



**NORTHERN PLAINS COMPREHENSIVE CANCER CONTROL  
PROGRAM (NPCCCP)**

**2016-2017 COMMUNITY GRANT PROGRAM  
SUBCONTRACTS**

**INVITATION FOR PROPOSALS**

**APPLICATION GUIDELINES**

## Community Grant Background and Purpose

### *Community Subcontract Award Project Grant Purpose*

The purpose of these community grants are to provide support to **Northern Plains Cancer Coalition** (NPCC) members to plan and implement community-initiated evidence based and promising practices approaches that contribute to cancer prevention, early detection, screening, and survivorship as well as the promotion of healthy lifestyles related to overall chronic disease prevention and control, and policy awareness and advocacy that may contribute to systems and environmental change in their own tribal communities/organizations that will help reach goals and objectives outlined in the **Northern Plains American Indian Comprehensive Cancer Control Plan**.

Policy, Systems, and Environmental (PSE) approaches can assist in modifying the environment to make healthy choices practical and available to all community members. Please see Appendix 1 for examples of project plans and Appendix 2 for examples of PSE strategies that demonstrate evidence-based and promising practices interventions. For additional support and assistance on PSE approaches, please contact Richard Mousseau, Program Director at [richard.mousseau@gptchb.org](mailto:richard.mousseau@gptchb.org) or Tori Whipple, Program Manager at [tori.whipple@gptchb.org](mailto:tori.whipple@gptchb.org).

### *Cancer Plan and Northern Plains Cancer Coalition Background*

While Northern Plains American Indian communities have made significant progress in cancer awareness and education, disparate cancer rates continue to be a concern in the Great Plains Area Indian Health Services region. We continue to suffer from some of the highest rates of cancer and cancer deaths compared to both other native and non-native populations. The Northern Plains Comprehensive Cancer Control Program (NPCCCP) has entered its last year of the project period and funding cycle with support from the U.S. Centers for Disease Control and Prevention (CDC), the Great Plains Tribal Chairmen's Health Board (GPTCHB), and the Northern Plains Tribal Epidemiology Center (NPTEC). The region's **Northern Plains Native American Comprehensive Cancer Control Plan** is beginning the process of updating our five year plan to redirect our efforts and priorities to focus on a chronic disease integration model as well as cancer-specific interventions and activities.

### *Northern Plains Cancer Coalition Mission*

The Northern Plains Cancer Coalition's goals and objectives are to engage communities and foster partnerships that will allow organizations and individuals to work together toward a common goal to advocate and focus efforts on collaborative approaches to increase healthy behaviors and lifestyles to improve and enhance quality of life and reduce risk factors associated with chronic disease. NPCC provides a forum for input, advocacy, education, collaboration, planning, and action along the cancer control and chronic disease continuum and strongly encourage active engagement and involvement with the NPCCCP program and respective community in cancer and chronic disease efforts. The NPCCCP program places great value in working to achieve these goals in a manner that values the importance of traditional

healing and medicine, embraces the spiritual components of life for many, and above all else respects individual, tribal, and cultural differences.

## **Instructions for the Proposal Process**

### ***Applicant Qualifications***

Tribes, tribal agencies, urban tribal programs, tribal non-profit organizations and other non-profit organizations serving American Indians in the Northern Plains region (North Dakota, South Dakota, Nebraska, and Iowa) may apply. Organizations that apply may use a fiscal agent, if needed. Applicant(s) must be a Northern Plains Cancer Coalition member or may apply for coalition membership at time of grant proposal submission.

***Note: Please see Form 7: Successful applicants will be required to pledge that their event/project be implemented in a commercial tobacco free environment. In keeping with our mission to improve the health of our Northern Plains tribal communities, we have collaborated with the Good Health and Wellness Tobacco Control program in support of this effort.***

### ***Number of Awards and Amount***

**Applicants may ask for up to \$5,000.** The total number of grants awarded and the final amounts are dependent upon the availability of funds.

### ***Restrictions***

- Applications will only be accepted from U.S. federally tax-exempt organizations; e.g. non-profit organizations, educational institutions, government agencies, and Indian tribes.
- One organization/entity may submit more than one application; however, each organization/entity is eligible to receive only one award.
- Project activities must occur within the Northern Plains region (North Dakota, South Dakota, Nebraska, and Iowa).
- Total budget must include direct and indirect costs.
- All equipment purchased with project funds must be used exclusively on this project during the project period. Equipment costs cannot exceed 30% of the direct costs.
- Salaries, if requested, are restricted to project activities.

**NOTE: Project funds cannot be used to pay for clinical services such as screening exams and treatment for cancer.**

### ***Application Dates and Form of Submission:***

**RFP Announcement: July 28, 2016**

**Application Deadline (must be received by NPCCCP staff by): September 23, 2016**

Technical Assistance Call for PSE Approach questions (optional): **PSE assistance available on a continuous basis and highly encouraged.**

Technical Assistance Call (post-award notice) **November 1, 2016**

Award Notices will be sent by email to the primary contact by: **October 21, 2015.**

**Note:** The NPCCC Program Evaluator may conduct a short 15-20 minute interview with successful grantees to measure the success of NPCCCP's community subcontract process and request feedback about this process and its contribution to assisting the grantee to ensure that every opportunity has been provided for project/activity success.

***The application must be sent by Mail, Email or Fax to:***

Tori Whipple, NPCCCP Program Manager  
1770 Rand Road  
Rapid City, SD 57702  
Phone: 605-721-1922 ext. 119  
FAX: 605-721-1932  
Email: [tori.whipple@gptchb.org](mailto:tori.whipple@gptchb.org)

***An email will be sent to the primary contact email address within 1 week (or fax if email does not exist). If you do not receive a confirmation within 1 week, please contact Tori Whipple (see contact information above).***

***Project Period***

The NPCCC program budget period ends June 29, 2017. Projects must be completed and final reports submitted no later than June 15, 2017. Reports submitted after this date may risk forfeiture of final installment payment or ineligible for future grant opportunities.

***Review Process***

Completed applications meeting compliance with these guidelines will be submitted for review to the Grant Review Committee comprised of 3-6 selected NPCC members. Committee members will be required to disclose any conflicts of interest they have with proposals received (e.g., reviewing their own tribe's application) and withdraw from reviewing those applications.

***Award and Reporting Requirements***

1. Awardees must meet with NPCCCP Staff and possibly other Steering Committee members at least twice during the project period in person or by conference call to discuss project progress, successes, and challenges.
2. Awardees must complete a final 2-3 page report (template provided) by June 15, 2016 that includes a project abstract\*, the final project outcomes and final budget.
3. Awardees may be asked to present at the next Northern Plains American Indian Cancer Summit and/or Northern Plains Cancer Coalition in-person meeting on their community grant project.

**\*Abstract will be posted on NPCCCP website along with project highlights.**

### ***Application Format***

Pages 7-13 of this booklet include the forms for completing this application.

Applications should be no more than 10 pages and include the following:

**FORM 1 - Cover Page (1 page)**

**FORM 2 - Project Goals/Objectives (1 page)**

**FORM 3 - Project Partners and Plan (1-3 pages) – Plan should follow SMART objectives:**

**Specific:** Cover the who, what, when, and how.

**Measurable:** Have a source to measure progress.

**Achievable:** Be guided by common sense. Is the project and the timeline achievable?

**Relevant (or Realistic):** Related to the results that you want to see based on your goal.

**Time-bound (or Timely):** Have a reasonable date.

**FORM 4 - Project Evaluation (1 page)**

**FORM 5 - Project Budget (1 page)**

**FORM 6 – Incentive Disclosures Request Form – please complete if requesting incentives**

**FORM 7 – Pledge for conducting a project in a Commercial Tobacco Free environment (1 page)**

### ***Community Grant Application Assistance***

Please feel free to contact Richard Mousseau or Tori Whipple with any questions about the Community Grant Program, the Northern Plains Cancer Coalition, or assistance with this application.

#### **Contact Information:**

Richard Mousseau Program Director  
NPCCCP-GPTCHB  
1770 Rand Road  
Rapid City, SD 57702  
Email: [richard.mousseau@gptchb.org](mailto:richard.mousseau@gptchb.org)  
Telephone: 605-721-1922 ext. 110  
Fax: 605-721-1932

OR

Tori Whipple, Program Manager  
NPCCCP-GPTCHB  
1770 Rand Road  
Rapid City, SD 57702  
Email: [tori.whipple@gptchb.org](mailto:tori.whipple@gptchb.org)  
Telephone: 605-721-1922 ext. 119  
Fax: 605-721-1932

**Review Criteria**

The Grant Review Committee will review each application and score using the following review criteria and 60 point scoring system.

**Overall Project (5 Points)**

Project poorly constructed and there would be little potential and/or community support	Project somewhat described but without enough detail to gauge impact or impact deemed low	Project well described with a complete picture and good community collaboration	Cleverly developed project with high potential for success; a novel proposal
(0)	(1-2)	(3-4)	(5)

**Project Goals and Objectives: (10 Points)**

Project goals are unclear or inappropriate; objectives not offered or not SMART; not related to the goals/objectives of the cancer plan	Project goals are clear; questionable objectives are offered that are weak or lack specificity or measures; Somewhat related to the goals/objectives of cancer plan	Project goals are well framed and adequate; objectives are adequate to the task but could perhaps be strengthened; Clearly related to the goals/objectives of Cancer plan	Project goals are exceptionally well crafted; objectives are rich and do much in helping the project define success; will definitely help reach the goals/objectives of cancer plan
(0-2)	(3-5)	(6-8)	(9-10)

**Project Plan (15 Points)**

Proposed steps are not offered or are not appropriate; person(s) responsible for different tasks are not stated or unclear; time for completing steps not well established or may not be feasible	Proposed steps seem misguided or could be significantly improved; person(s) responsible for completing tasks are somewhat appropriate but could be improved, time for completing steps is offered but could be improved significantly	Proposed steps are adequate as presented; person(s) responsible for completing steps are adequate for the proposed effort; time for completing steps seen as well founded and very achievable	Proposed steps are polished and well thought out; person(s) responsible for completing steps are well suited for the effort; time for completing tasks is correctly assessed and confident this applicant can deliver on the planned work
(0-4)	(5-9)	(10-14)	(15-20)

**Project Partners (5 Points)**

Appropriate partners or stakeholders are not involved, or no partners are identified	Some appropriate partners or stakeholders appear to be missing	The partners and stakeholders identified are adequate and their roles are clearly stated	The partners and stakeholders identified are fitting and will strengthen the project; and a letter of support provided that clearly indicates the partners role
(0)	(1-2)	(3-4)	(5)

**Project Evaluation (10 Points)**

Evaluation measures and methods are lacking or not clear; effort unsure of itself in terms of what success would look like	Evaluation measures and methods are offered but could be enhanced or improved; elements of success not well defined	Evaluation measures and methods are adequate as offered; elements of success are strongly identified	Evaluation measures and methods are thoughtful; the applicant team has concise knowledge of how they envision success
(0-2)	(3-5)	(6-8)	(9-10)

**Project Budget (5 Points)**

Budget is very poorly constructed; disconnected from project	Budget marginally constructed, appropriately connected to the project with some exceptions	Budget matches well with scope or work as offered and is appropriate to the work	Budget is well crafted and in synergy with project plan
(0)	(1-2)	(3-4)	(5)

**Bonus Points: Up to 10 points awarded for demonstration that project has the potential to make an impact utilizing systems, environmental, and policy advocacy/change approaches.**

**Policy, Systems, and Environmental Approaches (10 Points)**

Demonstration of PSE impact lacking or not clear; proposal unsure of itself in terms of what successful PSE approaches would look like	PSE approaches are offered but could be enhanced or improved; methods indicating a potential impact not well-defined	PSE approaches and efforts are adequate as offered; elements of the ability to make an impact are strongly identified	PSE approaches are clearly identified and integrated into the project. Description of impact demonstrates confidence that this project will make a significant impact in the community. The applicant team has a well-defined plan and knowledge on how they envision success;
(0-2)	(3-5)	(6-8)	(9-10)

**Pledge for Tobacco Free Environment (0 point) (Required for all applications)**

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**APPLICATION FORMS FOLLOW**



**COVER PAGE – FORM 1**

**Project Title:**

**Date of application:**

**Applicant:**

Must be a NPCC member

Please specify:

(Name of tribe, entity, or individual)

**Primary contact information:**

**Name (First and Last):**

**Email:**

<input type="text"/>	<input type="text"/>
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**Title:**

**Organization:**

<input type="text"/>	<input type="text"/>
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**Phone Number:**

**Tribal Affiliation (If Applicable):**

<input type="text"/>	<input type="text"/>
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**FAX Number:**

**Tribe Served (If Applicable):**

<input type="text"/>	<input type="text"/>
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**Mailing Address Line 1:**

**Mailing Address Line 2:**

**City:**

**State:**

**Zip:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Project Goals/objectives – FORM 2

A. What is the **goal** of your project?

*A goal is a broad statement of what you would like to achieve in the future.*

**Examples:** (1) Decrease the number of people that get cancer; (2) Increase the number of people that receive quality cancer treatment

B. What is/are the **objective(s)** of your project?

*An objective is a more specific outcome you wish to achieve by the end of your project. You may have more than one objective.*

**Examples:** (1) By June 2017, increase the cancer knowledge and awareness to at least 20 Standing Rock Sioux Tribal members, or (2) By June 2017, increase the availability of culturally appropriate cancer related materials for Oglala Sioux Tribal members from 25% to 50%.

C. Please indicate which Northern Plains American Indian Cancer Plan Goal this project will relate to. If you do not have a copy of the Cancer Plan, contact Tori Whipple at [tori.whipple@gptchb.org](mailto:tori.whipple@gptchb.org) or call her at 605-721-1922 ext. 119. Double click on box to check it.

**Prevention and Education Goal:** Reduce the incidence and mortality rates of cancer in Northern Plains American Indian communities by promoting healthy lifestyles and reducing cancer related risk factors.

**Screening and Early Detection Goal:** Increase appropriate cancer screening for Northern Plains American Indians so cancer is detected at earlier stages.

**Treatment and Traditional Medicine Goal:** Ensure that all Northern Plains American Indians with cancer receive access to quality western and traditional cancer care services and aftercare.

**Survivorship/Caregivers Goal:** Assure that Northern Plains American Indian cancer patients, their families, and their caregivers will have access to programs and services that address their physical, mental, and spiritual needs to improve the length and quality of life.

**Palliative/End of Life Goal:** Assure the best quality of life and access to needed comfort care services for Northern Plains American Indians affected by cancer, their families, and their caregivers.

**Workforce Goal:** Improve a workforce who can provide culturally sensitive/competent comprehensive cancer care for the Northern Plains tribes.

**Surveillance Goal:** Make complete, accurate, and timely data on cancer available and accessible to the Northern Plains American Indian tribal communities in order to inform and improve cancer health status.

**Research Goal:** Increase awareness of cancer research projects and facilitate clinical trials and community-based participatory research to improve cancer health status among Northern Plains American Indians.

## Project Partners and Plan – FORM 3

### *Project Partners and Collaborators*

Please identify the main partners and collaborators on this project, both internal and external to your agency/organization, and their role in the project. At least one internal or external partner/collaborator must be named. Letters of support/commitment may be provided, but are not required.

#### **Example:**

Cancer Information Service: will assist with developing and presenting cancer education in the communities.

<b>Partner/Collaborator Name</b>	<b>Role/Responsibility for Project</b>

### *Project Plan*

In addition, in 1-3 pages please indicate your project plan. An example project plan and format is shown in the Appendix, but you may use narrative, table, or any format you feel is appropriate. However, you must make sure you answer the following questions:

1. What steps will you take in order to complete this project?
2. Who will be responsible for completing each step?
3. By what date will each step be completed?

## PROJECT EVALUATION – FORM 4

Please indicate the **measures** or **data** that you will collect in order to determine if your project achieved its objectives, and how you will collect this information

Measures or data are pieces of information you can collect and record to indicate how well the project worked. You must have at least one measure that you will collect in order to indicate your project's success.

*Examples:*

<b><i>Measure/Data</i></b>	<b><i>Collection Method</i></b>
<i>The number of people who attended our awareness meeting</i>	<i>Sign-in Sheet</i>
<i>Change in cancer knowledge</i>	<i>Pre and Post survey during meeting</i>

<b>Measure/Data</b>	<b>Collection Method</b>

**PROJECT BUDGET – FORM 5**

*Please note that funding cannot be used for clinical services such as screening exams, treatment for cancer, HPV vaccinations.*

Total Requested: \$

**Personnel/Staff time**

<i>Explanation</i>	<i>Amount Requested</i>

**Travel**

<i>Explanation</i>	<i>Amount Requested</i>

**Supplies**

<i>Explanation</i>	<i>Amount Requested</i>

**Other**

<i>Explanation</i>	<i>Amount Requested</i>

**Administrative Costs**

<i>Explanation</i>	<i>Amount Requested</i>

## **INCENTIVES DISCLOSURES REQUEST – FORM 6**

### *Request for Incentives as a Component of the 2016-2017 NPCCCP Sub-Contract Community Grant Application*

The requests for incentives **must include** written responses to the questions below and included as an attachment with your proposal.

Organization Name:

Contact Person:

Title of your project:

1) What is the item?

2) Who is the target audience for the item(s)? How are you planning to use the item(s) and what activities of your action plan are associated with the incentive item(s)?

3) How was the requested number of item(s) determined?

4) What is the estimated cost per unit and total cost of the item(s)?

5) What evidence is there that the use of this item is an effective way to increase impact of your project objective(s)? (Rationale of use)

6) How will use of this incentive item enhance implementation of your project objective(s) and anticipated outcomes?

7) What is the public health message being disseminated and/or supported by the purchase and use of or distribution of the item?

8) How will you evaluate the impact or affect the incentive made on the success of your activities that included use of an incentive?

## COMMERCIAL TOBACCO FREE EVENT PLEDGE - FORM 7

### *In collaboration with Good Health and Wellness Tobacco Control Program*

[Name of organization] wants to provide everyone who attends or works at an Event with a healthy and safe environment. Commercial tobacco use is counterproductive to this goal.

In order to safeguard the health, safety, and general welfare of everyone present at an event, [name of organization] adopts the following policy and procedures for the proposed project:

- (a) No Commercial Tobacco Use at Event: [Name of organization] will not allow commercial tobacco to be used during an event and on the event site. This policy applies at all times during the event and to everyone, including:
- all [name of organization] board members, officers, employees, volunteers and agents;
  - Event exhibitors and their employees, volunteers or agents;
  - Independent contractors working at the Event Site;
  - Event facility staff and employees;
  - Event performers, participants, or contributors; and
  - All Event attendees.
- (b) Policy Communication: [Name of organization] will communicate its commercial tobacco-free event policy as widely as possible through press releases, website announcements, public service announcements, printed ticket reminders, event materials and instructions, Event maps, and all other forms of communication (both internal and external) about the Event.

This commercial tobacco-free event policy may or may not coincide with tribe, state, or local laws that prohibit smoking in enclosed common areas within common-use buildings, other common use meeting rooms, lounges, hallways, restrooms, elevators, stairways and stairwells, and vehicles owned, leased or provided by the owner/manager.

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Name

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Date

(Signature by organization leader such as clinical health director, health director)



## APPENDIX 1

### EXAMPLE PROJECT PLANS

#### Healthy Menus Assessment

<b>Steps to be taken in order to complete project</b>	<b>Who is responsible for completing each step</b>	<b>Date each step will be completed</b>
1. Initial meeting to set date in June 2012 for meet and greet with school leadership, tribal leadership, IHS and Tribal Health Department 2. Reserve Room at IHS	L. Smith	October 2015
Contact local Nutrition and Exercise Program for Speaker and confirm availability	G. Jones	October 2015
Determine current menu format, can the menu be healthier, where it can be implemented, cost-effectiveness...	Dietitian or Nutrition Expert	October 2015
Implement	L. Smith	December - March 2016
Final Report to NPCCCP	L. Smith	By June 15, 2016

ACS Circle of Life Curriculum		
<b>Steps to be taken in order to complete project</b>	<b>Who is responsible for completing each step</b>	<b>Date each step will be completed</b>
Initial Planning committee meeting with those to teach and be involved in ACS COL course to: 1. Set date for training 2. Assign modules and discuss responsibilities to present 3. Set and review agenda 4. Review Budget 5. Set menu and assign individuals responsible to order 6. Assign individual(s) responsible for incentives, door prizes, fruit baskets	L. Smith/Planning Committee	October 2015
ACS COL planning committee meeting to: 1. Review agenda 2. Discuss and set date to complete and assign person responsible for recruiting, posters, invites etc.	Planning committee	October 2015
ACS COL planning committee meeting to: 1. Finalize food, incentives, door prizes and supplies 2. Review agenda. Additional discussion as needed	Planning committee member	December 2015
ACS COL Planning committee meeting to 1. Get recruitment material out 2. Review agenda/additional discussion as needed	Planning committee member	January 2016
Conduct ACS COL training	L.Smith/Planning Committee	March 2016
Final Report to NPCCCP	L.Smith	By June 15, 2016

Community Activity-Commercial Tobacco Free Powwow Cancer and Diabetes Awareness

<b>Steps to be taken in order to complete project</b>	<b>Who is responsible for completing each step</b>	<b>Date each step will be completed</b>
1. Identify planning committee members: Potential members: Public Health Nursing, Health Educator, IHS, Tribal Health Departments, community members, 2. Set date for initial planning meeting	L.Smith/PHN	October 2015
Initial meeting 1. Set date for Community Powwow for May 2013 2. Set and Review Agenda 3. Discuss guest panel speakers and who responsible to contact for confirmation 4. Discuss and Set theme/Logo/Commitment statement 5. Renaissance program for assistance in naming activity project	L.Smith/G.Jones/Planning committee	January 2016
Committee Meeting to: 1. Assign person responsible to get drums for Event 2. Set menu and assign Individuals responsible to complete 3. Determine vendors and educational booths. 4. Confirm Guest Panel speakers	Planning committee	February 2016
Committee Meeting to: 1. Review Agenda 2. Assign person responsible for Advertisement (posters, announcements, etc.	Planning committee	March 2016
Committee Meeting to: 1. Finalize Advertisement and get out 2. Review Agenda/additional discussion as needed	Planning Committee	April 2016
Hold Powwow	Planning Committee	2016
Final Report to NPCCCP	L. Smith	By June 15, 2016

## **APPENDIX 2**

### **EXAMPLE OF POLICY, SYSTEMS, AND ENVIRONMENTAL APPROACHES/STRATEGIES**

#### **Policy, Systems, and Environmental Approaches defined:**

Most conventional public health approaches focus on individual-level change where the emphasis is placed on educating and counseling the individual to change his or her own behavioral risk factors without regard to the individual's social and physical environments. However, research demonstrates education alone does not change risk behaviors. The communities where we live, work, learn, play, and pray tremendously affect our ability to engage in holistic, healthy behaviors.<sup>(1)(2)</sup> These communities and neighborhoods shape our health habits – they can make it easier or more difficult to access healthy foods, to have safe walking trails, or to avoid secondhand smoke.<sup>(2)</sup> The most effective public health practices change the individual's environment by removing the risk factors and making the individual's default choice a healthy one – such as making changes to the environment that increase access to healthy foods and physical activity and decrease exposure to secondhand smoke.

A tribal member's healthy life choices are limited if there are fewer parks and sidewalks, fewer healthy food sources, and more fast food, tobacco, and alcohol outlets. This environment combined with other social inequities, such as loss of tribal culture, language, and ancestral lands, creates stress. Stress compounds the situation because it not only produces physiological problems but it also increases the chance for health-damaging behaviors such as consumption of fat, sugar, tobacco, alcohol, and other drugs.

Tribes exercise tribal sovereignty when they implement PSE change. Tribal governments are situated to make some of the greatest improvements in the health, wellness and longevity of Native people through the assertion of self-determination. Many tribal nations are starting to rethink mainstream community planning toward development that creates environments which encourage, support, and sustain healthy, holistic, and traditional lifestyles.

**1. Centers for Disease Control and Prevention.** (2010). *Sustainability Planning Guide for Healthy Communities*. Atlanta: U.S. Department of Health and Human Services.

**2. MacArthur Foundation Research Network on Socioeconomic Status and Health.** (2007). *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.* Chicago, IL: John D. and Catherine T. MacArthur Foundation.

## **Examples of PSE Interventions:**

### ***Policy Change:***

- 1) Passing tribal resolutions to establish or maintain community traditional gardening.
- 2) Enforcing tobacco-free policies for all contractors working for the tribe.
- 3) Support worksite breastfeeding policies.

### ***Systems Change:***

- 1) Implementation of a policy that offers the “5 A’s” (ask, advise, assess, assist, and arrange follow-up) to integrate commercial tobacco tailored interventions for tribal clinic health care professionals.
- 2) Implementing a health reminder intervention system-wide in IHS clinics, hospitals, and tribal health programs.

### ***Environmental Change:***

- 1) Development of a community advocacy coalition (safe playgrounds, reduction of second-hand smoke).
- 2) Making healthy snacks and beverages available in vending machines.
- 3) Community-wide, comprehensive commercial tobacco counter-marketing campaign throughout the reservation/community.

Note: These are but a few examples and often these activities/interventions fall into more than one category.

## APPENDIX 3

### Northern Plains Cancer Coalition COMMUNITY GRANTS 2016-2017 Evaluation/Final Report Form Template

Name of organization:

Date(s) of project/event:

Where project/event took place:

Goals of project/event:

Participants: # Males \_\_\_\_\_ OR Total # of participants \_\_\_\_\_

# Females \_\_\_\_\_

Age ranges: elders \_\_\_\_\_

adults \_\_\_\_\_

youth/children \_\_\_\_\_

**Did your project or activity fulfill the goals you had established? Please explain.**

**a. What were the outcomes of your project?**

**b. Describe the overall impact your project or activity had in the community.**

**Describe any barriers you encountered in completing your project/activity.**

## APPENDIX 4

### Sample Letter of Support Suggest Letter of Support on Letterhead

Date:

From:

To:

Re: Letter of Support for the Turtle Mountain Band of Chippewa

To Whom It May Concern:

I am writing this letter in support of the Turtle Mountain Band of Chippewa's (TMBC) application to the American Public Health Association to develop more policy solutions in Tobacco Control with the Turtle Mountain Band of Chippewa. In my capacity as (Director/Project Officer) of the North Dakota Department of Health, I have had the opportunity to work closely with the Turtle Mountain Band of Chippewa Tobacco Prevention Program leadership and staff. The public health expertise, degree of professionalism and cultural competence among the staff is unmatched in our region.

I have complete confidence in TMBC to develop and implement a successful and meaningful tribal tobacco technical assistance program that will reduce the use of commercial tobacco among tribal members. Ultimately, the goal is reduce significant health disparities American Indians face in cancer, heart disease and other tobacco-related illnesses. With its close integration with tribal leaders, Great Plains Tribal Chairmen's Health Board and other key stakeholders, TMBC is the ideal agency to lead these efforts. Please contact me if you have further questions.

Thank you,

Signature Block



## Resources and References

The Guide to Community Preventive Services

<http://www.thecommunityguide.org/index.html>

U.S. Preventive Services Task Force

<http://www.uspreventiveservicestaskforce.org/index.html>

Agency for Healthcare Research and Quality – Evidence-based reports

<http://www.ahrq.gov/research/findings/evidence-based-reports/index.html>

Agency for Healthcare Research and Quality – Prevention and Chronic Care

<http://www.ahrq.gov/professionals/prevention-chronic-care/index.html>

Robert Wood Johnson Foundation

<http://www.rwjf.org/en/about-rwjf/program-areas/quality-equality/promising-practices.html>