



Addressing Barriers to Cancer Care for AIAN and NHPI Individuals Competitive Grant Program - Request for Proposals (RFP)

I. Background

The American Cancer Society (ACS) and Pfizer are collaborating to offer a new competitive grant opportunity focused on improving cancer care for American Indian and Alaska Native (AIAN) and Native Hawaiian and Pacific Islander (NHPI) individuals in cancer treatment.

This Request for Proposals (RFP) is not specific to one cancer type. Proposals should identify and address barriers impacting the population of focus regardless of cancer type. 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 leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 100 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit [cancer.org](https://www.cancer.org) or call our 24/7 helpline at 1-800-227-2345. Connect with us on [Facebook](#), [X](#), and [Instagram](#).

The Society will provide technical assistance and support to grantees, including the establishment of a learning community for grantees.

About Pfizer:

Pfizer Global Medical Grants & Partnerships (GMGP) 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 GMGP 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 (interventions for tribes that cross into Canada or Mexico are in scope)
Applicant Eligibility Criteria	<ul style="list-style-type: none">• US health care institutions, large and small, providing oncology services to AIAN and/or NHPI patients.• Tribal clinics providing oncology services and contracting with cancer centers for some services are eligible to apply.• All applicants should already have established collaborations with AIAN and/or NHPI community-based organizations.• 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 cancer treatment disparities and strengthen collaborations to improve cancer care for AIAN and NHPI individuals facing cancer.</p> <p>The proposed plan should include an assessment of barriers to equitable care developed in partnership with the AIAN and/or NHPI community during the planning phase. Partnership with the AIAN and/or NHPI community is required throughout project implementation (e.g. advisory committee, patient focus groups, coordination of care, educational initiatives that target health behavior change).</p> <p>The project timeline includes a planning phase for health system grantees to engage community-based organization (CBO) partners prior to beginning implementation. It is expected that grantees budget for the provision of grant dollars to CBO partners for their support of this effort (\$ amount to be determined by the grantee).</p> <p>It is expected that projects are built on the foundation of an evidence-based approach, and the proposed 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 AIAN and/or NHPI oncology patients across multiple cancer types and those that are</p>
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	<p>sustainable post quality improvement project, scalable or replicable will be given highest priority.</p> <p>The intent of the collaboration is to support proposals focused on aspects related to cancer treatment. Proposals are asked to address cultural and geographic barriers to the delivery of standard of care (SOC) treatment. Additional barriers may also be addressed.</p> <p>Example project proposal topics may include:</p> <ul style="list-style-type: none">• Delayed Diagnosis/late presentation• Treatment selection<ul style="list-style-type: none">○ Adherence to SOC○ Bias in treatment choice○ Shared decision making• Care delivery/adherence<ul style="list-style-type: none">○ Access to care (e.g., social support, navigation)○ Socioeconomic barriers• Treatment outcomes• Clinical trials participation• Palliative Care• Survivorship support <p>This RFP intends to support quality improvement initiatives. It is highly encouraged to report through publication any findings. Note: publications should be vetted by the appropriate tribal partners and should include authors from the community partner organization.</p>
Target Audience	<ul style="list-style-type: none">• American Indian and Alaska Native (AIAN) and/or Native Hawaiian and Other Pacific Islander (NHPI) patients and communities• Members of the health care team and administrators involved in the care of cancer patients
Disease Burden Overview	<p>Cancer affects everyone, but some populations are disproportionately impacted by cancer. American Indian and Alaska Native (AIAN) and Native Hawaiian and Other Pacific Islander (NHPI) people face some of the largest cancer disparities. Addressing systemic barriers may help to improve cancer care and decrease mortality for AIAN and NHPI individuals facing cancer.</p> <p>AIAN men and women experience the highest overall cancer incidence and mortality rate, combined. Compared to all other populations, the AIAN population has the lowest 5-year cancer survival rate.ⁱ When compared to non-Hispanic White populations, AIAN populations are less likely to be diagnosed with localized-stage cancer (59% versus 67% for female breast cancer; 67% vs. 72% for prostate cancer; 25% vs. 31% for stomach cancer).ⁱⁱ</p> <p>While the NHPI population has lower cancer mortality rates compared to the non-Hispanic White population, the mortality rates for the NHPI</p>



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	<p>population are 30% higher for breast cancer, 75% higher for liver cancer, and over 2.5 times higher for cervical, stomach and uterine cancers.ⁱⁱⁱ Health data for the NHPI population is often combined with Asian American population data, making it challenging to identify population-specific disparities.</p> <p>Multiple factors contribute to the disparities AIAN populations face, including access to health services, less insurance coverage, availability of culturally appropriate health care, socioeconomic factors, and trust of the health care system.^{iv v} There are limited studies specific to the disparities impacting AIAN individuals affected by cancer. One community-based participatory survey of cancer patients found that AIAN respondents had lower levels of basic cancer screening knowledge and more negative attitudes about cancer treatment compared to non-Hispanic White cancer patients.^{vi} This could impact patient decision making related to cancer screening and treatment.</p>
Gaps in Care and Barriers	<p>Another study elicited participant perceptions of using Indian Health Service (IHS) and culturally specific health care. Four themes emerged from AIAN individuals participating in a community forum on the topic: 1) quality of care, 2) scope of services, 3) trust, and 4) systems-based considerations. While reactions were both positive and negative in these four areas, in the end, patients receiving healthcare from IHS want high quality, affordable care, and to be able to trust their provider.^{vii}</p>
Expected Approximate Monetary Range of Grants	<p>Individual projects requesting up to a total of \$250,000 to include both direct and indirect costs for the two-year project period will be considered. It is expected that community-based organizational partners receive funding to support this project.</p> <p>The total available budget related to this RFP is approximately \$1,500,000.</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>
Key Dates	<p>RFP release date: March 13, 2025</p> <p>Full Proposal due date: May 28, 2025</p> <p><i>Please note the deadline is 11:59 pm Eastern Time (New York, GMT -5)</i></p> <p>Anticipated Full Proposal Notification Date: July 16, 2025</p>



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	<p>Grant funding will be distributed following execution of a fully signed Letter of Agreement</p> <p>Anticipated Period of Performance: August 2025-December 2027 (projects may be shorter but to not exceed period of performance)</p> <ul style="list-style-type: none">• Planning phase (August-December 2025)• Implementation (January 2026 – December 2027) <p>Project Expectations:</p> <ul style="list-style-type: none">• Participation in quarterly learning community calls• Participation in check-in calls with ACS staff leads• Submission of project progress reports, via Pfizer portal, every January and July for the duration of the project• Submission of project data and impact stories (see appendix), via ACS, every January and July for the duration of the project
<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: 2025 ONC US ACS Addressing Care Barriers Native Americans• Select the following Primary Area of Interest: Oncology - General/Non-specific/Other – QI• 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> <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.</p>
<p>Questions</p>	<p>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 Barriers to Cancer Care RFP.”</p>
<p>Mechanism by Which Applicants Will Be Notified</p>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>



IV. Full Proposal Requirements

Applications will be accepted via the Pfizer 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 to 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 health system. • List the key objectives and how they are intended to address the established need for this project.
Assessment of Need	<ul style="list-style-type: none"> • Include a statement of need summary, describing the data analyzed to determine gaps and barriers.
Community-based Organizations	<ul style="list-style-type: none"> • Describe the attributes of the community-based organization(s), including tribal government, tribal non-profit, Alaska Corporation, etc., that will support and facilitate the execution of the project. Include examples of recent and past collaborations with the organization(s).
Target Audience	<ul style="list-style-type: none"> • Provide the following patient metrics in this section: <ul style="list-style-type: none"> -Total Patient Population = Number of patients with at least 1 medical visit within your health system in 2024 -Total AIAN and/or NHPI Patient Populations = Number of AIAN and/or NHPI patients with at least 1 medical visit in 2024 -Oncology Annual Caseload = Analytic oncology caseload (diagnosed and/or treated at the site) in 2024 -AIAN and/or NHPI Oncology Caseload = Number of AIAN and/or NHPI patients diagnosed and/or treated in 2024



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	<ul style="list-style-type: none">• Describe the overall AIAN and/or NHPI population served by your health system.• Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes.• Describe who, 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">• Describe activities to be completed with CBO partners during the project planning phase (e.g. focus groups, reviewing GIS data, collecting additional qualitative and quantitative data).• Include a description of the overall framework, 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">• Project evaluation should be grounded in an evaluation and/or implementation science framework. Describe the framework you intend to utilize (e.g. CFIR, RE-AIM).• Describe how you will determine if the identified gaps and barriers were 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%).• ACS will request data reporting every January and July throughout the project. Data reporting to include Patient Demographics, timeliness of care, and treatment adherence. (Refer to the Data



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	<p>Appendix for definitions for requested metrics). Please briefly describe how you will obtain this data.</p> <ul style="list-style-type: none">• ACS will also request submission of patient impact stories during the project period.
Workplan and Deliverables Schedule	<ul style="list-style-type: none">• Include a narrative describing the workplan for the 2-year project period, including deliverables for both the planning and implementation phases.• Using a table format, list the deliverables and a schedule for completion of each.• Describe how the project outcomes will be broadly disseminated.

D. 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. It is expected that community-based organizational partners receive funding from the grantee to support this 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:
 - Purchase of capital equipment (e.g. computers, tablets, 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 attending education or training sessions
 - Lobbying

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

- a. Describe the attributes of the institutions / organizations / associations that will 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. Staff Bio sketches (no page limit):

- d. Provide a brief bio sketch (NIH format or similar) of all project leads / PIs listed in Section E.

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

- e. Letter(s) must be provided from all supporting organizations listed in the proposal to document 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 the proposed project.

B. References (no page limit)

Data Appendix

Grantees will be asked to provide the following metrics to ACS during the project:

Demographics of AIAN and/or NHPI Patients	Age, Gender, Income/Poverty Level, Tribal Affiliation, Insurance Status
Demographics of ALL patients	Age, Race/Ethnicity, Age, Gender, Insurance Status
Cancer Focus Area(s)	Primary area of focus during project period. Will be used to assess volume by Cancer Type
Cancer Diagnoses	Number of new cancers diagnosed (by race/ethnicity)
Diagnoses by Cancer Type	Number of new cancers diagnosed by cancer type (and by race/ethnicity)
Diagnoses by Cancer Stage	Number of new cancers diagnosed by stage (by race/ethnicity)
Barriers to Care	Encountered barriers to care for AIAN and/or NHPI patients identified by the health system
Interventions Completed	Interventions completed over the previous 6-month period to address identified barriers
Interventions Planned	Interventions planned to be completed over the next 6 months to address identified barriers
Patient Caseload	Number of new AIAN and/or NHPI cancer patients navigated to treatment
No-Show Rate	Number of AIAN and/or NHPI cancer patients who did not complete a scheduled appointment
Treatment Adherence	Percentage of AIAN and/or NHPI cancer patients who received/completed recommended cancer treatments
Timeliness of Care	Average number of days between diagnosis and oncology consultation for AIAN and/or NHPI patients
	Average number of days between oncology consultation and primary treatment/treatment initiation for AIAN and/or NHPI patients



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	Time intervals between treatment modalities (surgery to radiation, chemotherapy to surgery/radiation) for AIAN and/or NHPI patients
Supportive Services Recommended/Received	Ancillary services recommended/received by AIAN and/or NHPI cancer patients (nutrition, social work, psychological services, palliative care, physical therapy, etc.)
Quality of Life/Symptom Management	Patient reported outcomes (pain, fatigue, functional ability, mood, and social impact) for AIAN and/or NHPI patients
Patient Impact Story	Story featuring an AIAN and/or NHPI patient(s) that showcases the impact of the program in increasing access to care and addressing barriers for AIAN and/or NHPI patients served by the health system.
System Impact Story	Story featuring the health system that showcases the impact of the program in increasing access to care and addressing barriers for AIAN and/or NHPI patients served.

ⁱ National Cancer Institute. *Cancer Trends Progress Report 2011-2012*. NIH, HHS: Bethesda, MD: Mar, 2015.

ⁱⁱ American Cancer Society. *Cancer Facts & Figures 2022*. Atlanta: American Cancer Society; 2022.

ⁱⁱⁱ American Cancer Society. *Cancer Facts & Figures for Asian American, Native Hawaiian, & Other Pacific Islander People 2024-2026*. Atlanta: American Cancer Society; 2024.

^{iv} Garcia AN, Venegas-Murrillo A, Martinez-Hollingsworth A, Smith LV, Wells K, Heilemann MV, Fischbach L, Cummings PL, Kuo T. *Patterns of Health Care Access and Use in an Urban American Indian and Alaska Native Population*. *J Racial Ethn Health Disparities*. 2023 May 18:1–11. doi: 10.1007/s40615-023-01624-3. Epub ahead of print. PMID: 37202652; PMCID: PMC10195651.

^v Zuckerman S, Haley J, Roubideaux Y, Lillie-Blanton M. *Health service access, use, and insurance coverage among American Indians/Alaska Natives and Whites: what role does the Indian Health Service play?* *Am J Public Health*. 2004 Jan;94(1):53-9. doi: 10.2105/ajph.94.1.53. PMID: 14713698; PMCID: PMC1449826.

^{vi} Guadagnolo BA, Cina K, Helbig P, Molloy K, Reiner M, Cook EF, Petereit DG. *Assessing cancer stage and screening disparities among Native American cancer patients*. *Public Health Rep*. 2009 Jan-Feb;124(1):79-89. doi: 10.1177/003335490912400111. PMID: 19413030; PMCID: PMC2602933.

^{vii} Garcia AN, Venegas-Murrillo A, Martinez-Hollingsworth A, Smith LV, Wells K, Heilemann MV, Fischbach L, Cummings PL, Kuo T. *Patterns of Health Care Access and Use in an Urban American Indian and Alaska Native Population*. *J Racial Ethn Health Disparities*. 2023 May 18:1–11. doi: 10.1007/s40615-023-01624-3. Epub ahead of print. PMID: 37202652; PMCID: PMC10195651.