

# Mobile Mammography Van Services

## Concept Paper

### Background

The mission of the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) is to protect and promote the health of all New York City residents. In accordance with this mission, The **Cancer Prevention and Control Program** focuses on prevention through screening to lower the burden of common cancers, such as breast cancer, and other common cancers while also supporting cancer surveillance. To help support the Cancer Prevention and Control Program the Mobile Mammography Van Services with patient navigation will provide timely breast cancer screening services to economically disadvantaged and medically underserved women in NYC who have not had a mammogram.

DOHMH is seeking to implement Mobile Mammography Van Services with patient navigation to areas with a large Black population, high breast cancer mortality and low income. One vendor will be selected to develop and implement an operationally cost-effective Mobile Mammography Van Services program to target women living in these neighborhoods.

Breast cancer is the third leading cause of cancer death, taking the lives of more than 1,000 women yearly in NYC.<sup>1</sup> Breast cancer is the most commonly diagnosed cancer among NYC women, with about 6,000 new cases each year. The most recent citywide Health Department Community Health Survey (CHS) data shows that among women age 40 and older, prevalence of breast cancer screening within the past year by mammography in NYC was 74.9% in 2014, but not significantly different from that of 3 years prior, 74.5%.<sup>2</sup> Screening rates were highest among Latina women at 82.0% compared with Black (77.0%), Asian Pacific Islander (72.9%), White women (70.3%) and others (66.0%) in 2014. However, different racial inequities persist in breast cancer health outcomes in NYC where Black women have the highest rate of death from breast cancer at 26.2 per 100,000 population in 2016, compared with lower rates among White (23.1), Latina (14.1) and Asian Pacific Islander women (11.2), according to NYS Cancer Registry 2019.<sup>34</sup> Black women were also more likely to experience premature mortality from breast cancer at 15.4 per 100,000 population in 2016 compared with White, (10.5), Latina (6.1) and Asian/PI women, (6.4). The highest rate of new cases is among White women (146.2 per 100,000 population) followed by Black, (118.2), Asian/PI, (94.7) and Latina (89.1).<sup>5</sup> Various factors have been proposed to explain cancer inequities, such as healthcare access and cost. The target population is women facing economic, health insurance, geographic, cultural or linguistic barriers to health care. Neighborhoods targeted for service are those with a large Black population, high rates of breast cancer mortality and high poverty.

Patient navigation was pioneered by Dr. Harold Freeman over 20 years ago at Harlem Hospital in New York City to address delays in care experienced disproportionately by Black women in the breast cancer

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<sup>1</sup> New York State Cancer Registry. Cancer Incidence and Mortality for New York City, 2012-2016. <https://www.health.ny.gov/statistics/cancer/registry/>

<sup>2</sup> Ibid.

<sup>3</sup> New York City Community Health Survey, 2012-2014.

<sup>4</sup> New York State Cancer Registry. Cancer Incidence and Mortality for New York City, 2012-2016.

<sup>5</sup> Ibid.

screening to treatment clinical path.<sup>6</sup> Patient navigation provides one-on-one assistance to patients as they access and move through (navigate) the healthcare system. Navigation can be in person, by telephone, or through written communication; and navigators can be clinicians such as a nurse or lay community health workers or lay health educators who are members of the community they serve. Navigators can be based in a healthcare facility supporting a clinical team; or they can work off-site or centrally and navigate by telephone at multiple sites. Navigation has developed into a strong tool to combat cancer inequities by addressing barriers faced by underserved communities.<sup>7 8</sup>

Previous DOHMH-supported programs include a Mobile Care Clinic that provided breast cancer screenings and breast health education. Mobile mammography van services with patient navigation bring breast cancer preventive screenings to locations where they are most needed. The service is provided to women within their own communities to overcome transportation barriers, and is provided regardless of immigration status, insurance status, or ability to pay, to overcome cost barriers.

This solicitation seeks to provide breast cancer patient navigation and screening services to communities where they are most needed, through mobile mammography van services and patient navigation with a focus on serving Black women.

### **Purpose of the Proposed RFP**

The New York City Department of Health and Mental Hygiene proposes to issue a Request for Proposals (RFP) to implement Mobile Mammography Van Services with patient navigation to areas with a large Black population, high breast cancer mortality and low income. One vendor will be selected to develop and implement an operationally cost-effective Mobile Mammography Van Services program to target women living in these neighborhoods.

### **Goals of the Proposed RFP**

The agency's goals are:

- 1) To implement Mobile Mammography Van Services to bring mammography screening and linkage to diagnostics and follow-up care to Black women living in areas of low income and high breast cancer mortality.
- 2) To increase breast cancer screening rates measured as percent of the population receiving timely mammograms through the implementation of navigation services.
- 3) To decrease the burden of breast cancer in NYC particularly among Black women in areas of historically high breast cancer mortality and low income.

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<sup>6</sup> Freeman, HP. Patient Navigation: A community centered approach to reducing cancer mortality. J Cancer Educ. 2006 Spring:21.

<sup>7</sup> Cole H, et al. Community-Based, Preclinical Patient Navigation for Colorectal Cancer Screening Among Older Black Men Recruited From Barbershops: The MISTER B Trial. Am J Public Health. 2017 Sep;107(9):1433-1440.

<sup>8</sup> Jandorf, L, et al. Culturally targeted patient navigation for increasing African American's adherence to screening colonoscopy: A randomized clinical trial. Cancer Epidemiol Biomarkers Prev. 2013 Sep; 22(9): 1577-1587

### **Program Information**

The Contractor would be responsible for the following:

- Implement Mobile Mammography Van Services to bring mammography screening to the target population for timely diagnosis and initiation of treatment for breast cancer.
- Conduct outreach, education, screening and linkage to diagnostic services among underserved populations.
- Provide a detailed service delivery strategy for the provision of services in high breast cancer mortality and low income neighborhoods in New York City.
- Develop and implement a service delivery plan/model that will include, at a minimum, the following: a service plan, milestones, targets, and timelines for events relating to the plan/model.
- Develop and implement a staffing plan to ensure that qualified staff will provide required navigation, and linkage to clinical and diagnostic services, as well as, data management and reporting functions
- Have operating hours that maximize accessibility for clients, including evening and weekend hours.
- Maintain a confidential electronic medical record for patient care that complies with local, state and federal confidentiality and privacy regulations.
- Submit annual targets of at least 3,000 screenings which must total at least 18,000 mammography screenings for the entire six-year contract period.
- Conduct evaluations of services (including patient satisfaction surveys), collect relevant project data including demographics of patients served including age, race/ethnicity, and neighborhood of residence, submit monthly project reports to NYC DOHMH, and participate in regular project status calls.

### **Proposed Term of the Contract**

It is anticipated that the term of the contract will be six (6) years, starting July 1, 2022 with no options to renew.

### **Procurement Timeline**

It is anticipated that the solicitation will be issued late Spring of 2020 and the proposal due date will be Summer 2020 with expected award decisions by Winter of 2020

### **Funding and Anticipated Number of Contracts**

It is anticipated that the total available annual funding for the contract to be awarded from this solicitation will be \$2,400,000.00 million over 6 years (\$400,000 annually). One award will result from this solicitation.

### **Planned Method of Evaluating Proposals**

DOHMH anticipates that proposals will be evaluated based on proposers': relevant experience; approach to the scope of services; approach to program monitoring, data management, and reporting; organizational capacity, including proposed staffing plan; and proposed approach to budget management.

**Use of HHS Accelerator**

To respond to the forthcoming Mobile Mammography Van Services Program RFP, vendors must be appropriately qualified in the City’s Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its human services agencies to manage procurement.

Only organizations with approved HHS Accelerator Business Application and Service Applications for one or more of the following service areas will be eligible to propose:

- Primary Care
- Diagnostic Testing
- Health Education and Supports
- Outreach

To submit a Business and Service application to become eligible to apply for this and other client and community services RFPs, please visit <http://www.nyc.gov/hhsaccelerator>

**Contact Information/Deadline for Questions/Comments**

Comments are invited by no later than February 21, 2020. Please email [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov) and indicate “Mobile Mammography Van” in the subject line of the email. Alternatively, written comments may be sent to the following address:

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