



Addressing Racial Disparities in Cancer Care Competitive Grant Program - Request for Proposals (RFP)

I. Background

The American Cancer Society and Pfizer Global Medical Grants are collaborating to offer a new competitive grant opportunity focused on addressing systemic race-related barriers that contribute to disparities in outcomes among Black men and women with cancer.

This Request for Proposals (RFP) is not specific to one cancer type. Proposals should identify and address systemic race-related barriers and disparities in the delivery of care that impact outcomes regardless of cancer type. At a time when racism is at the center of our national conversation, we must aspire to reduce disparities and strive for equity in the delivery of cancer care. In order to accelerate the timeline for this RFP, Letters of Intent are not requested. Full proposals are required for all submissions.

About the American Cancer Society:

The American Cancer Society is a global grassroots force of 1.5 million volunteers dedicated to saving lives, celebrating lives, and leading the fight for a world without cancer. From breakthrough research, free lodging near treatment centers, a 24/7/365 live helpline, free rides to treatment, and convening powerful activists to create awareness and impact, the Society is the only organization attacking cancer from every angle. For more information about the American Cancer Society, go to www.cancer.org.

The Society will provide technical assistance and support to grantees, establishing a learning community for grantees utilizing the Project ECHO model: <https://echo.unm.edu/>.

About Pfizer Global Medical Grants:

Pfizer Global Medical Grants (GMG) supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies.

Pfizer's GMG competitive grant program involves a publicly posted RFP that provides detail regarding a specific area of interest, sets timelines for review and approval, and works with an external partner or uses an external review panel (ERP) to make final grant decisions. Organizations are invited to submit an application addressing the specific gaps in health care as outlined in the RFP.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

II. Eligibility

Geographic Scope	United States
Applicant Eligibility Criteria	<ul style="list-style-type: none"> • US health care institutions, large and small; public health organizations; community-based organizations and other organizations working to address cancer disparities. • If any component of a proposed project includes activities certified for CME/CE credit, the accredited organization providing the credit must be the requesting organization on the grant.

III. Requirements

Area of Interest for this RFP	<p>The intent of this grants program is to support quality improvement projects that reduce systemic barriers and address disparities in the delivery of cancer care impacting outcomes for Black men and women facing cancer.</p> <p>It is expected that projects are built on the foundation of an evidence-based approach and the proposed research/evaluation plan will follow generally accepted scientific principles. During review, the intended outcome(s) of the project will be given careful consideration and projects with the maximum likelihood to directly impact patient care for Black patients across multiple cancer types and those that may be scaled or replicated will be given high priority.</p> <p>The intent of the collaboration is to support proposals addressing systemic disparities along the continuum of cancer care.</p> <p>Example project proposal topics:</p> <ul style="list-style-type: none"> • Screening • Diagnosis • Treatment selection • Treatment outcomes • Clinical trials participation • Access to care (e.g. social support, navigation, geographic barriers) • Socioeconomic barriers • Age-related barriers (e.g. undertreatment of older people) • Management of co-morbidities • Delays in diagnosis, treatment, and/or healthcare delivery <p>This RFP intends to support quality improvement initiatives. It is not our intent to support clinical or health services research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.</p>
Target Audience	<ul style="list-style-type: none"> • Members of the health care team and administrators involved in the diagnosis and care of cancer patients

	<ul style="list-style-type: none"> • Patients • All groups dedicated to reducing cancer disparities among Black men and women
Disease Burden Overview	<p>Systemic obstacles contribute to the impact of racial disparities in all aspects of healthcare. The COVID-19 pandemic has exposed the inequalities in care and treatment of people of color. It has highlighted race-related barriers in the United States as the disease continues to spread. A May 2020 study found the 22% of counties that are disproportionately Black in the United States accounted for 52% of the nation’s COVID-19 cases and 58% of the deaths. Neither the size of the counties nor whether urban or rural had any influence on the results.¹</p> <p>Black patients in Atlanta were more likely to be hospitalized for complications of COVID-19 than white patients, even when controlled for underlying conditions. Factors that may contribute to the higher rate of hospitalization include health care access, social determinants of health, and bias.²</p> <p>Compared to whites, Black Americans experience higher death rates and higher prevalence rates of chronic conditions and are more likely to report not being able to see a doctor in the past year because of cost.³ Additionally, African Americans are almost twice as likely to be uninsured.⁴</p> <p>Blacks have the highest death rate and shortest survival of any racial/ethnic group in the United States for most cancers. While cancer death rates declined faster for Blacks than whites between 2007 to 2016, the mortality disparity gap still exists for many cancer sites.⁵</p> <p>During the most recent reporting period (2013-2017) breast cancer death rates were 40% higher for Black women compared with white women in every state and as much as 60% higher in some states, including Louisiana and Mississippi.⁶</p> <p>Black men have the highest prostate cancer death rate compared to other racial or ethnic groups. The death rate for Black men is 2.2 times higher than the death rate for white men.⁷</p> <p>Colorectal cancer death rates are 47% higher in non-Hispanic (NH) Black men and 34% higher in NH Black women compared to NH white men and women. Cancer death rates are also higher in cancers of the stomach, uterine cervix, uterine corpus (endometrial) for NH Blacks compared to NH whites.⁸</p>
Gaps in Care and Barriers	<p>The causes of cancer mortality disparities are complex, reflecting socioeconomic and cultural barriers. There are differences among Blacks and whites in being able to access high-quality healthcare. Socioeconomic disparities such as affordable housing, education, and</p>

	<p>access to healthy food contribute to disparities, as does structural racism.^{9,10}</p> <p>Additionally, Black men and women are often underrepresented in cancer research – both as study subjects and as members of the research team. Disparities in cancer clinical trials recruitment among minorities exists, with clinical and research staff bias and stereotyping identified as potential contributing factors.¹¹ Additional barriers may include mistrust of the healthcare system, a lack of understanding of medical terminology, reluctance to seek medical care and unfavorable attitudes toward research.¹²</p>
<p>Expected Approximate Monetary Range of Grants</p>	<p>Individual projects requesting up to a total of \$400,000 to include both direct and indirect costs for the two-year project period will be considered.</p> <p>The total available budget related to this RFP is approximately \$2,000,000.</p> <p>The amount of the grant Pfizer and the Society will be prepared to fund for any project will depend upon the review panel’s evaluation of the proposal and costs involved and will be stated clearly in the approval notification.</p>
<p>Key Dates</p>	<p>RFP release date: July 15, 2020</p> <p>Full Proposal due date: September 10, 2020 <i>Please note the deadline is 11:59 pm Eastern Time (New York, GMT -5)</i></p> <p>Anticipated Full Proposal Notification Date: October 26, 2020</p> <p>Grant funding will be distributed following execution of a fully signed Letter of Agreement</p> <p>Anticipated Period of Performance: January 2021 to December 2022 (projects may be shorter but not longer than two years)</p>
<p>How to Submit</p>	<ul style="list-style-type: none"> • Go to www.cybergrants.com/pfizer/QI and sign in. First-time users should click “REGISTER NOW”. • Select the following Competitive Grant Program Name: 2020 Oncology – ACS Addressing Racial Disparities in Cancer Care • Select the following Primary Area of Interest: Oncology - General • Complete all required sections of the online application and upload full proposal (see full proposal guidance below) <p>If you encounter any technical difficulties with the website, please click the “Technical Questions” link at the bottom of the page.</p>

	IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.
Questions	If you have questions regarding this RFP, please direct them in writing to the Pfizer Grant Officer, Jacqueline Waldrop (Jacqueline.Waldrop@pfizer.com) or to Karla Wysocki at the American Cancer Society (Karla.Wysocki@cancer.org) with the subject line "Addressing Racial Disparities in Cancer Care RFP."
Mechanism by Which Applicants Will Be Notified	All applicants will be notified via email by the dates noted above. Applicants may be asked for additional clarification or to make a summary presentation during the review period.

IV. Full Proposal Requirements

Applications will be accepted via the online portal. **The main section of the full proposal document should be no longer than 15 pages in length (12-point font and 1-inch margins) excluding Organization Detail, References, and Budget Narrative.** The full proposal should be uploaded in the portal as a single document.

The online application also includes the fields noted below. The text in those fields should be the same text that is included in your Full Proposal document.

Proposals must follow the outline detailed below:

- A. **Cover page** (not to exceed 1 page):
 - a. Title
 - b. Abstract (summary of your proposal – please limit to 250 words)
- B. **Table of Contents** (not to exceed 1 page)
- C. **Main Section** (not to exceed 15 pages):

Goals and Objectives	<ul style="list-style-type: none"> • Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s). • List the key objectives and how they are intended to address the established need for this project.
Assessment of Need for the Project	<ul style="list-style-type: none"> • Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in <i>your</i> target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.

Target Audience	<ul style="list-style-type: none"> • Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population. • Describe whom, beyond the primary audience, would potentially benefit from the project in terms of this being a model for others to replicate or expand.
Project Design and Methods	<ul style="list-style-type: none"> • Include a description of the overall strategy, methodology, and analysis linking them to the goal of the project. • Describe the planned project and the way it addresses the established need. • If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.
Innovation	<ul style="list-style-type: none"> • Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed. • If appropriate, describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project. • If appropriate, include a description of the tools to be developed, noting if they will be available for others to use.
Evaluation and Outcomes	<ul style="list-style-type: none"> • In terms of the metrics used to assess the need for this project, describe how you will determine if the practice gap was addressed for the target group. • Describe how you expect to collect and analyze the data. • Quantify the amount of change expected from this project in terms of your target audience (e.g., a 10% increase over baseline or a decrease in utilization from baseline between 20-40%). • Describe how the project outcomes will be broadly disseminated.
Workplan and Deliverables Schedule	<ul style="list-style-type: none"> • Include a narrative describing the workplan and outlining how the project will be implemented over the 2-year period. • Using a table format (no page limit), list the deliverables and a schedule for completion of each deliverable.

D. **References** (no page limit)

E. **Organizational Detail** (not to exceed 3 pages):

- a. Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project.
- b. Include the name of the person(s) responsible for this project (PI/project lead and/or project manager). Additionally, list other key staff members proposed on the project. Articulate the specific role of each partner in the proposed project.

F. Detailed Budget (Refer to / Complete the Budget Template within the grant application):

- a. Provide a written narrative containing a detailed explanation of each cost element proposed. Budget narratives should include a justification for all personnel, indicating the percentage of time allocated to the project.
- b. Pfizer maintains a maximum allowed overhead rate of 28% for independent studies and projects. (Institutional Overhead Costs are costs to the institution for the support of your project. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance).
- c. Examples of what awarded funds may not be used for:
 - Office equipment (e.g. computers, furniture)
 - Registration and travel costs for professional development meetings or courses not related to this project
 - Health care subsidies for individuals
 - Screening, diagnostic or treatment services (e.g. genetic testing, colonoscopies)
 - Construction or renovation of facilities
 - Therapeutic agents (prescription or non-prescription)
 - Food and/or beverages for learners and/or participants in any capacity
 - Lobbying

G. Staff Bio sketches (no page limit):

- a. Provide a brief bio sketch of all project leads / PIs listed in Section E.

H. Letter(s) of Support (no page limit):

- a. Letter(s) must be provided from all organizations listed in section E documenting support and commitment to the project. Letters should be issued from an institutional authority or authorities and collaborators guaranteeing access, resources and personnel (as the case may be) for proposed project.

References:

¹ Millett GA, Jones AT, Benkeser D, Baral S, Mercer L, Beyrer C, Honermann B, Lankiewicz E, Mena L, Crowley JS, Sherwood J, Sullivan P. Assessing Differential Impacts of COVID-19 on Black Communities. *Annals of Epidemiology* (2020), doi: <https://doi.org/10.1016/j.annepidem.2020.05.003>.

² Killerby ME, Link-Gelles R, Haight SC, Characteristics associated with hospitalization among patients with COVID-19-metropolitan Atlanta, Georgia, March-April 2020. *MMWR Morb Mortal Wkly Rep*. ePub:17 June 2020.

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- ³ Cunningham, T. J., Croft, J. B., Liu, Y., Lu, H., Eke, P. I., & Giles, W. H. (2017). Vital signs: racial disparities in age-specific mortality among blacks or African Americans—United States, 1999–2015. *MMWR Morb Mortal Wkly Rep.* 66(17), 444.
- ⁴ Bartel AP, Kim S, Nam J, Rossin-Slater M, Ruhm C, Waldfogel J. Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets, *Monthly Labor Review, U.S. Bureau of Labor Statistics*, January 2019. <https://doi.org/10.21916/mlr.2019.2>
- ⁵ American Cancer Society. *Cancer Facts & Figures for African Americans 2019-2021*. Atlanta: American Cancer Society, 2019.
- ⁶ American Cancer Society. *Breast Cancer Facts & Figures 2019-2020*. Atlanta: American Cancer Society, Inc. 2019.
- ⁷ American Cancer Society. *Cancer Facts & Figures for African Americans 2019-2021*. Atlanta: American Cancer Society, 2019.
- ⁸ American Cancer Society. *Cancer Facts & Figures for African Americans 2019-2021*. Atlanta: American Cancer Society, 2019.
- ⁹ Bailey ZD, Krieger N, Agenor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet.* 2017;389(10077);1453-1463
- ¹⁰ Hardeman RR, Medina EM, Kozhimannil KB. Structural racism and supporting Black lives—the role of health professionals. *New England Journal of Medicine.* 2016;375(22);2113-2115
- ¹¹ Niranjani SJ, Martin MY, Fouad MN, Vickers SM, Wenzel JA, Cook ED, Konety BR, Durant RW. Bias and stereotyping among research and clinical professionals: perspectives on minority recruitment for oncology clinical trials. *Cancer.* 2020;126:1958-1968.
- ¹² Rogers CR, Rovito MJ, Hussein M, Obidike OJ, Pratt R, Alexander M, Berge JM, Dall’Era M, Nix JW, Warlick C. Attitudes toward genomic testing and prostate cancer research among black men. *Am J Prev Med.* 2018;55(5S1):S103-S111.