

Collaborative Actions to Reach Equity (CAREs) Grant Round 5:

Improving Cancer Outcomes in Diverse Populations

CAREs Grant Request for Proposals (RFP):

What are scalable and replicable community-driven approaches to improve equitable access to cancer detection and reduce disparities in cancer outcomes?

In April 2020, PhRMA established the Collaborative Actions to Reach Equity (CAREs) grant program to support community-centered solutions to address health inequities. To date, PhRMA has awarded nearly \$500,000 in CAREs grants to community-based projects to address inequities across a range of health care issues, such as: reducing disparities in treatment of chronic disease, increasing access to COVID-19 vaccinations in underserved communities, and reducing social and economic barriers health care and medicines.

In this fifth round of CAREs grants, we seek to support scalable and replicable solutions that support equitable cancer outcomes.

The application is open until Tuesday, September 12th at Noon EST.

Cancer is among the top three leading causes of death among communities of color.^{i,ii} While there seems to be some decline in cancer mortality rates across racial and ethnic groups, a concerning trend remains - there are higher cancer death rates among Black cancer patients after diagnosis for breast, prostate, and colon and rectal cancer as compared to white patients.ⁱⁱⁱ These trends can be observed across many racial and ethnic groups. For example, Asian American and Pacific Islander women have a 2.5 times higher death rate from stomach cancer as compared to white women.^{iv} Men of Hispanic ethnicity have a 60% higher death rate from inflammatory bowel disease and liver cancer as compared to white men.^v The higher mortality among cancer patients of color partly reflects a later stage of disease at diagnosis. For example, American Indian and Alaska Native women are approximately 10%

more likely to be diagnosed with breast cancer at a later stage than white women.^{vi}

As demonstrated in PhRMA's newly released Health Equity Chart Pack,^{vii} the patient journey to accessing health care and medicines is complex and impacted by social determinants of health and structural inequalities. For example, women and men from lower socioeconomic backgrounds are less likely to be screened for breast and prostate cancer, which can delay or prevent receipt of life saving therapy.^{viii,ix} Similarly, restrictive insurance benefit designs are associated with lower medication adherence and drug utilization.^x Ensuring equitable access to good preventive health and timely screenings will require a comprehensive look at the social determinants and health benefit design factors that impact a patient's ability to access the care and medicines they need.

In this fifth round of the PhRMA CAREs Grant program, we seek to identify scalable, practical, and replicable best practices in cancer care and delivery that can be applied to other communities, disease states, or public health concerns to advance health equity. We are specifically interested in interventions that address inequities across the continuum of cancer care, including social determinants of health, and disparities in access to cancer screening, diagnosis, or treatment.

Funding will be offered to selected organizations or individuals who are currently undertaking efforts within communities that can advance equity in cancer detection and outcomes and offer potential best practices to inform broad scale improvements in reducing cancer disparities.

Example projects include:

- Community programs to reduce disparities in rates of screening and access to novel cancer treatments
- Initiatives to reduce out-of-pocket costs associated with access to cancer screening and detection
- Evaluating social and systemic structures that drive inequities in access to cancer diagnosis and treatment

Eligibility:

- Open to all organizations and individuals in the U.S. engaged in activities to advance health equity
- Preference will be given to applicants representing historically Black colleges and universities (HBCUs), community organizations, faith-based organizations, businesses, and academic institutions with a history of providing resources and/or services to communities impacted by structural racism and discrimination

How to Apply:

The PhRMA CAREs Grant, “Improving Cancer Outcomes in Diverse Populations,” is open for applications, which will be accepted on a rolling basis until Tuesday, September 12th at Noon EST. Applicants must submit a proposal on one page with the following sections:

- 1 Title and abstract:** A title and succinct 150-word abstract describing the work. This abstract may be used as the basis for publicly disseminated promotional materials for the proposal, if selected.
- 2 Main description:** A description of past, proposed, or ongoing efforts to support equitable cancer outcomes, including geography (e.g., zip code or state) of the reach of the work, population targeted, intervention, and expected outcome (maximum 400 words). The description will be used to assess the quality of the proposal by the reviewers.
- 3 Potential for best practice:** Brief description of how the effort can be applied to advance health equity in other communities, disease states, or public health concerns (150 word maximum). The potential for best practices will be used to assess the ability of the proposal to be replicated in other communities, disease states, or public health concerns.

Additional details in preparing the submission:

- Title and affiliated organization(s) of the applicant should be included in header.
- Name(s) and email(s) of project investigator(s) should be included on Page 1 of the submission. Please note the name of the Project Lead.
- Please submit all documentation in a single PDF file.



All proposals must be submitted to CAREs@phrma.org by the specified deadline. PhRMA will evaluate all proposals that are submitted in compliance with requirements of this RFP. PhRMA has sole discretion to select the winning proposals.

Applicants with selected proposals will each receive a grant from PhRMA in the range of \$25,000 - \$75,000. The funding must be used to support the effort described in the application, as well as development of a brief report described below. Use of funding for indirect costs is limited to 20% of the grant.

Successful applicants receiving CAREs grants must submit an initial progress report to update on efforts within 3 weeks of receipt of the grant and provide additional progress reports in 3-month increments for one year from funding receipt and as may be requested by PhRMA.

Grantees will be required to participate in activities and submit materials in connection with the CAREs grant, such as, but not limited to:

- Present CAREs grant activities to PhRMA or other health-related organizations;
- Develop a paper for public dissemination describing how the activities undertaken by the grantee can inform “best practices” toward scalable, practical interventions that can be applied to other communities, disease states, or public health concerns to advance health equity.

In addition, grantees may be invited to participate in other PhRMA activities, such as:

- Appear in media campaigns by PhRMA or related entities;
- Participate/submit photos, videos, or other media related to the grant.

All grantees will be required to enter into consent, license, and release forms provided by PhRMA. These forms will be provided to individuals and organizations following selection.

Grantees may be given the opportunity to meet with PhRMA local Alliance representatives in their regions to discuss shared priorities and learn about additional opportunities to engage with PhRMA.

Learn more about PhRMA's diversity and equity work [here](#) »



i Centers for Disease Control and Prevention. "Leading Causes of Death - Females - by Race and Hispanic origin - United States, 2018" Accessed November 2022. <https://www.cdc.gov/women/lcod/2018/byrace-hispanic/index.htm>

ii Centers for Disease Control and Prevention. "Leading Causes of Death - Males - by Race and Hispanic origin - United States, 2018" Accessed November 2022. <https://www.cdc.gov/minorityhealth/lcod/men/2018/byrace-hispanic/index.htm>

iii Cancer and African Americans. Office of Minority Health. Accessed 16 November 2022. <https://www.minorityhealth.hhs.gov/omh/browse.aspx?vl=46&vlid=16>

iv Cancer and Asian Americans. Office of Minority Health. <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=46&vlid=46>. Accessed: November 2022.

v Cancer and Hispanic Americans. Office of Minority Health. <https://www.minorityhealth.hhs.gov/omh/browse.aspx?vl=46&vlid=61>. Accessed November 2022.

vi Ko NY, Hong S, Winn RA, Calip GS. Association of Insurance Status and Racial Disparities With the Detection of Early-Stage Breast Cancer. *JAMA Oncol.* 2020;6(3):385-392. doi:10.1001/jamaoncol.2019.5672

vii Health Equity Chart Pack. PhRMA. 2022. <https://phrma.org/resource-center/Topics/Equity/Health-Inequities-Impede-Access-to-Medicines>.

viii He, S., & Pan, S. W. (2020). Breast Cancer Screening Trends among Lower Income Women of New York: A Time-Series Evaluation of a Population-Based Intervention. *European journal of breast health*, 16(4), 255-261. <https://doi.org/10.5152/ejbh.2020.5802>

ix Moses, K. A., Zhao, Z., Bi, Y., Acquaye, J., Holmes, A., Blot, W. J., & Fowke, J. H. (2017). The impact of sociodemographic factors and PSA screening among low-income Black and White men: data from the Southern Community Cohort Study. *Prostate cancer and prostatic diseases*, 20(4), 424-429. <https://doi.org/10.1038/pcan.2017.32>

x Park Y, Raza S, George A, Agrawal R, Ko J. The Effect of Formulary Restrictions on Patient and Payer Outcomes: A Systematic Literature Review. *JMCP*. August 2017; 23 (8). <https://www.jmcp.org/doi/pdf/10.18553/jmcp.2017.23.8.893>