1995 and 2016. | Indiana State Cancer Registry.
- 8 American Cancer Society. Cancer Treatment and Survivorship Facts & Figures 2014-2015. [Report](#).
- 9 California Department of Public Health, Comprehensive Cancer Control Program, University of California, Davis, and California Dialogue on Cancer (CDOC) Tobacco Stakeholder Advisory Group. *Tobacco Cessation in Cancer Prevention and Treatment: A Call to Action for California Cancer Centers 2015*. [Report](#). Accessed on March 13, 2019.
- 10 Indiana State Department of Health, Data Analysis Team. Indiana Behavioral Risk Factor Surveillance System, 2017. [Webpage](#). Accessed on March 13, 2019.
- 11 Centers for Disease Control and Prevention. National Center for Health Statistics (NCHS), National Health Interview Component. [Webpage](#). Accessed on January 20, 2019.
- 12 Indiana State Department of Health, Tobacco Prevention and Cessation Commission. 2020 Indiana Tobacco Control Strategic Plan. [Report](#). Accessed on March 1, 2019.
- 13 Indiana State Department of Health, Tobacco Prevention and Cessation Commission. Indiana Tobacco Control Report 2017. [Report](#). Accessed on March 13, 2019.
- 14 American Cancer Society. Cancer Facts & Figures 2018. [Report](#). Accessed on January 15, 2019.
- 15 Croyle, R.T., Morgan, G.D. & Fiore, M.C. Addressing a Core Gap in Cancer Care – The NCI Moonshot Program to Help Oncology Patients Stop Smoking (2019) 380(6):512-515. [Journal Article](#). Accessed on April 3, 2019.

# Application

---

Please use Arial, 12-point font, single spacing when responding to application questions. Applications may **NOT** exceed **5** pages (including cover form and responses to questions). Applications must be received via e-mail at [mary@indianacancer.org](mailto:mary@indianacancer.org) or via the United States Post Office: 5150 West 71st Street, Indianapolis, IN 46268 Attn: Mary Robertson by 11:59 p.m. (EST) on December 5, 2019.

## Applicant

Name of Business/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

## Contacts

Program Contact Name and Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fiscal Contact (Official Signer) Name and Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Application Questions (please submit answers on separate page)**

1. Please describe your organization's background and history. Please include organization size, general patient population, staff capacity, health trends/particular burdens for your area and any other pertinent information.
2. Describe your local [lung] cancer burden (particularly your county's incidence and mortality) and overall health burdens through the use of data obtained from the Indiana State Cancer Registry Statistics Report Generator: <http://www.in.gov/isdh/24360.htm>.
3. Please describe your organization's current tobacco prevention and cessation efforts.
4. What prompted you to consider this funding opportunity?
5. What resources can you contribute to help with implementation? (buy-in, staff time, space, etc.)
6. How will this opportunity supplement and/or complement your current cancer control efforts?
7. Describe your organization's capacity to successfully complete this project.
8. Who will oversee this project?
9. How will you sustain these efforts long-term?
10. Is your organization receiving funds from any other TPC grant? If so, describe in what capacity or department and your organization's success/barriers thus far.

**Please address all inquiries about this RFA to [Mary@IndianaCancer.org](mailto:Mary@IndianaCancer.org). Applications are due by 11:59 p.m. (EST) on Thursday, December 5, 2019.**

**Late submissions will not be considered.**