



Request for Concepts: Community-Based Interventions to Address Health Disparities for Indigenous Lung Cancer Patients within the United States

Background

The mission of the Bristol Myers Squibb Foundation is to promote health equity and improve the health of vulnerable communities burdened by serious diseases. Our grant-making empowers partners to build innovative community-based solutions to improve access to quality healthcare. The Foundation's *Global Cancer Disparities Initiative* seeks to strengthen cancer care systems and community supportive services for heavily burdened populations facing a range of pediatric and adult cancers in sub-Saharan Africa, Brazil, China, and the United States.

Request For Concepts (RFC)

The Foundation is issuing a special request for concepts (RFC) focused on addressing lung cancer care disparities for Indigenous communities (including, but not limited to, American Indians, Alaska Natives, Native Hawaiians, Native Pacific Islanders). Indigenous communities have continuously faced many health disparities due to social determinants of health such as financial strain, geographical location, and experiencing a lack of cultural competency in healthcare. The Foundation will review the submitted concepts and the chosen organizations will be invited to submit a full proposal for a multi-year grant.

RFC Requirements

The Foundation is seeking to fund innovative models of community-based care that strengthen healthcare worker capacity, integrate medical care & community supportive services, and mobilize communities to improve health. Our grants are typically research-based pilot or demonstration projects that develop, implement, and evaluate health outcomes and patient impacts. Projects that address lung cancer disparities for Indigenous communities across the care continuum including early detection, diagnosis, palliative care, and survivorship are accepted. Note that although the concepts should be focused on addressing lung cancer disparities for Indigenous communities, any services provided pursuant to the grant cannot be restricted by ethnicity or Indigenous status.

The submitted RFC should include the following:

- 1) Statement of need
 - Brief statement of the health disparity gap for those living with lung cancer or at high risk of developing lung cancer that the intervention is aiming to address
- 2) Identified target population
 - Describe the target population, target geography, and number of people you expect to serve through this intervention
- 3) Rationale for the proposed intervention
 - Short description of how the project intervention will address barriers to lung cancer care
- 4) Measurable project goals and objectives
 - List the project objectives/goals and the key activities you will carry out to achieve the objectives/goals
- 5) Anticipated outcomes
 - Summarize the anticipated outcomes and key indicators/measures of success
- 6) Community engagement strategy
 - Describe how you will build trust within the Indigenous community
- 7) Sustainability potential
 - Describe the potential for sustaining the intervention after the grant period has ended

Please provide information about the organization that is submitting the RFC, including confirmation of its status as a non-profit organization (lead organization's W9 confirming tax-exemption under the Internal Revenue Code and tax identification number), a list of program and research staff and their roles, and a list of other partner organizations/researchers and their roles. In the submission, include the anticipated timeframe of the project and a grand total budget number (not itemized).

Eligibility for Funding

Eligible applicants include: established non-profit organizations, non-governmental organizations, professional associations, and academic institutions engaged in the delivery of lung cancer screening, early detection, and/or care. Indigenous-led or co-created collaboration between clinical and community partners is very much encouraged.

Overall, the proposed intervention's quality, feasibility, and potential impact will be the principal factors used in assessing each concept. Institutions selected, especially the lead organization, must have a proven track record for implementing successful healthcare delivery programs. The RFC selection process is highly competitive; therefore, applicants must present a compelling, well-documented case for support.

Grant funds **may** be used for the following purposes:

- Project salaries and fringe benefits (maximum allowable fringe benefits not to exceed 25% of salaries)
- Data analysis
- Independent patient education
- Independent medical education
- Communications and publications
- Project-related travel
- Direct project costs
- Indirect project costs (maximum allowable indirect costs not to exceed 10% of budget)

Grant funds **may not** be used for any of the following purposes:

- Corporate membership/sponsorship support
- Charitable donations
- Scholarship/fellowship support
- Capital support for construction, renovation, or purchase of buildings
- Clinical or supply purchases not crucial to implementation of the project
- Biomedical research

Submission & Contact Information

Concepts are to be submitted via email by September 29, 2023, to catharine.grimes@bms.com and mason.chiang@bms.com with the subject line "*Indigenous Lung Cancer Care RFC*" and should not exceed a maximum of 3 pages. Organizations whose concepts are selected will be notified by the end of October 2023 and invited to a rolling full grant application process.