



Dana-Farber Cancer Institute

2021 Determination of Need (DoN) Funding Opportunity Request for Proposals

Request for Proposals At-A-Glance

Below is a high-level summary of this funding opportunity provided by Dana-Farber Cancer Institute. Please review the entire document for more definitions and other relevant information.

Available Funding	Up to \$4 million over four years to support initiatives that foster systemic change to ensure all Greater Boston residents, particularly those impacted by cancer and other chronic conditions, have access to coordinated and equitable health and support services.
Eligible Applicants	Massachusetts-based nonprofit community organizations and partnerships. Preference will be given to organizations serving Dana-Farber's priority neighborhoods of Roxbury, Dorchester, Mission Hill, Mattapan, and Jamaica Plain, but applications are also welcomed from other Greater Boston communities. Applications will also be welcomed from organizations serving residents in the city of Newton, where the new Dana-Farber satellite facility is located.
Funding Period	September 2021 through August 2025
Types of Grants & Eligible Activities	<p>This funding opportunity supports 1) Community-Clinical Linkage and 2) Policy, Systems, and Environmental (PSE) Change approaches to Access to Services.</p> <p>DFCI will support the following types of grants:</p> <ol style="list-style-type: none">1) <u>Community-Clinical Linkage Grants</u> will support single-year funding up to \$50,000 for smaller or pilot initiatives to connect health care providers, community organizations, and public health agencies so they can improve residents' access to health and support services, including prevention and chronic care services. A limited number of awards will be designated for this track.2) <u>Systems-Level Grants</u> will support multi-year funding between one and four years and up to \$200,000 per year for initiatives that are upstream and focus on Policy, Systems, and Environmental (PSE) Change approaches.

	<p>The bulk of DFCI's funds will support these types of grants.</p> <p>Systems-Level Grants can be structured as either:</p> <p>3) Option A: Planning Period + Multi-Year Implementation Grants <u>or</u></p> <p>4) Option B: Multi-Year Implementation Grants</p>
Application Deadlines	<p><u>Community-Clinical Linkages Grants:</u></p> <ul style="list-style-type: none"> • Full Proposals Due: Tuesday, June 15, 2021 <p><u>Systems-Level Grants:</u></p> <ul style="list-style-type: none"> • Letters of Intent Due: Tuesday, June 8, 2021 • Full Proposals Due: Monday, July 26, 2021 (for those invited to submit)
Contact Information	<p>Dana-Farber Community Benefits Office: dfci_communitybenefits@dfci.harvard.edu</p>
Online Application Link	<p>To apply for a Community-Clinical Linkages Grant: https://www.grantrequest.com/SID_2364?SA=SNA&FID=35303</p> <p>To apply for a Systems-Level Grant: https://www.grantrequest.com/SID_2364?SA=SNA&FID=35305</p>

Background & Context

Dana-Farber Cancer Institute (DFCI) is a leader in adult and pediatric cancer treatment and research. Its mission is to provide expert, compassionate care to adults and children with cancer while advancing its understanding, diagnosis, treatment, cure, and prevention. Affiliated with Harvard Medical School and designated a Comprehensive Cancer Center by the National Cancer Institute, it provides training for new physicians and scientists and disseminates innovative patient therapies and scientific discoveries to communities across the globe.

DFCI's Office of Community Benefits will manage this Determination of Need funding opportunity. The Office has the following goals: 1) Ensure patients from diverse backgrounds receive equitable cancer care and treatment; 2) Establish quantifiable, evidence-based, and sustainable initiatives in cancer prevention focusing on at-risk, underserved and diverse populations; and 3) Provide expertise in cancer care to city and state health departments, community-based organizations and health care providers. Initiatives are focused on cancer education, prevention and screening, clinical programs, capacity building, and community health needs assessment reporting. Examples of programs run by the Office of Community Benefits include the Dana-Farber Mammography Van, the Sun Safety/Skin Cancer Prevention Program, the HPV and Clinical Trials Education Outreach Programs, and the Cancer Care Equity Program.

In 2018, DFCI received approval through a [Determination of Need](#) (DoN) process for a new facility in Newton, Massachusetts that will provide oncology offerings including exams, infusion, and imaging services for diagnosis, care, and treatment of cancer. As part of this expansion and DFCI's commitment to investing in local communities, it will provide approximately \$4 million over the next four years to support **Community-Clinical Linkages and Policy, Systems, and Environmental (PSE) Change approaches**

that improve residents' Access to Services. This priority seeks to ensure that all Greater Boston residents, particularly those impacted by cancer and other chronic conditions, have access to coordinated and equitable health and support services. Separate from this RFP, DFCI will also support the priority of social determinants of health with a focus on housing.

Overview of Determination of Need Funding

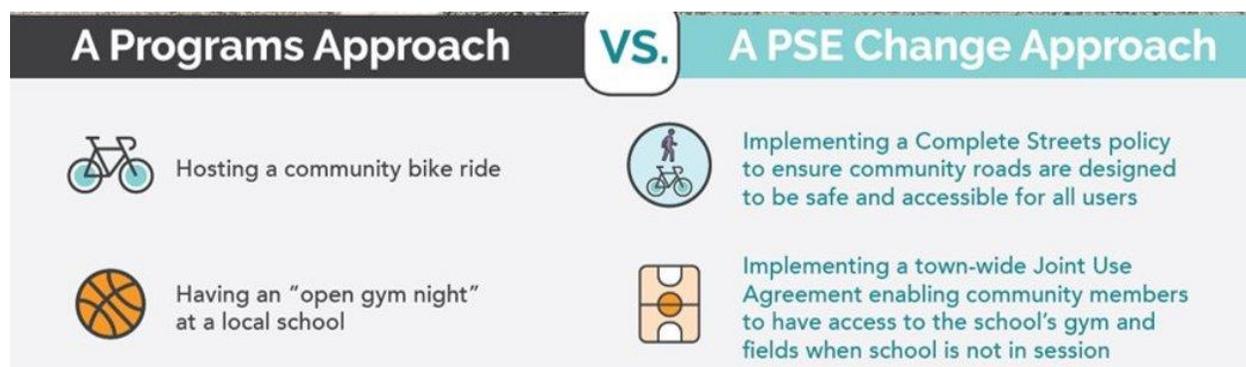
Through this DoN funding opportunity, DFCI will support upstream approaches to reduce the cancer-burden, with the ultimate goal of addressing needs through culturally competent cancer prevention, screening and care, and survivorship. Two types of approaches will be supported: 1) Community-Clinical Linkages and 2) Policy, System, Environmental (PSE) Changes.

Community-Clinical Linkages help to connect health care providers, community organizations, and public health agencies so they can improve residents' access to health and support services, including prevention and chronic care services.

Policy, Systems and Environmental (PSE) Change approaches sustain long-lasting change within communities to make healthy choices practical and available to all residents, and include the following:

- **P**olicy change: a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions.
- **S**ystems change: those that impact all elements, including social norms of an organization, institution, or system.
- **E**nvironmental change: approaches include changes to the physical, social, or economic environment.

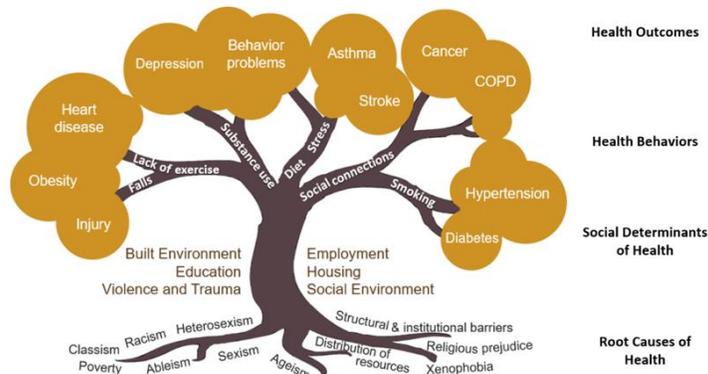
The following chart, as adapted from [Mass in Motion](#), depicts the differentiation between programs and PSE Change approaches using two concrete examples. The PSE examples in this visual are meant to be illustrative only. Applicants for this initiative should propose their own PSE Change approach to reduce the cancer burden among the populations they serve.



Addressing Inequities

PSE Change and Community-Clinical Linkages, as opposed to programmatic initiatives, are seen as effective ways to develop sustainable approaches to addressing inequities. When considering how to identify and address inequities, the following tree diagram illustrates how approaches that drill down to root causes can ultimately have transformative change for populations. Negative health outcomes, as depicted

on the leaves of this tree, may often be thought of as caused by the individual health behaviors listed on the branches. However, those individual behaviors are enabled by social determinants of health on the trunk of the tree. Ultimately, DFCI recognizes the need and imperative to focus on **root causes** beneath the ground's surface, including but not limited to structural and institutional barriers, distribution of resources, poverty, and racism, in order to truly address inequities.



DFCI applied a health equity framework to all aspects of this process. It includes the following questions as adapted from the MA Department of Public Health, which should be asked when considering approaches that address inequities: **Who benefits? Who is harmed? Who influences? Who decides?**

Another critical aspect to addressing inequities is through community engagement and actively engaging members at all stages of the process, including the design, implementation, or evaluation of the approach, particularly those impacted by cancer and other chronic conditions.

A [cancer-focused community health needs assessment](#) conducted in 2019 by DFCI and Boston Medical Center concluded that some populations experience inequities and are disproportionately burdened by cancer more than others. Key takeaways from that assessment include:

- Cancer is the leading cause of death in Boston, and cancer mortality rates differ by race/ethnicity, gender, and neighborhood.
- Disparities in cancer incidence rates still exist, although incidence rates overall have declined over time.
- Unmet health-related social needs such as housing instability, employment issues, food insecurity and financial hardships are challenging on their own but can create a devastating double burden for those dealing with a serious and costly illness such as cancer.

Access to Services

This funding opportunity focuses on supporting Community-Clinical Linkages and PSE Change approaches to ultimately reduce the cancer burden and develop sustainable systems-level approaches across the cancer continuum which includes cancer prevention, screening and care, and survivorship. A critical aspect of this transformation is ensuring our system provides access to culturally and linguistically competent services across the continuum as further detailed below:

- **Cancer Prevention**, which includes approaches that address tobacco use; healthy eating; physical activity; obesity; and cancer-related vaccination (e.g., HPV vaccine).

- **Example of a Community-Clinical Linkages Approach: A health care provider gives a patient a “prescription” to a local food pantry to access nutritious foods or YMCA for healthy exercise classes.**
- **Example of a PSE Change Approach: Advocate for tax incentives for supermarkets to open in food deserts and provide more low-cost healthy options.**
- **Cancer Screening & Care**, which includes approaches to improve patient navigation and care coordination; and access to screening services, primary and cancer care, and referrals.
 - **Example of a Community-Clinical Linkages Approach: Embed a community health worker in a housing development to integrate health care and broader social services.**
 - **Example of a PSE Change Approach: Develop a coalition to advocate for enhanced reimbursement models for community health workers and other non-medical providers to support patients as they navigate the cancer screening process.**
- **Cancer Survivorship** which includes approaches to improve access to services (e.g. nutrition, medical follow-up, or mental health) as well as basic needs (e.g., housing or food) for cancer survivors to maintain good physical and mental health.
 - **Example of a Community-Clinical Linkages Approach: Expand the spectrum of post-cancer care and treatment to include nutrition consultation and specific supports around healthy lifestyles.**
 - **Example of a PSE Change Approach: Develop a sustainable mechanism for all cancer survivors to access job and workforce opportunities, nutritious food, and housing supports throughout the care continuum.**

There is significant evidence supporting the connection between health and access to services as it impacts populations affected by cancer, including multi-faceted aspects like being able to enter the health care system, having a regular source of health care, and being able to access services when needed (Office of Disease Control & Prevention, 2018). This RFP seeks to focus on these aspects however, by critically addressing systems and infrastructure, as well as access to services around social determinants of health such as transportation, childcare, and access to nutritious food.

Proposed Outcomes

PSE Change approaches are ultimately long-term investments. Below are a set of outcomes that DFCI seeks to support, however it is not expected that all of these will be realized within the length of time for this funding (anywhere up to four years). While DFCI anticipates that outcomes within this particular timeframe will focus on changes at the policy, systems, and environmental level, it may ultimately take many more years (beyond this grant cycle) for individual-level health behaviors and outcomes to improve as a result of the PSE Change approaches developed and implemented through these funds.

- **Increased access to care**
- **Increased preventative care**
- **Increased continuity of care**
- **Increased patient knowledge**
- **Increased healthy behaviors**

- **Improvements in system and organization practices**
- **Policy change**

Applicants will be required to indicate which one or more of these outcomes they plan to address. Applicants for Systems-Level Grants will be asked to share how they will focus on the root causes of inequities and how that will lead to any of these outcomes.

Who Can Apply?

This funding opportunity is available to Massachusetts-based nonprofit community organizations and partnerships. For each applicant, there must be a primary or lead organization with a 501c3 status or a fiscal sponsor with a tax-exempt designation.

Preference for this DoN funding opportunity will be given to organizations serving DFCI's priority neighborhoods of Roxbury, Dorchester, Mission Hill, Mattapan, and Jamaica Plain, but applications are also welcomed from other Greater Boston communities. Applications will also be welcomed from organizations serving residents in the city of Newton, where the new Dana-Farber satellite facility is located.

DFCI seeks applications from existing and new partners. It welcomes applications from organizations that work with a range of residents, not just those serving individuals with a cancer diagnosis or only those connected to the hospital or its clinics. Organizations focusing on the **root causes** that affect cancer prevention, screening, and survivorship and have had no engagement with DFCI previously are strongly encouraged to apply.

The following entities or approaches are ineligible to apply:

- Individuals
- For-profit entities
- Projects that are strictly for research purposes
- Clinical trials

What Will DFCI Fund?

Applicants are able to apply for two tracks of funding through this DoN funding opportunity but can ultimately receive funding from only one track. DFCI anticipates making awards annually, dependent on the amount of DoN funding available. The types of grants detailed below apply only to the 2021-22 grant cycle.

- 1) **Community-Clinical Linkage Grants** will support single-year funding up to \$50,000 for smaller or pilot initiatives to connect health care providers, community organizations, and public health agencies so they can improve residents' access to health and support services, including prevention and chronic care services. A limited number of awards will be designated for this track.
- 2) **Systems-Level Grants** will support multi-year funding between one to four years and up to \$200,000 per year for initiatives that are upstream, Policy, Systems, and Environmental (PSE) Change approaches. Upstream efforts focus on improving social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential.

The bulk of DFCI's funds will be supporting these types of grants. Systems-Level Grants can be structured as either:

Option A: Planning Period + Multi-Year Implementation Grants or

Option B: Multi-Year Implementation Grants

A Planning Period is any timeframe up to one year and allows an organization or partnership the ability to learn information or assess the landscape to inform a broader process, as well as develop relationships or build a foundation upon which to carry out future implementation activities. An example is using a Planning Period to recruit and develop a coalition that will ultimately focus on a policy agenda, which is then carried out during Implementation years.

Multi-Year Implementation Grants can be used by groups or initiatives that are already developed at the time of applying and will use the funding to further an existing approach or agenda.

Allowable expenses include:

- Staff/personnel compensation, including taxes and fringe benefits
- Subcontractor expenses
- Stipends for community members
- Operating expenses (e.g., office supplies, equipment, copying and printing, telephone and fax, postage and delivery, program advertising, staff travel, training and educational supplies, staff training, evaluation)

Capital expenses are not allowable for this funding opportunity.

How Will Proposals be Reviewed?

Community-Clinical Linkage Grant applications will be a one-step process and Systems-Level Grant applications will be a two-step process. The first round for Systems-Level Grant applications will be a brief Letter of Intent, and a select number of applicants will be invited to submit a second-round full proposal.

For both types of grants, DFCI will work with a Review Committee to determine which applicants are selected for funding. DFCI may also request a meeting or interview with any final candidates in the process. Collaboration with other organizations and partners are encouraged where appropriate and necessary to accomplish proposed goals.

The Review Committee will prioritize the following key criteria:

- **Addressing Inequities:** Whether the approach addresses a population experiencing higher rates of inequities in cancer burden.
- **Community-Driven:** Actively engages individuals in implementing an approach, particularly those affected by cancer and other chronic conditions.
- **Impact:** Whether the intended outcomes address root causes of inequities as much as possible and social determinants of health.
- **Feasibility:** Likelihood of success and ability of applicant to carry out approach.
- **Sustainability:** Likelihood of long-term impact beyond the grant cycle.

Application Details & Questions

Applications can be submitted in any one of the following three formats:

- Written Narrative Document
- Oral Presentation Video
- Slide Presentation

This chart details the **total maximums** for your application, depending on the type of grant you are applying for and the format you wish to submit:

Type of Application	Format	Total Maximum
Community-Clinical Linkage Grants	Written (.doc or .pdf)	5 pages, 12-size font, one-inch margins
	Video (.mov or .wmv)	15 minutes
	Slides (.ppt or .pdf)	25 slides
Systems-Level Grants (Letter of Intent only)	Written (.doc or .pdf)	3 pages, 12-size font, one-inch margins
	Video (.mov or .wmv)	10 minutes
	Slides (.ppt or .pdf)	15 slides

Community-Clinical Linkage Grants: Application Questions

Applying for Community-Clinical Linkage Grants is a one-step process. A Committee will review your application in response to these questions and decide on funding. The chart immediately above includes total maximums that you cannot exceed. We encourage you to spend most of your application addressing questions with an asterisk (*) , but otherwise, the length of your responses to individual questions is up to you.**

- 1) Applicant Organization Name
- 2) Federal Employer Identification Number, or that of a fiscal agent's
- 3) Organization Contact Person (name, job title, address, phone, email)
- 4) Organization's Leadership (name, job title, address, phone, email)
- 5) **Who Are You?** What is your organization's mission and structure? Describe your project team, their roles and responsibilities, and past experience in this work.
- 6) **What is Your Population?***** Describe the demographics of your population(s) and experience working with them. What inequities in access to services to support cancer do they experience, and what influences and causes them?
- 7) **What Will You Do?*****
 - a. What is the vision of your overall approach?
 - b. What are your specific goals, activities, and timeframes?
 - c. (Optional) If this is a new initiative and you have already thought about evaluation, how will you know if you have been successful?
 - d. (Optional) If this is an initiative that has already been underway, are there any results and outcomes so far? How will this funding address the next phase of work?

- 8) **Who Will You Work With?** What new and existing partners will join you, and what will their roles and responsibilities be?
- 9) **How Will You Engage Those Affected by Cancer?** How will you actively engage individuals and communities affected by cancer in implementing your approach?
- 10) **Strengths & Challenges?** What do you consider to be the greatest strengths of this proposal? The greatest challenges/concerns?

Systems-Level Grants: Step 1 - Letter of Intent Application Questions

Applying for Systems-Level Grants is a two-step process. A Committee will first review your application in response to these Letters of Intent questions and determine whether your organization is invited to submit a full proposal. The Committee will then review all invited full proposals and decide on funding. The chart on page 8 includes total maximums that you cannot exceed. We encourage you to spend most of your application addressing the questions with an asterisk () , but otherwise, the length of your responses to individual questions is up to you.***

- 1) Applicant Organization Name
- 2) Federal Employer Identification Number, or that of a fiscal agent's
- 3) Organization Contact person (name, job title, address, phone, email)
- 4) Organization's Leadership (name, job title, address, phone, email)
- 5) **Who Are You?** What is your organization's mission and structure? Describe your project team, their roles and responsibilities, and past experience in this work.
- 6) **What is Your Population?** Describe the population(s) that will be most affected by your proposed initiative (e.g., their demographics, cancer risk, neighborhoods of residence). What is your experience working and partnering with them?
- 7) **What is Your Idea?*****
 - a. What is your vision for a Policy, Systems, and Environmental (PSE) approach you are proposing?
 - b. How will it address the root causes of the inequities experienced by the population(s) you seek to support?
 - c. Which proposed outcome(s) listed on page 5 do you hope to achieve?

Attachments

****These are only required for Community-Clinical Linkage Grants. If an organization is invited to submit a Full Proposal for a Systems-Level Grant, they will be asked to submit attachments, a list of which will be provided at the point of being invited for the next round.***

- Project Budget (template provided) for year of requested funding
- Lead Applicant's Organizational Budget from most recent fiscal year (includes revenue and expenses)
- Verification of Lead Applicant's 501c3 status, or that of a fiscal agent

Key Deadlines

Activity	Dates for Clinical-Community Linkages Grants	Dates for Systems-Level Grants
LOIs Due for Systems-Level Grants		Tuesday, June 8, 2021 at 5:00 PM
Full Proposals Due for Community Linkages Grants	Tuesday, June 15, 2021 at 5:00 PM	
Organizations that Applied for Systems-Level Grants Invited to Submit Full Proposals		Tuesday, June 29, 2021
Full Proposals Due for Systems-Level Grants		Monday, July 26, 2021 at 5:00 PM
Notify Applicants of Funding Decisions	End of August	

DFCI will also host a drop-in Question & Answer session for all interested applicants on **Monday, May 24, 2021 from 11:00 AM to Noon**. It is optional for interested applicants to attend this session.

If you would like to attend, please register in advance by completing this form:

https://hria.zoom.us/meeting/register/tJYod-irqDopG9EB_gaQDzmC7nK7aCCul-Bq

After registering, you will receive a confirmation email containing information about joining the meeting.

How to Apply

All applications must be submitted online using one of the following links, which takes you to an online grantmaking portal, Blackbaud.

To apply for a Community-Clinical Linkages Grant:

https://www.grantrequest.com/SID_2364?SA=SNA&FID=35303

To apply for a Systems-Level Grant:

https://www.grantrequest.com/SID_2364?SA=SNA&FID=35305

Evaluation Addendum

Evaluation Considerations

All grantees (Community-Clinical Linkages and Systems-Level Grants) should expect to engage with DFCI and its evaluator during the course of the grant cycle.

Evaluation Principles

The following key principles guide DFCI's evaluation approach:

- **Centered on equity:** The evaluation aims to recognize the historical and structural decisions and policies that have contributed to the disproportionate burden of cancer among communities of color; to be multiculturally valid and honor the cultural context in which the initiative and evaluation is taking place; and to promote decision-making at multiple levels.

- **Collaborative:** DFCI views partnership and collaboration as central tenets to the evaluation process. It is our goal that grantees will be involved in decision-making across the evaluation process. Capacity building efforts aim to be bi-directional, recognizing the expertise among all those involved.
- **Focus on action-oriented data:** The goal of the evaluation will be to include streamlined processes that are sensitive to the time burden of all involved and develop findings that will be helpful to guide current and future efforts for grantees and DFCI. These include identifying areas of impact and progress and examining implementation successes, challenges, and lessons learned throughout the process. Data will be shared and collaboratively interpreted with grantees and partners throughout the grant cycle to inform continuing efforts.

Evaluation: Community-Clinical Linkages Grantees

Community-Clinical Linkages grantees should expect to participate in two or three 60-minute calls with DFCI's evaluator and submit data on implementation metrics (identified in collaboration with DFCI and its evaluator) and information on progress goals by the end of the funding cycle.

Evaluation: Systems-Level Grantees

Systems-Level grantees should expect to work closely with DFCI's evaluator who will be focusing on the evaluation of the overarching DFCI portfolio of grantees. As such, the evaluation team and grantees will work collaboratively to identify a set of shared metrics (that are derived from the funding outcomes listed above) during the course of the grant cycle.

During the grant cycle, Systems-Level grantees will:

- Participate in all-grantee evaluation learning collaborative sessions 2-3 times per year (virtual or in-person post-pandemic)
- Be involved in individualized evaluation technical assistance discussions with the evaluator (approx. 4-5 meetings/calls per year). Meetings lasting 60-90 minutes in duration will offer the opportunity to discuss and provide guidance on topics such as: logic model development, identification of outcome and process measure, data reporting systems, streamlined data collection processes across partners, etc.
- Provide input and collaborate on the overarching evaluation plan
- Administer data collection instruments to capture data on shared metrics as applicable
- Submit data to DFCI evaluators every 6 months (Data submitted will depend on the metrics identified through a consensus process. However, if metrics are at the participant-level, it will be expected that individual, de-identified data be submitted.)
- Participate in qualitative discussions yearly to discuss implementation progress, successes, challenges, and lessons learned; help recruit or connect with program participants to engage in similar qualitative discussions with DFCI's evaluator

Most of these activities focus on DFCI's overarching evaluation of the grant portfolio; however, the goal of this evaluation is also to help inform each grantee's work during the grant cycle and beyond. The quantitative data submitted will be returned back to each grantee in a format that can be discussed to ensure accuracy and to interpret collaboratively. Themes, successes, challenges, and lessons learned from

the qualitative discussions will be reviewed with grantees during the grant cycle to guide continuous quality improvement efforts.

Systems-Level grantees should expect to allocate approximately 10% of their budget to evaluation activities (which would include staff time to attend learning collaborative sessions, technical assistance calls, and collect and submit data on shared metrics, among other evaluation activities) and should identify a main contact to work directly with DFCI's evaluator.

DFCI's Office of Community Benefits will work closely with awardees and any of their partners during the funding cycle to provide support as they implement their activities. DFCI staff will also work with the evaluator and organize regular learning collaborative sessions.