



Primary and Clinical Prevention:
**Addressing the Three
Leading Causes of Death
in Michigan**

Request for Letters of Interest

Submission deadline: September 1, 2008



Blue Cross Blue Shield of Michigan Foundation

The philanthropic affiliate of Blue Cross Blue Shield of Michigan
dedicated to improving the health of Michigan residents

Vision

To make a significant contribution to health care knowledge and its application to improve health by:

- Supporting research, and effective demonstration and evaluation projects; and
- Developing innovative and socially responsive health initiatives.
- We will significantly contribute to health care knowledge and its application by supporting research and effective demonstration and evaluation projects as well as innovative and socially responsive health initiatives.

Mission

The Blue Cross Blue Shield of Michigan Foundation is dedicated to improving the health of Michigan residents through the support of research and innovative programs.

Core Values

- Commitment to quality performance
- Honesty, integrity, collaboration and team work
- Effective and efficient use of resources
- Excellence in programs, grants and communications

The Blue Cross Blue Shield of Michigan Foundation is dedicated to improving the health of Michigan residents by supporting health care research and innovative health programs. The foundation's grant programs are conducted in Michigan by Michigan-based researchers and nonprofit community health care organizations.

Over the past 25 years, the BCBSM Foundation has contributed approximately \$25 million in grants for research and \$5 million for community health programs. This funding has resulted in enhancements to quality of care, patient safety and access to care for the people of Michigan. The Foundation also supports efforts to control the rising costs of health care through research, demonstration and evaluation projects.

The BCBSM Foundation is the philanthropic affiliate of Blue Cross Blue Shield of Michigan. The Foundation is a 501(c)(3) nonprofit organization and an independent licensee of the Blue Cross and Blue Shield Association. For more information, visit bcbsm.com/foundation.

Addressing the Three Leading Causes of Death in Michigan

The Blue Cross Blue Shield of Michigan Foundation requests letters of interest from Michigan physicians and members of the research community interested in preventing the three leading causes of death in Michigan: heart disease, cancer and stroke. The purpose of this grant initiative is to increase the use of evidence-based prevention efforts to improve the health of Michigan residents.

We encourage clinical and academic researchers — in collaboration with health systems, health plans, Michigan universities and other 501(c)(3) nonprofit charitable organizations — to develop projects designed to increase prevention and early detection of heart disease, cancer and those at risk of stroke.

Background

The three leading causes of death in Michigan, as well as nationally, are heart disease, cancer and stroke. According to 2006 statistics, Michigan's rates of death are higher for heart disease and cancer than national rates and slightly lower for stroke. Notably, smoking is the most preventable cause of death in our country. It has been linked to heart disease, cancer and stroke.

Cause of Death	Number of Michigan Deaths	Rate of Death per 100,000 population	
		MI	US
Heart Disease	24,223	239.9	222.2
Cancer	20,166	199.7	188.6
Stroke	4,746	47.0	51.1

Heart Disease

Heart disease is the leading killer of Americans with over 650,000 deaths, annually. Risk factors for having a heart attack are age, gender, high blood pressure, smoking, abnormal lipid levels, diabetes, obesity and sedentary lifestyle. The American Heart Association reports that primary prevention efforts to avoid heart disease are smoking cessation, cholesterol control including HDL, LDL and triglycerides, high blood pressure reduction, increased daily activity, achievement and maintenance of healthy weight, management of diabetes, stress reduction and moderate alcohol consumption.

Clinical prevention efforts do not include screening for heart disease per se via ECG, ETT, and EBCT tests but clinical efforts should include screening for the risk factors of heart disease including high blood pressure and abnormal lipid levels for the specific subgroups of the population recommended by the U.S. Preventive Services Task Force (USPSTF).

Cancer

Cancer is the second leading cause of death both nationally and in Michigan. There are over 550,000 cancer deaths in our country annually. Although the cause of most cancers is unknown and hence can not be prevented, there are some modifiable risk factors that have been scientifically linked to cancer and are thus amenable to primary preventive efforts. These include smoking cessation and sun safety. Smoking has been linked to 15 different cancers accounting for 30% of all cancer deaths and the sun's UV rays have been linked to the vast majority of skin cancers.

The majority of cancer prevention efforts are clinical prevention efforts to screen for the early detection of cancer when it is most treatable. The American Cancer Society suggests that people aged 20 or older have periodic health exams with a cancer-related component including, for those at risk, health counseling and exams for cancer of the thyroid, oral cavity, skin, lymph nodes, testes and ovaries. Depending on gender, all people should have exams for breast cancer, cervical cancer, endometrial (uterine) cancer and prostate cancer. Recently, the American Cancer Society has recommended testing for human papilloma virus (HPV). HPV infections can lead to cervical cancer.

Stroke

Strokes kill over 150,000 Americans each year.

Modifiable risk factors of stroke are high blood pressure, heart disease, smoking, diabetes, obesity, atrial fibrillation, and elevated blood cholesterol.

The prevalence of risk factors for stroke for Michiganders is higher than the country as a whole.

	Michigan	US
High Blood Pressure	26.8%	24.8%
Diabetes	7.9%	7.2%
High Cholesterol	38.2%	33.1%
Obesity	25.2%	22.7%
Smoking	26.1%	22.0%

Rationale for Prevention Initiative

A study funded by the federal Centers for Disease Control and Prevention, Robert Wood Johnson Foundation and the WellPoint Foundation found that a few preventive measures could save tens of thousands of lives each year in the United States. The study found serious deficiencies in the use of preventive care for the nation as a whole — and particularly troubling shortfalls among minority racial and ethnic populations. The study report entitled Preventive Care: A National Profile on Use, Disparities, and Health Benefits (<http://www.prevent.org/content/view/129/72/>) demonstrates that there is substantial under-use of effective preventive care in the United States, resulting in lost lives, poor health and inefficient use of health care dollars.

Report Highlights

The services examined in the report are cost-effective and provide an excellent return on investment. The report found that:

1. 42,000 lives would be saved each year if 90 percent of smokers were advised by a health professional to quit smoking and were offered medication or other assistance. Today, only 28 percent of smokers are offered such services.
2. 14,000 lives would be saved each year if 90 percent of adults age 50 and older, and others whose physicians recommend screening for colorectal cancer, would receive such screenings. Today, fewer than 50 percent of adults receive colorectal screening.
3. 3,700 lives would be saved each year if 90 percent of women 40 and older were screened biennially for breast cancer. Currently, only 67 percent of women over 40 have been screened in the past two years. That number is substantially lower among minority women and those women who are uninsured.

“This report illustrates that the health benefits would be great if more people took preventive actions,” said Julie Gerberding, M.D., M.P.H., director of the Centers for Disease Control and Prevention. “More illnesses would be avoided, fewer lives would be lost, and there would be more efficient use of our limited health care resources. It’s important that all of us make a concerted attempt to focus our energies and efforts on preventing disease, not just treating it.”

Racial Disparities: Minorities at Increased Risk

According to the report, African-Americans, Hispanic-Americans and Asian-Americans all use preventive services at lower rates compared to the white non-Hispanic population in the U.S.

- Hispanic-Americans have lower use compared to non-Hispanic whites and African-Americans for preventive services. For example, Hispanic smokers are 55 percent less likely to get a health professional’s assistance to quit smoking than white non-Hispanic smokers.
- Asian-Americans have the lowest rate of any group for breast, cervical and colorectal cancer screening.
- If the number of African-Americans age 50 and older who receive recommended screening for colorectal cancer were increased to 90 percent, 1,800 additional lives would be saved annually.

“This report documents that minority groups in America use less preventive care,” said David Satcher, M.D., Ph.D., former U.S. Surgeon General and director of the Center on Excellence in Health Disparities at the Morehouse School of Medicine.” According to Satcher, many Americans, particularly minorities, have no continuity in their health care — no relationship with a

doctor or other medical professional who can ensure that they are getting the preventive care they need. “We have to transform our sick care system into a health care system that works for everybody ... We need to strengthen the U.S. health system by investing more in preventing disease.”

Program Aim

The purpose of this initiative is to increase the use of evidence-based prevention efforts to improve the health of Michigan residents. There has been substantial research conducted determining the risk factors for disease as well as studies determining effective techniques for preventing disease. This initiative is not intended to support research to develop or confirm scientifically-proven work of prevention efforts. However, many effective prevention activities, both primary and clinical, are known yet not appropriately utilized. This initiative is intended to support projects designed to increase compliance with primary prevention efforts and/or increase adherence to clinical guidelines aimed at clinical prevention.

Primary prevention activities are the actions taken to avoid disease. These actions are often thought of as adopting a healthy lifestyle through nutrition, activity and reducing modifiable risk factors. Secondary or clinical prevention are the provision of services by health care providers to detect disease and/or encourage adoption of primary prevention efforts including disease screening, immunizations and counseling by health care providers.

Projects should focus on the three leading causes of death in Michigan: heart disease, cancer and stroke. Consideration will be given to applications that incorporate one or more of the following strategies:

- Target high-risk subgroups of the population. Racial and ethnic as well as low-income groups have been shown to suffer disproportionately from both cardiovascular disease (including heart disease and stroke) and also cancer. Racial and ethnic disparity has been documented in higher disease rates as well as higher rates of related risk factors.
- Intervention based on US Preventive Services Task Force Guidelines. The USPSTF Guidelines are considered the gold standard for recommendations regarding clinical prevention efforts. These guidelines can be found at: <http://www.ahrq.gov/clinic/prevenix.htm>.
- Inclusion of a cost-effectiveness analysis for the intervention, if applicable, in addition to an evaluation of the effectiveness of the intervention.

Eligibility

The BCBSM Foundation seeks proposals from Michigan-based doctoral-level researchers (including physicians) based at Michigan universities, academic medical settings, community hospitals, health systems and community-based nonprofit organizations. The principal investigator must have appropriate research and clinical credentials (i.e., MD, PhD, DrPH etc.)

A rigorous evaluation is a critical component of this initiative. It is the intent of the BCBSM Foundation that successful projects be disseminated and replicated in communities throughout Michigan.

Program Funds

The BCBSM Foundation has allocated \$500,000 to fund several projects for up to two years. Funds will be available for salary support, program costs, supplies, office operations and other costs related to the proposed project. Computer equipment expenses, including PC hardware and software, will not be supported. In addition to the overall quality of the project, the feasibility and appropriateness of the budget is a factor in our funding decisions.

Application Process

The required application cover page and the terms and conditions may be downloaded from our Web site at bcbsm.com/foundation. A letter of interest should include four copies of the information listed below, in the order outlined:

1. Completed letter of interest and cover sheet
2. Project summary (1-2 pages)
3. Budget summary and expected duration of the project (1 page)
4. Letter of interest (up to 3 pages) including:
 - Nature of prevention intervention
 - Description of research or evaluation methodology
 - Discussion of the applied significance and possible implementation of the findings and results, and the expected impact on increasing preventive care
 - Documentation of the evidence-based foundation of the proposed program
 - Key plans for implementation of the intervention, if applicable.
5. Curricula vitae of the principal investigator and other key personnel

We encourage interested individuals to contact the BCBSM Foundation with questions. Please e-mail Senior Program Officer Nora Maloy, DrPH. at nmaloy@bcbsm.com.

We must receive your letter of interest by Monday, September 1, 2008. We do not accept hand deliveries. Mail letters of interest to:

Primary and Clinical Prevention
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