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July 8, 2009

To Whom It May Concern,

At C-Change, we envision a future where cancer is prevented, detected early, and cured or managed successfully as a chronic illness. We recognize that ensuring the quantity and quality of health professionals is key to achieving this end. One of our strategic priorities involves the Cancer Core Competency Initiative which addresses shortages in the cancer health workforce.

During the development phase, a group of multidisciplinary leaders and experts defined a set of cancer competency standards and tools. During the pilot phase, four pilot sites demonstrated the utility and flexibility of the tools across different professional disciplines, care settings, and cancer topics. Participants achieved quantitative improvements in knowledge, skills, and attitudes while organizations achieved qualitative benefits to the program faculty, institution, and community.

Building upon the existing competency standards, tools, and pilot site examples, C-Change is offering a second phase of grants *focusing on the pain and palliative care competencies*. C-Change is seeking grant applicants from academic, health care, and professional institutions as well as comprehensive cancer control coalitions who have identified the need to improve cancer competency among a specific training or practicing health professional population.

Funding for these grants is made possible through a generous donation by the Purdue Pharma L.P..

We invite you to respond to the attached request for grant proposals by Wednesday, September 9, 2009. We look forward to your response.

Sincerely,

Alison P. Smith, BA, BSN, RN
Director, C-Change

Cancer Core Competency Initiative Pain and Palliative Care Grant Criteria & Application

Executive Summary

C-Change aims to equip non-oncology professionals with knowledge and skills to meet the needs of an aging and increasingly diverse population of people at risk for or living with cancer. Through a collaborative, multidisciplinary process, C-Change defined cancer competency standards and developed tools to apply them across a wide variety of health professions and care settings. Results from the pilot phase demonstrate the flexibility and utility of the standards and tools. Pilot site participants achieved qualitative improvements in cancer knowledge, skills, and attitudes while the host organizations achieved qualitative benefits to the program faculty, institution, and community. A multi-pronged national dissemination strategy has been launched to further the impact of this initiative including the publication of findings and methods through professional journals, organizational newsletters, national conferences, and a web-based toolkit.

The C-Change Core Competency Pain and Palliative Care Grants will be awarded to stimulate adoption of the competency-based standards and tools to improve pain and palliative care knowledge, skills, and attitudes among non-oncology health professionals. Based on the tools and findings from these grant-funded sites, C-Change will develop resource materials and an experiential workshop for all State, Tribe, and Territory Comprehensive Cancer Control Coalitions in 2010. Grant applicants are sought from academic, health care, and professional institutions as well as comprehensive cancer control coalitions who have identified the need to improve cancer competency among a specific training or practicing health professional population.

Background

The vision/mission of C-Change is to eliminate cancer as a major public health problem at the earliest possible time by leveraging the expertise and resources of its members. We envision a future where cancer is prevented, detected early and cured or managed successfully as a chronic illness. C-Change is a 501(c)3 organization comprised of leaders from public, private, and not-for-profit organizations. Our organization convenes multi-sector leaders in the cancer community to address issues that we cannot affect alone. For more information about C-Change visit www.c-changetogether.org.

C-Change's priorities for 2009 consist of member-driven, collaborative initiatives spanning aspects of research, access, and comprehensive cancer control. The Cancer Core Competency initiative represents an investment in human resources that are critical to achieving improvements in all aspects of cancer from research to prevention to treatment and quality of life care. This initiative is guided by a multidisciplinary, multi-sector advisory committee and managed by C-Change staff. Funding for the grant awards is provided through a generous donation from the Purdue Pharma L.P..

Rationale for the Cancer Competency Initiative

The statistics below highlight both the magnitude of “supply” issues facing the cancer workforce and of the “demand” issues facing the health of our country. The supply of cancer-related clinical and public health professions is inadequate and is projected to worsen among nurses, oncologists, radiation oncologists, pharmacists, researchers/scientists, and imaging technologists while the current and projected demand for cancer care is expected to increase:

Supply of Cancer and Health Professionals

- Demand for new oncologists is expected to exceed supply by 25%-30% by 2020 (ASCO, 2007)
- According to a recent staffing survey the vacancy rate for radiation therapists averaged 5% (ASRT, 2007)
- By 2020 the projected gap between supply and demand for RNs will be 340,000 (three times larger than ever experienced in the US). (Auerbach, Buerhaus, & Staiger, 2008)
- The social work labor force is older than most professions with nearly 30% of licensed social workers over 55 years of age (NASW, 2006)
- 86% of licensed pharmacists were actively practicing pharmacy, 23% of whom indicated they would leave within the next year (ASHP, 2004)
- The average age of a public health worker is 47 years; many public health agencies currently face a 20% vacancy rate (APHA, 2008)
- Cancer registrar vacancies remain difficult to fill in some regions of the country and demand for registrars is estimated to grow 10% in the next 15 years (NCRA, 2006)
- The proportion of minorities in the population outstrips their representation among health professionals by several fold (IOM, 2004).

Demand for Cancer Services

- Cancer is the second most common cause of death by disease claiming the lives of more than half a million people per year (ACS, 2007)
- Cancer rates are expected to increase as baby boomers age (CDC, 2000)
- The lifetime probability of developing cancer is 1 in every 2 men and 1 in every 3 women (NCI, 2005)
- Five-year cancer survival rates have risen to 64% for adults (CDC, 2005)
- Medically underserved populations, such as racial and ethnic minorities, experience disproportionately greater suffering and compromised health from cancer compared to the U.S. population as a whole (ICC, 2009)

The current and projected workforce shortage in health disciplines is magnified in the sub-population of oncology-related workers. The increasing shortage in many critical disciplines of the cancer workforce requires a multi-pronged approach. While efforts to “grow” the workforce pipeline should continue, the current crisis dictates short-term action.

Background for the Cancer Core Competency Initiative

Defining core competencies is a widely recognized approach to developing and maintaining key knowledge and skills in the workforce. This practice has occurred in the fields of epidemiology, emergency preparedness, public health, and in other non-health related industries. Defining the core competencies needed by all members of the health workforce is the first step toward expanding the cancer workforce. With these standards, related teaching and assessment tools can be created to strengthen the skills and expand the necessary surge capacity.

As part of a national effort to address shortages in the cancer workforce, C-Change pursued the Cancer Core Competency Initiative to develop standards and tools for strengthening the cancer knowledge and skills of non-oncology health professionals. A multi-disciplinary panel of national leaders and experts developed competency standards and implementation tools. Four grant-funded pilot sites implemented the C-Change Cancer Core Competency Program in their organization by utilizing this rigorous set of competency standards, curriculum design tools, and evaluation methods to create their programs. All four pilot sites experienced benefits beyond those derived by the participant including positive effects such as professional development, institutional visibility, and community relations. A full description of the standards, tools, and pilot site results can be found at www.cancercorecompetency.org.

As a continuation of this innovative program, C-Change invites applicants from any academic, healthcare, cancer coalition, or voluntary/advocacy organization to request grant support to strengthen the cancer pain and palliative care knowledge, skills, and attitudes of non-oncology health professionals. Program activities can focus on any relevant organization, discipline, or geographic area. Through a collaborative process, sites will work with C-Change to plan and implement the program utilizing the recently developed and tested tools. Participation includes the planning, implementation, dissemination, data collection, evaluation, and publication of project efforts.

Objectives of the Cancer Core Competency Pain and Palliative Care Grant Program

Objectives of the Cancer Core Competency Pain and Palliative Care Grant Program include:

- Improve the pain and palliative care knowledge, skills, and attitudes of non-oncology health professionals
- Improve the patient assessment, treatment, monitoring, and outcomes related to pain and palliative care in the context of cancer
- Continue to implement competency programs plans across various setting to evaluate the applicability of the competencies and utility of the implementation tools
- Refine the pain and palliative care competencies based upon the planning and implementation phases of the grant program
- Disseminate the results (including tools and lessons learned) from the Cancer Core Competency Pain and Palliative Care Grants to State, Tribe, and Territory Comprehensive Cancer Control Coalitions in 2010
- Contribute to the online public repository of planning documents, evaluation tools, and lessons learned from various sites

Grant applicants should identify one or more pain and/or palliative care competency standards as the focus of their grant proposal. Recommendations for strengthening these competency statements during the planning and implementation process will be explored with grantees and the expert Advisory Committee. Applicants are encouraged to incorporate additional cancer core competencies as appropriate to their program focus. A complete list of the competency standards can be found at www.cancercompetency.org.

**Excerpt: Domain I: Continuum of Care, Section E
Palliative and End of Life Care Competencies**

Within the context of the professional discipline and scope of practice, a health care professional should:

1) **General**

- a) Define palliative and end of life care.
- b) Assess that resources for palliative and end of life care and insurance coverage are consistent with current recommendations.
- c) Refer patients to community palliative and end of life care and support resources.
- d) Explain the role of hospice care.
- e) Manage symptoms of the cancer patient.
- f) Incorporate end of life comfort strategies for the dying cancer patient.

2) **Pain management**

- a) Describe the methods used to diagnosis pain throughout the progression of the disease.
- b) Differentiate between acute and chronic pain symptoms.
- c) Describe the characteristics used to assess pain: frequency, intensity, and site.
- d) Perform a pain assessment.
- e) Explain the different treatment options for pain.
- f) Perform a pain-related history taken during a physical examination.
- g) Manage pain and analgesic side effects.

Contemporary Pain and Palliative Care Issues

When applying the pain and/or palliative care competencies, applicants are encouraged to address one or more of these issues:

- Focus on professionals who assess, prescribe, and manage care for pain and palliation (MD, DO, PA, NP, RN, Pharmacist)
- Promote awareness of a full range of treatment modalities including drugs, devices, and therapies
- Address culture-specific pain management issues and disparities
- Embrace a multi-disciplinary approach and systems that drive assessment and reassessment
- Recognize pain management needs in inpatient and outpatient settings, medical home models encouraged
- Address professional practice drivers such as prescribing in the context of DEA surveillance
- Address patient-specific insurance policy issues that may impact benefit coverage such as pain classification and documentation
- Promote patient education and self advocacy

Grant Site Expectations

Selected grant sites will be expected to work in collaboration with the C-Change Advisory Committee and staff to:

- Participate in a 1-2 day project orientation session in Washington, DC
- Participate in conference calls with C-Change and other grant sites as needed (maximum of monthly calls)
- Participate in efforts to refine and expand the pain competency definitions
- Form a site-specific planning committee with the expertise to support the development of curriculum materials, instructional methods, and evaluation tools
- Identify a target professional population and competency topic from Core Competency Definitions
- Complete a needs assessment with the target professional population
- Utilize C-Change logic model and curriculum validation templates for program design
- Fulfill the IRB requirements of participating institution if appropriate
- Implement program plan with the target professional population
- Assure a minimum level of participant accrual
- Evaluate program impact on learner knowledge, skills, and attitudes regarding the cancer competency topic
- Record and share all project data, methods, teaching and communication tools
- Publish a final report
- Write and submit an article for publication in a relevant professional journal
- Submit a proposal to present program findings in a professional conference
- Serve as a program reference for other sites

Grant Project Timeline

All grant applicants and awardees will follow the following schedule:

7/10/09	C-Change releases grant application
9/9/09	Applicants submit grant proposals
9/25/09	C-Change notifies applicants of grant award
10/8-9/09	C-Change hosts orientation session for grant project leaders
12/16/09	Grant recipients complete draft logic model and validation templates
1/8/10	Grant recipients complete planning phase and submit final logic model and validation template
TBD (1-3/10)	C-Change conducts site implementation visits
3/31/10	Grant recipients complete implementation and submit draft grant report
4/28/10	Grant recipients finalize report and publication draft

Grant Funding

Planning grants will be awarded up to \$25,000 per site including all fees and expenses. Travel and lodging for participation the orientation will be covered separately by C-Change. Payment of grant monies will be tied to fulfillment of site expectations, achievement of program development milestones, and successful participant accrual. Following submission and acceptance of a project budget, sites will not be expected to submit any additional financial reports.

Grant Proposal Content Requirements

Applicants are encouraged to review the website resources at www.cancercorecompetency.org prior to developing a proposal. Proposals for the Core Competency Pilot Grant opportunity should include:

- I. Letter of support from executive leadership within organization/company
- II. Brief description of the host organization/entity (1 paragraph)
- III. Description of the challenge or opportunity to improve pain and palliative care outcomes for people at risk for and/or living with cancer (1-2 paragraphs)
- IV. Description of the Program Approach
 - A. Identification of competencies to be applied and issues to be addressed in project implementation – see Appendix A
 - B. Definition of target professional population
 - C. Description of the project methods including education and evaluation methods, participation incentives, and implementation plan
- V. Project planning committee membership qualifications (resume or curriculum vitae)
- VI. Project timeline to meet site expectations
- VII. Budget including itemized cost estimates for labor, expenses, and overhead fees

Grant proposals should not exceed 10 pages (excluding resume or curriculum vitae).

Grant Evaluation Process

The applications will be reviewed by a multi-sector, multidisciplinary panel of leaders with collective expertise in cancer, pain and palliative care, workforce development, and program planning and evaluation. The criteria used to evaluate the proposal have been adapted from NIH Criteria for the Evaluation of All Research Applications (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-002.html>):

1. **Significance.** Does this proposed effort address an important problem? If the aims of the application are achieved, how will scientific knowledge or clinical practice be advanced? What will be the effect of these studies on the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? How much or how significant a change is projected?
2. **Approach.** Are the conceptual or clinical framework, design, methods, and analyses adequately developed, well integrated, well reasoned, and appropriate to the aims of the project? Is the program rooted in clinical and cultural best practice?

- 3. Innovation.** Is the project original and innovative? For example: Does the project challenge existing paradigms or clinical practice; address a critical barrier to progress in the field? Does the project develop or employ novel concepts, approaches, methodologies, tools, or technologies for this area?
- 4. Leadership & Expertise** Is there sufficient leadership and expertise to plan and implement the program? Will the program be a significant professional priority for those responsible for planning and implementation?
- 5. Environment.** Does the environment in which the work will be done contribute to the probability of success? Do the proposed efforts benefit from unique features of the environment, or subject populations, or employ useful collaborative arrangements? Is there evidence of institutional support and adequate resources? Is the effort sustainable?

Grant Proposal Submission Process

Please direct questions and applications to Sabrina Tyus. Responses to the request for proposal should be brief and are due in *paper and electronic* format by 9/9/09 to:

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