

NCI Guidelines for Administrative Supplements for Patient Navigators for the Cancer Care Continuum

Supplement Title: Administrative Supplements for Patient Navigators for the Cancer Care Continuum

Available Funds: \$100,000/year direct costs for up to two years.

Application Deadline: **July 1, 2009**

Eligibility Requirements:

The Center to Reduce Cancer Health Disparities (CRCHD) of the National Cancer Institute (NCI) announces for the fiscal year of 2009 the opportunity for grantees to seek administrative supplemental funding for a patient navigator. This administrative supplement is limited to NCI CRCHD's **Minority Institutions/Cancer Center Partnership (MI/CCP), and the Community Networks Program (CNP)**. These programs may apply for an administrative supplement providing the following conditions are met:

- The original cancer research grant or cooperative agreement involves basic, clinical, behavioral or population-science research that is designed to overcome cancer health disparities.
- Costs for the proposed implementation research cannot have been included in the original award.
- The Principal Investigator (PI) for the supplement must be the PI of the original award.

CRCHD General Guidance for ARRA Funded Administrative Supplements:

- Eligible PIs may apply for this administrative supplement opportunity even if they have applied for other ARRA administrative supplements. Applicants may request administrative supplements for up to two years of funding. Preference will be given to requests that do not exceed \$100,000 in direct costs per year.
- Unobligated balances in the current grant, progress on previous CRCHD grants/supplements, and the number of other ARRA awards will be considered in NCI/CRCHD's evaluation of the supplement request.
- Funding priority will be given to those applications addressing ARRA goals of hiring and preserving jobs and accelerating the tempo of scientific research on active grants. All applications must clearly specify the purpose/projects for which funds are to be used.

Purpose:

The purpose of the administrative supplement is to provide support for a patient navigator. Patient navigation may occur across the cancer continuum from primary prevention and

education, to screening/early detection, to resolving abnormal findings of screening tests, to diagnosis and treatment and/or through the survivorship period. The patient navigator guides patients through the medical care system for these services, addressing barriers as they occur.

Brief Overview of the Project/Program:

The Center to Reduce Cancer Health Disparities (CRCHD) has a number of community oriented programs to reduce cancer health disparities. The Community Networks Program (CNP) uses community-based participatory research (CBPR) to increase awareness on how to access and use primary prevention services (e.g., smoking cessation) and early detection procedures (e.g., mammography), provides education on cancer treatment, and works with communities to identify other cancer-related needs. The Minority Institution/Cancer Center Program (MI/CCP) composed of a Minority Serving Institution and a NCI Cancer Center, has an outreach component to increase use of early detection test or procedures, and provides community education and trains investigators in clinically-related activities. Some programs have begun to add patient navigation due to community interest in this strategy for increasing access to early detection services and care; others would benefit from the navigator who often serves as a bridge between the community and the health care system.

This project provides administrative supplemental funding for some of the grantees from these Programs (25 U01-CNP, 8 U54/7 U56-MI/CCP grants) to have a patient navigator (PN) at their sites. The role of the PN may include: 1) assessing patient-level barriers to appropriate screening and treatment services, and identifying resources to fill in these gaps, 2) developing collaborative relationships with community-level cancer service and treatment providers. 3) providing face-to-face and telephone assistance with accessing appropriate screening, diagnostic and treatment services in a timely manner, and 4) reinforcing education with regard to cancer screening, treatment and access to clinical trials. The goal of these activities is to reduce cancer health disparities by supporting patients who are eligible for breast, cervical, prostate, and colorectal screening services, to ensure that any patient with an abnormal finding receives timely diagnostic, treatment, and survivorship care. Other cancers may also be targeted provided that the grantee justifies this cancer as of particular concern to the target community, and that navigation is likely to have an impact on the ability of patients to access and receive appropriate services and treatment in a timely manner.

Ultimately, patient navigation may help to empower patients, and stimulate health care systems to provide needed services (e.g., transportation) for racial/ethnic groups and underserved patient populations. The applicant may propose a PN intervention at one or more points along the cancer continuum (i.e., outreach early detection/screening, diagnosis, treatment, and survivorship). Each eligible applicant will propose the type of navigator (e.g., community worker, nurse, social worker) and the mode of intervention (phone, clinic-based, home visiting, and combination). It is expected that each site awarded will hire a new person to be the navigator and not use existing staff. The activities of the navigator will be reported as a separate section in the annual progress report.

Application and Submission Guidelines:

Applicants are encouraged to discuss their administrative supplement request with the CRCHD Program Director prior to submission.

Use the PHS 398 research grant application instructions and forms (rev. 11/07) at <http://grants.nih.gov/grants/funding/phs398/phs398.html>. Follow standard PHS 398 instructions for font size. NIH will return applications that are not submitted on the 9/04 version. For further assistance contact GrantsInfo at 301/435-0714 or via email at GrantsInfo@nih.gov.

All requests must include the following:

Cover letter: Request the administrative supplement and refer to and provide contact information for the project leader of the application. The cover letter must be signed by the application's Principal Investigator and the appropriate business official of the institution. The PI must provide an estimate of the current unobligated balance of the grant in the cover letter. Include the following statement, as well: "Per supplement instructions, a detailed budget request is enclosed."

PHS 398 Face page (PHS 398, Form Page 1):

- Item 1: The request must have the same title as the original award. Please include the number of the original grant.
- Item 2: Identify the supplement as "**Patient Navigators for the Cancer Care Continuum**"
- Item 3: The request must have the same PI as the original grant.
- Item 4: Request one or two years of support. There must be an active original award during the entire funding period. For original awards that have less than one year remaining, plans for a no cost extension of the parent award should be addressed in the cover letter and will be evaluated at the time the supplement is reviewed.
- Items 7A-8b: Denote the direct and total costs for the first year, as well as for the entire period of support. Total costs should not exceed those stated under the **CRCHD General Guidelines** above.

PHS Biographical Sketch Format Page: For the proposed Patient Navigator. Biosketches of other key personnel in program (MI/CCP or CNP) are not required unless new to the program.

PHS Other Support Format Page: Documentation of active research funding (i.e., NIH, other federal, private sources) is needed for new staff only.

Detailed Budget for Initial Budget Period: [PHS 398 (09/2004), Form pages 4-6)

All applicants must provide an itemized budget, signed by the grantee institution's business office.

Applicant Guidelines:

- Describe the roles of the proposed patient navigator (PN). The role of the PN could include 1) assessing patient-level barriers to appropriate screening and treatment services, and identifying resources to fill in these gaps, 2) developing collaborative relationships with community-level cancer service and treatment providers, 3) providing face-to-face and telephone assistance with accessing appropriate screening, diagnostic and treatment services in a timely manner, and 4) reinforcing education with regard to cancer screening,

treatment and access to clinical trials. The goal of these activities is to reduce cancer health disparities by supporting patients who are eligible for breast, cervical, prostate, and colorectal screening services, and to ensure that any patient with an abnormal finding receives timely diagnostic, treatment, and survivorship care. The applicant may propose a PN intervention at one or more points along the cancer continuum (i.e., outreach, early detection/screening, diagnosis, treatment, survivorship), along with the type of navigator (e.g., community worker, nurse, social worker), and the mode of intervention (phone, clinic-based, home visiting, combination). It is expected that each site awarded will hire a new person to be the navigator and not use existing staff. The activities of the navigator will be reported in the annual progress report as a separate section.

- Give the qualifications for proposed applicants or candidates. Indicate expertise the PN should have consistent with the proposed roles of the PN.
- Indicate the specific activities of the Patient Navigator.

Literature Cited:

Provide a listing of relevant publications.

Post Award Requirements:

ARRA Related Reporting. Post award, awardees will be required to provide periodic reports for use by NCI/NIH to fulfill ARRA related reporting requirements. Details regarding the specific content and timeframes for these reports are yet to be determined.

Final Report. Within 90 days after the conclusion of the funded activity, the applicant must submit to their respective grant and CRCHD Program Official, a Final Progress Report or a section in the parent grant's Final Progress Report.

Submission of Administrative Supplement Request:

Address for Sending Administrative Supplement: Requests for Administrative Supplements should be submitted to Mr. Bryan Baker. Applicants are **strongly encouraged** to submit applications electronically as a scanned, signed .pdf via e-mail to bb117a@nih.gov. Only if necessary, applications may also be submitted in hard copy.

The Office of Grants Administration, NCI address for all U.S. postal service mail, including U.S. Post Office Express Mail is:

**Office of Grants Administration, NCI
Executive Plaza South, Suite T-44
6120 Executive Blvd.
Bethesda, MD 20892**

The Office of Grants Administration, NCI address for mail sent private "over night" delivery services should be addressed to:

**Office of Grants Administration, NCI
Executive Plaza South, Suite T-44
6120 Executive Blvd.
Rockville, MD 20852**

Contact Information: Please contact the Program Director assigned to the parent grant for questions related to scientific or programmatic content and to determine if the supplement fits within the approved scope of the project.

Please contact the Grants Management Specialist assigned to the parent grant for questions related to administrative or budgetary requirements specific to the grant being supplement. General administrative questions regarding ARRA funds should be directed to Ms. Crystal Wolfrey at crystal.wolfrey@nih.gov or via phone at 301-496-8634.

This is a one-time announcement and formal requests must be received on or before July 1, 2009. Late applications will not be accepted. Note the NIH Center for Scientific Review (CSR) IS NOT involved in receipt and processing of these requests. **Applicants are strongly encouraged to submit their administrative supplement requests electronically as an e-mail attachment in PDF format; however, the scanned application must include the signature of an official from the institution's business office.**

Review Considerations

All proposals will undergo review for scientific and technical merit by a committee of NCI staff with expertise in the disciplines pertaining to cancer health disparities. Those proposals judged to be responsive to the intent of this initiative will be evaluated based on the review criteria below, and prioritized accordingly.

Award Criteria

Criteria for Selection:

- Relevance of the proposed activities to the parent grant and determination that the proposed activities are within the existing peer-reviewed and approved scope of the project.
- Adequate progress of the parent grant appropriate to the current stage of the project.
- Appropriate and well-described plan to accomplish the goals within the timeframe proposed.
- Expertise of the research/scientific team proposed to conduct and achieve the goals of the supplemental study or accelerate the tempo of scientific research.
- Appropriateness of the request to achieve Recovery Act goals in promoting job creation, economic development, and accelerating the pace and achievement of scientific research.
- Relevance to target areas/priorities.
- Previous history of administrative supplements and performance of tasks.
- Carryover obligations.

In addition to the General Guidance for ARRA Funded Administrative Supplements (see page 1), awards will be based on the following criteria: a) scientific and technical merit of proposed project; and b) availability of funds.

Authority and Regulations

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and discourages the use of all tobacco products. In addition, Public Law 103-227, the Pro- Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Program Contacts:

The applicant should contact the Program Director for the parent grant or one of the following:

CNP: Leslie Cooper, Ph.D., RN
Program Director
Center to Reduce Cancer Health Disparities, NCI
E-mail: lcooper@mail.nih.gov
Phone: 301-402-5557

MI/CCP: H. Nelson Aguila, D.V.M.
Diversity Training Branch
Center to Reduce Cancer Health Disparities
National Cancer Institute
6116 Executive Blvd. Suite 602
Rockville, MD 20852
Phone: 301-496-7344
E-mail: Aguilah@mail.nih.gov

Martha L. Hare, Ph.D., RN
Program Director,
Center to Reduce Cancer Health Disparities, NCI
Phone: 301-594-1908
E-mail: martha.hare@nih.gov

Kenneth Chu, Ph.D.
Chief, Disparities Research Branch
Center to Reduce Cancer Health Disparities, NCI
E-mail: Kc10d@nih.gov
Phone: 301-496-8589