

**South Dakota Department of Health (SD DOH) Cancer Programs Request for Applications #21CP0002
*Worksite Cancer Screening Policy Implementation Grant***

**Purpose:** Completing recommended cancer screening tests may find breast, cervical, lung, and colorectal cancers early, when treatment is likely to work best. In addition, regular screening for cervical and colorectal cancer can detect abnormalities that can be treated or removed before cancer has formed. The availability of paid time off from work for cancer screenings alleviates a significant barrier and encourages employees to see a doctor before they develop a serious illness. Studies have identified a positive relationship between paid leave benefits and both undergoing preventive cancer screenings and making routine medical visits.

**Eligibility:** All worksites located within the geographical borders of South Dakota are eligible to apply for funding.

**Award:** Applicants may request up to $5,000, with up to five applicants funded.

**Funding Parameter:**

* Worksites are required to adopt or update a worksite cancer screening policy and implement client reminders to support the policy. Worksites can choose one or more of the optional supporting strategies outlined below, but they are not required.

**Required Policy Development:** The SD DOH has developed a *Worksite Cancer Screening Model Policy* to guide policy development and adoption. The model policy document is available as a free download using the following link: <http://goodandhealthysd.org/workplaces/policies/>. Worksites applying for funding should use this document as a guide for developing a policy.

**Required Strategy:** Worksites are required to implement client reminders to support the policy.

* **Client reminders** advise people that they are due for screening (e.g., working with your health plan to query covered members who are due for screening and sending reminders (mailed, telephone, text message, portal notification, etc.) to employees and covered beneficiaries)

**Optional Supporting Strategies:** Worksites can choose to implement one or more of the strategies below that support the policy. Implementation of any of these strategies is **not** required. Examples of strategies include the following:

* **Educational approaches** (e.g. provide informational messages about preventative cancer screening recommendations and educating employees on covered benefits related to preventative cancer screening through newsletters, meetings, wellness portals, mailings, etc.)
* **System changes** such as integrating preventative cancer screening discussions and/or referrals into wellness requirements (i.e., discussion of preventative screening status at biometric screening appointments, points towards wellness programs for completed cancer screenings, etc.)
* **Reducing structural barriers to screening** through a partnership with your health plan to provide screening services (FIT tests and/or mobile mammography) for eligible members and providing them onsite. (Grant funds cannot pay for screening tests; however, they could pay for return postage, staff time to coordinate efforts, etc.)

**Grantee Responsibilities:**

1. Participate in technical assistance calls with SD DOH staff.
2. Finalize and implement a worksite cancer screening policy no later than December 31st, 2020. Share the final policy with SD DOH.
3. Submit a progress report using the template provided. (Due December 15th, 2020)
4. Submit a final progress report and success story using the templates provided. (Due June 15th, 2021)

**Timeline:**

|  |  |
| --- | --- |
| **RFA Schedule** | **Date** |
| Request for grant applications released  | February 4th, 2020 |
| Last day for questions and to request a review of the grant application Please direct questions to: sarah.quail@state.sd.us | February 27th, 2020 |
| **Application submission deadline**  | **5:00pm CT on March 2nd, 2020** |
| Notice of grant award issued (via email) | Week of April 13th (*tentative*) |
| Project Period | June 1, 2020 – May 31, 2021 |

**Funds CAN be used for items such as:**

* Staff time for data analysis, developing and implementing policies, implementing required and supporting strategies
* Development and mailing costs for reminders, automated reminder costs, mailing costs for FIT tests
* Other eligible expenses. Please contact Sarah with any budgetary questions.

**Funds may NOT be used for:**

* Funds may not be used for research activities, lobbying efforts at the local, state, or federal level or for the purchase of food, beverages, equipment, or client/patient/provider incentives.
* Funds can not cover any type of direct service (i.e., screening tests, diagnostic services, cancer treatment, or direct delivery of care)
* Numerous educational materials are available free of charge from the SD DOH at: [doh.sd.gov/catalog](https://apps.sd.gov/ph18publications/secure/PubOrder.aspx?tab=0). Funds should not be used for the development or purchase of educational materials if an existing resource is available.
* Funds cannot be utilized to support costs associated with event booths or health fairs.

**GRANT APPLICATION VIA ELECTRONIC SUBMISSION TO** **sarah.quail@state.sd.us**

**DUE NO LATER THAN 5:00 PM CENTRAL TIME ON MARCH 2nd, 2020**

**-----END OF INSTRUCTIONS. APPLICATION BELOW.-----**

**Application: Worksite Cancer Screening Policy Implementation Grant**

***Section 1. Worksite Information***

**Worksite Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Demographics:*

Worksite Description (Type of Business): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of locations impacted by project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of employees impacted by project: \_\_\_\_\_\_ Full-time \_\_\_\_\_\_\_\_Part-time \_\_\_\_\_\_\_ Seasonal

Worksite Population Demographics:Please quantify your worksite demographics in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Category** | **Male** | **Female** | **Total** |
| **18-39** |  |  |  |
| **40-49** |  |  |  |
| **50-65** |  |  |  |
| **66-75** |  |  |  |
| **76+** |  |  |  |

*Primary Project Contact Information*:

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current Worksite Wellness Committee in place? Yes [ ]  No [ ]

If no – is there a team of at least 2 individuals willing to complete the objectives outlined for project completion? Yes [ ]  No [ ]

1. Do you currently have a Worksite Cancer Screening Policy in place at your worksite?

[ ]  Yes (Please attach. Strengthening of the current policy must be proposed as part of the application.)

[ ]  No

[ ]  Other (please list :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Are you currently promoting any of the following strategies to employees in your worksite (select all that apply)?

[ ]  Providing paid time off annually for employees to complete screenings for cervical cancer [and/or] breast cancer [and/or] colorectal cancer [and/or] lung cancer.

[ ]  Providing employees with evidence-based education to make informed decisions about screening.

[ ]  Implementing evidence-based interventions, such as annual reminders to eligible employees, to increase screening completion.

[ ]  We are not doing any cancer screening efforts

***Section 2. Project Plan***

1. **Does your worksite plan to adopt or update a Worksite Cancer Screening Policy?**

 [ ]  Yes, adopt a policy [ ]  Yes, update currently existing policy [ ]  No

1. **Please provide a description of your plan to adopt a Worksite Cancer Screening Policy.** *Please include who will be involved in the development and approval process, guidelines that will be included in the policy, expected timelines, and plans to educate employees about the policy once the policy is adopted.*
2. **Please provide a response for each question under the implementation plan section below, describing how you will implement client reminders.** *Client reminders are used to remind people that they are due for screening (e.g. working with your health plan to query covered members who are due for screening and sending reminders [mailed, telephone, text message, portal notification, etc.] to employees and covered beneficiaries)*

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

1. The staff that will be responsible for the client reminders to include name/title and time that will be dedicated to the strategy.
2. Process by which beneficiaries will be identified to receive a client reminder. Please describe your partnership with your health plan and their capacity to querying this information and population specifics of those that will receive a reminder.
3. Type of reminders (e.g. mail, telephone, text, email, portal)
4. Volume of reminders to be distributed and timing of reminder distribution.
5. Will beneficiaries receive multiple reminders if they do not respond to the initial reminder? If yes, please provide a description of the plan for follow-up reminders.
6. **Optional Supporting Strategies: If your worksite plans to implement any supporting strategies, please complete the implementation plan section for that strategy.** *The implementation of supporting strategies is optional.*

[ ]  **Educational approaches** (e.g. provide informational messages about preventative cancer screening recommendations and educating employees on covered benefits related to preventative cancer screening through newsletters, meetings, wellness portals, mailings, etc.)

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

1. Describe the educational approaches that your worksite plans to implement.
2. The plan for implementation of this strategy and timeline for the intervention.
3. The staff that will be responsible for implementation to include name/title and time that will be dedicated to the strategy.

[ ]  **System changes** such as integrating preventative cancer screening discussions and/or referrals into wellness requirements (i.e., discussion of preventative screening status at biometric screening appointments, points towards wellness programs for completed cancer screenings, etc.)

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

1. Describe the system changes that your worksite plans to implement.
2. The plan for implementation of this strategy and timeline for the intervention.
3. The staff that will be responsible for implementation to include name/title and time that will be dedicated to the strategy.

[ ]  **Reducing structural barriers to screening** through a partnership with your health plan to provide screening services (FIT tests and/or mobile mammography) for eligible members and providing them onsite. (Grant funds cannot pay for screening tests; however, they could pay for return postage, staff time to coordinate efforts, etc.)

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

1. Describe the efforts that your worksite plans to implement to reduce structural barriers for screening.
2. The plan for implementation of this strategy and timeline for the intervention.
3. The staff that will be responsible for implementation to include name/title and time that will be dedicated to the strategy.
4. **Evaluation Plan: Please provide a narrative response to the questions below.**
	1. How will you evaluate the effectiveness of this project? (If multiple strategies are selected, please indicate evaluation plan/questions for each strategy selected.)
	2. What data will be collected as part of this intervention? When and how will this data be collected? Will this data be compared to baseline data to show progress?
	3. What will success look like for this intervention? Please include any outcome measures and targets you have established for the intervention(s).
5. **Budget Justification:Applicants may request up to $5,000, as commensurate with the scope of the project and total number of individuals impacted.**

|  |  |
| --- | --- |
| **Category** | **Implementation Grant Funding Requested** |
| Supplies  | $ |
| Itemized Description and Justification:  |
| Staff Support  | $ |
| Itemized Description and Justification: |
| Other Expenses | $ |
| Itemized Description and Justification: |
| **Total Request:**  | **Total: $** |

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

**Appendix A:** **Budget Instructions**

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

*Supplies*

Estimate the unit cost for each item and the total number of items needed. (Example: 250 client reminder postcards X $0.64 = $160)

Staff Support

Funds should not be requested to supplant existing job responsibilities. The position title must be included plus the rate per hour times the total number of hours estimated for the project period. Benefits can either be calculated in the rate per hour or itemized separately. In the itemized description section, please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator $25 per hour x 60hrs = $1,500.)

*Other*

Include additional requests not addressed in the budget categories provided.

**Appendix B: Scoring Rubric**

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| --- |
| **WORKSITE INFORMATION (2 POINTS)** |
| No information provided. | Most information included with some details lacking or unclear.  | All information is complete and clear.  |
| (0) | (1)(3-4) | (2) |
| **POPULATION DEMOGRAPHICS AND IMPACT (5 POINTS)** |
| Population demographics not provided or inappropriate for the strategies selected.  | Population demographics provided and appropriate for the strategies selected. The project will have a moderate impact relative to other applicants. | Population demographics provided and appropriate for the strategies selected. The project will have a substantial impact relative to other applicants. |
| (0-2) | (3-4) (3-4) | (5) |
| **POLICY ADOPTION AND SUPPORTING STRATEGIES (20 POINTS)** |
| The applicant does not propose policy adoption or enhancement or client reminder implementation. The project plan does not align with the recommended RFA strategies, is poorly defined, is not feasible, has an unclear purpose, and/or will not lead to sustainable change. | The applicant proposes policy adoption or enhancement and client reminder implementation. The project plan moderately aligns with the recommended RFA strategies, is defined adequately but could be improved, is feasible, and may lead to sustainable change. | The applicant proposes policy adoption or enhancement and client reminder implementation. The project plan strongly aligns with the recommended RFA strategies, is well defined, feasible, and will lead to sustainable change. |
| (0-5) | (5-19) | (20) |
| **EVALUATION (8 POINTS)** |
| Limited evaluation plan, data and targets provided or do not align with the interventions proposed. Appropriate data measures are not utilized. Limited impact based on proposed targets. | Evaluation plan, baseline data and targets are provided but could use improvement. Targets may need revision based on the baseline provided or target population identified. Data measures vary from the measures provided.  | A strong evaluation plan, baseline data and targets are provided for each strategy proposed. The proposed intervention plan will lead to achievement of the proposed targets. The proposed targets are appropriate based on the current baseline, proposed strategies, and population demographics. Targets indicate demonstrated impact will be achieved throughout the project period. |
| (0-3) | (4-7) | (8) |
| **Budget (15 POINTS)** |
| The budget does not support the implementation of the proposed strategies and budget items will not lead to sustainable change. Numerous budget restrictions.  | The number of strategies and people impacted is appropriate for the budget request. The budget items requested support the implementation of the proposed policy and strategies. Budget details/justification could be improved. Budget items may support sustainable changes.  | The number of strategies and people impacted aligns with the budget amount requested. The budget is realistic, detailed, and budget items requested support the implementation of the proposed policy and strategies. Budget request will support the project and lead to sustainable change. No restricted requests.  |
| (0-3) | (4-14) | (15) |
| **Total Score** \_\_\_\_/50 |