

Iowa Cancer Consortium

www.CancerIowa.org

APPLICATION: FY2017 Iowa Cancer Plan Implementation Grants

Instructions: <http://cancerIowa.org/FY17IFPInstructions.aspx>

Instructional Video: <http://cancerIowa.org/FY17IFPInstructionalVideo.aspx>

Sample Letter of Intent: <http://cancerIowa.org/FY17IFPSampleLOI.aspx>

Sample Letter of Support: <http://cancerIowa.org/FY17IFPSampleLOS.aspx>

Scoring Rubric: <http://cancerIowa.org/FY17IFPScoringRubric.aspx>

Application Checklist: <http://cancerIowa.org/FY17IFPChecklist.aspx>

Iowa Cancer Plan: <http://cancerIowa.org/2012-2017IowaCancerPlan.aspx>

PROJECT INFORMATION

RESOURCE: *Writing a Grant Application for Funding*

Project Title: **'All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer'**

Total funding amount requested: \$17,767.60

Below, please indicate which Iowa Cancer Plan goal(s) this project aligns with:

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| | Prevention |
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| | Screening |
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| | Treatment |
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| X | Quality of Life |
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Project overview, including collaborators, timeline, activities and goals:

The goal of 'All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer' is to improve the sexual health agency and sexual health of Iowans impacted by cancer through public awareness and self-sustaining education and implementation programs for oncology care providers. The target audience includes advance practice nurses, physician assistants, nurses, physical therapists, social workers, and therapists. The project will include a website which incentivizes education and implementation of best practices, half-day multidisciplinary conferences, and follow up with all-day site visits. The site visits will include facilitated sexual history taking practice with simulated patients, train-the-trainer instruction, and a meeting with clinic leadership including administrator, office manager, and coding specialist to address barriers to implementation. The project will be self-sustaining through web-based education and train-the-trainer instruction.

Year 1:

Create a 3-5 min video to serve as a promotional, public service, and educational message, raising awareness of the importance of caring for the whole person, including their sexual health. The video will offer a positive narrative about maintaining agency through support from loved ones and oncology care providers, while acknowledging that unaddressed cancer-treatment related sexual dysfunction can adversely affect the person impacted by cancer, their partner and family, if applicable, and quality of life. Challenges providers face in addressing this topic will be mentioned.

Create a library of video clips to enhance education about sexual health and cancer. For example, to facilitate the interactive teaching of sexual history-taking, we will make video clips of simulated patients who enact challenging

scenarios that arise during the sexual history. The video clips will be integrated into presentations for the half-day multidisciplinary conferences and website-based continuing education for a more realistic learning experience. Other video clips will interview diverse lowans impacted by cancer, cancer care providers, and a clinic administrator and coding specialist. The latter are included to address the common perception that sexual health counseling is a revenue drain for clinics.

Develop and roll out the project website by February 28, 2017

Collaborate with marketing specialist to develop public awareness initiative through press releases, 3-5 min video, and a public website.

Incentivize provision of sexual health care for lowans impacted by cancer through acknowledgement of individual 'sexual health champions' who have completed CEUs (half-day multispecialty conference, all-day site visit training, or equivalent web-based education) and clinics or hospitals who affirm implementation sexual health care on a state map on the website. The site will also contain resources for patients and providers related to sexual health.

Deliver at least one half-day multidisciplinary conference for target audience by June 30, 2017

Possible collaborators we are currently working with to gain approval to schedule the half day conference:

Scofield Conference, Iowa City, Iowa. Spring 2017. This is a two day conference held in Iowa City. We are being considered for the 2017 agenda. We are writing a program overview listing the presentation modules for consideration at their 2017 planning meeting late summer. Des Moines University has agreed to be a collaborator on this project, and have expressed interest in hosting a half-day multidisciplinary conference. They have also offered the use of their Standardized Performance Assessment Lab (SPAL), providing a clinical setting to apply professionalism, communication, organization, clinical reasoning and examination skills. Though both Mercy-Des Moines and Stoddard Cancer Center-Des Moines have expressed interest in hosting a workshop at their respective sites, the SPAL lab is an exceptional training facility. It models the health care system-based care delivery context, facilitates professional growth in confidence and self-esteem, and supports the development of strong foundational skills in patient interviewing. Des Moines University has also agreed to offer the CME/CEU credits for the workshops conducted throughout the state.

Develop all-day site visits

Design a follow up visit for in-depth training and trouble-shooting related to implementation of National Comprehensive Cancer Network clinical practice guidelines for sexual dysfunction. Up to five 'sexual health champions' will practice sexual history-taking with two facilitators and two simulated patients during a 2.5 hour Calgary-Cambridge model session (see Evidence Base section of application). The participants will then go on to complete an additional 2 hours of train-the-trainer instruction, providing them with the resources to train future providers. Time management, coding, patient and provider resource needs, and any other concerns of the clinic staff will be addressed.

Investigate best practices

We will build on our past literature review and clinical experience, and expand resources. We have spoken to members of the PRISM Program in Integrative Sexual Medicine at the University of Chicago in Illinois and are planning a site visit, summer 2016. Both Erin Sullivan Wagner and Veronika Kolder, MD will attend the annual meeting of the Scientific Network for Female Sexual Health and Cancer at MD Anderson in Houston, Texas, in October 2016. We will focus on learning about best practices not just in oncology care, but in the delivery of sexual health care from the perspective of resource allocation, personnel assigned to provide care, and coding of services, as all of these are perceived barriers to implementation (see Evidence Base section of application).

Year 2:

Continue providing the video-enhanced half-day multidisciplinary conference at 2-3 additional locations by June 30, 2018

Conduct 3-4 all-day site visits by June 30, 2018

Develop sustainable website-based education and affirmation of implementation process

By the end of year two, we will use the feedback from the half-day multidisciplinary conferences and the library of video clips to create an online e-learning training module for CEU credit, recognition of 'sexual health champions', and acknowledgement of clinics and hospitals who have affirmed implementation of sexual health care.

How did you determine a need for this project (i.e. data, surveys, needs assessment, etc.)

- More than 133,000 Iowans live with a cancer diagnosis (Iowa Cancer Consortium website, Cancer in Iowa: Facts and Figures, 2014 estimates, www.canceriowa.org/ICC/files/36/364c130e-4346-435f-aa39-0ef7981ef93e.pdf, accessed 5-7-16)
- Many cancers affect the sexual organs (pelvic area, breasts, brain) and those that don't can still affect sexual health through changes in body image and constitutional symptoms like fatigue, whether from the cancer itself or as a consequence of treatment (Landau ST et al., Am J Obstet Gynecol 2015;213(2):166-74).
- Sexuality is a central aspect of being human throughout life (World Health Organization, working definition of sexuality, www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/#.Vy-CXdg8iYEorg, accessed 5-8-16) and satisfaction in a committed sexual relationship is central to individual and family well-being and stability for most people (Rosen & Bachmann, J Sex Marit Therapy 2008;34:291-7).
- A person's ability to function sexually is material to their ability to enter long-lasting life partnerships, marry, and/or enjoy other kinds of sexual and intimate relationships (Landau ST et al., Am J Obstet Gynecol 2015; 213(2):166-74).
- All major oncology organizations recognize the importance of quality of life for cancer survivors (Am Soc Clin Onc www.cancer.net/survivorship, Journey Forward: www.jouneyforward.org, Livestrong Foundation www.livestrongcareplan.org), and sexual health and intimacy are highly valued aspects of quality of life (Robinson & Molzahn, J Gerontol Nurs 2007;33(3):19-27).
- Oncology nurses have led the way in survivorship quality of life research and providing sexuality-related nursing education (Oncology Nursing Society http://erc.ons.org/resources?search_api_views_fulltext=seuality), yet sexual dysfunction is often not discussed with survivors, despite the availability of effective treatment strategies (NCCN Clinical Practice Guidelines, Survivorship: Sexual Dysfunction. JNCCN 2014;12:184-92 and JNCCN 2014;12:356-63).
- Beyond attempts at sexual rehabilitation after cancer, clinical focus should shift to prevention and helping persons impacted by cancer maintain full agency over the ability to function sexually, particularly when treatment options are likely to result in loss of function. The capacity to make informed choices that impact this most intimate aspect of life is essential to health, quality of life, and personhood, regardless of age or marital/partner status (Lindau ST, et al. Am J Obstet Gynecol 2015;213(2):166-74).
- Sex-specific disparities in research (Miles et al., Cochrane Reviews 2007, Issue 4. Art. No.:CD005540) contributed to the recent founding of a new national organization, The Scientific Network for Female Sexual Health and Cancer www.cancersexnetwork.org, underscoring the timeliness of our project.
- Erin Sullivan Wagner has been a public voice for Iowans impacted by cancer, sharing her story of cancer treatment-related sexual dysfunction with the oncology community in Eastern Iowa, Des Moines, and Fort Dodge. Veronika Kolder, MD and Brad Erickson, MD have partnered with Ms. Sullivan Wagner since 2014, raising awareness about sex and cancer through nursing CEU lectures at Des Moines University, Stoddard Cancer Center in Des Moines, and Mercy Medical Center in Cedar Rapids, IA.
- At our presentations, nurses acknowledge the importance of sexual health care, want to provide this care, but describe many barriers to implementation. We have designed the **All of Me** project to address these barriers.

PROJECT CHAIR

Name: Erin Sullivan Wagner

Organization: After Cancer, Solutions for Sexual Health

Organization description:

Coaching and advocacy in patients dealing with sexual health issues after their treatment, working with patients during and after cancer treatment on topics related to sexual health concerns, including assertive communication skills to be used in conversations with medical providers and life partners on changes after treatment.

Present 'voice of the patient' feedback to nursing and social work professionals, and survivor groups for both men and women

Address: 127 Cayman St

City, State, Zip: Iowa City, Iowa 52245

Phone: 319-631-5000

Email: erin@aftercancer.co

Project responsibilities:

Collaborate to develop workshop agenda and presenters

Determine module length and flow with interactive workshop components

Schedule half day multidisciplinary workshops with host facilities

Continue to vet program design and content with nurses, nurse educators, and other members of target audience

Collaborate in development of website

Brainstorm ideas for 3-5 minute promotional/public awareness video

Provide video interview, coordinate and schedule interviews of people impacted by cancer for video, collaborate in identifying, inviting, and meeting cancer care providers who are willing to be interviewed

Participate in editing clips/ embed clips in presentations for half-day conferences.

Collaborate in development of content for all-day site visits

Assist in facilitating Calgary-Cambridge sexual history-taking sessions

Collaborate on content and conduct train-the-trainer session

Develop content for web-based continuing education

Incorporate evaluations from half-day multidisciplinary conferences and video materials to enhance education programs

PROJECT COLLABORATORS

At least one collaborator is required.

A Letter of Support is required from each collaborator.

Sample Letter of Support: <http://canceriowa.org/FY17IFPSampleLOS.aspx>

PROJECT COLLABORATOR 1

A Letter of Support is required from each collaborator.

Name: Veronika Kolder, MD

Organization: University of Iowa Hospital and Clinics

Organization description: Associate Professor Clinical Obstetrics and Gynecology,

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| Medical Director, Menopause and Sexual Health Clinic, Department of Obstetrics and Gynecology |
| Email: veronika-kolder@uiowa.edu |
| Project responsibilities: |
| Member of curriculum review team and lead consultant to project chair |
| Study best practices |
| Continue to vet program design and content with nurses, nurse educators, and other members of target audience |
| Collaborate in development of website |
| Collaborate in designing a provider incentivization strategy related to program certification |
| Provide existing resources and educational materials to website |
| Prepare for video production including: a) brainstorm ideas for 3-5 minute promotional video b) write clinical scenarios for simulated patient videos, c) identify, invite, and meet with persons impacted by cancer who have attended the Menopause and Sexual Health Clinic and are willing to be interviewed d) collaborate in identifying, inviting, and meeting cancer care providers who are willing to be interviewed, e) provide a video interview, if needed f) participate in editing clips e) embed clips in presentations for half-day conferences. |
| Develop content and invite speakers for half-day conferences |
| Vet content with nurses and nurse educators |
| Collaborate in development of content for all-day site visits |
| Identify, meet with, and train simulated patients who will travel to site for Calgary-Cambridge sessions |
| Co-facilitate Calgary-Cambridge sexual history-taking sessions |
| Develop content and conduct train-the-trainer session |
| Develop site-specific content for meeting with clinic leadership, administration, manager, and coder. |
| Develop content for web-based continuing education |
| Collaborate in integrating website incentivization strategy with continuing education offerings |
| Incorporate evaluations from half-day multidisciplinary conferences and video materials to enhance education programs |

PROJECT COLLABORATOR 2

A Letter of Support is required from each collaborator.

Name: Kimberly K. Leslie, MD

Organization: University of Iowa Hospitals and Clinics

Organization description: Professor and Head, Department of Obstetrics and Gynecology

Email: kimberly-leslie@uiowa.edu

Project responsibilities:

Review project design, team, provide video interview

PROJECT COLLABORATOR 3

A Letter of Support is required from each collaborator.

Name: Richard Deming, MD

Organization: Mercy Medical Center, Des Moines, Iowa

Organization description:

Medical Director, Mercy Cancer Center

Email: rdeming@mercydesmoines.org

Project responsibilities:

Project design, consultant to the project chair, partner to host a presentation, provide access to the patients/survivors, who are members of his Above and Beyond Cancer Foundation, to take part in the 5 minute video. Provide video interview as one of the healthcare providers

PREVIOUS ACTIVITIES

As a part of the review process, priority will be given to projects that have demonstrated success locally and are proposing a more significant impact or increase in geographic reach. The original project does not need to have been implemented by the applicant or applicant's organization.

Has the project been implemented previously? No

If yes, how was the previous implementation funded? (If known)

Please describe how the funds you are requesting will be used in a new and different way or to expand reach or impact:

MULTI-YEAR PROJECT OVERVIEW

Applicants may request up to three years of funding.

If requesting funds for multiple years, please provide a broad overview for each year of the project:

Year 1:

The first year will lay the project groundwork with creation of pertinent media, the website, planning for later all-day site visits, and delivery of the first half-day multidisciplinary conference.

Year 2:

The second year will include two additional half-day multidisciplinary conferences, development of a web-based educational video, and delivery of all-day site visits that provide facilitated sexual history-taking practice with simulated patients and train-the-trainer instruction for up to five 'sexual health champions'. As individuals and clinics are trained and certify they have implemented best practices, this will be reflected on the Iowa state map on the website.

PROJECT OBJECTIVES

Objectives must be SMART: Specific, Measurable, Achievable, Relevant and Time bound.

Writing SMART Objectives: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief3b.pdf>

OBJECTIVE 1

Please identify a specific, measurable, achievable, relevant and time-bound project objective:

Create a video highlighting people impacted by cancer, and healthcare providers, along with sexual history taking workshop video clips. This video will be used in future conferences and will be available through a marketing campaign and website for promotional and public awareness. Completed by Dec 2016, and ready for training use in Spring 2017.

Activities: (What activities will lead to achievement of this objective?)

Develop questions to be asked in the patient/survivor and healthcare provider interviews. (University of Iowa Hospitals and Clinics and Mercy-Des Moines have expressed interest in providing video interview)

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| Schedule interviews for video recording |
| Interview coding specialists from the above facilities to understand challenges in delivering this service as a revenue source. We are also investigating how facilities across the United States, who currently deliver this service, are coding it. We are in communications with University of Chicago, Stacy Lindau, MD, plan a site visit in June/July timeframe, and making arrangements to meet with MD Anderson in Houston, Texas, in October 2016. Other investigative research will take place via phone interviews. |
| Participate in editing video footage |
| Identify the person who will narrate the story throughout the video |
| How will it be measured? (How will you know if you accomplish the objective?) |
| Interviews will be scheduled, recorded, and video will be done |
| Target completion date: (This date should be included in your objective.) Dec 2016 |
| Individual/organization responsible: Erin Sullivan Wagner/Veronika Kolder, MD/Richard Deming, MD |
| OBJECTIVE 2 |
| Please identify a specific, measurable, achievable, relevant and time-bound project objective: |
| Create the Website and Marketing Strategy by February 28, 2017 |
| Activities: (What activities will lead to achievement of this objective?) |
| Collaborate with marketing specialist to develop public awareness initiative through press releases, 3-5 min video, and website |
| Incentivize provision of sexual health care for lowans impacted by cancer through acknowledgement of clinics and hospitals who have completed CEUs (half-day multispecialty CEU and 'train the trainer' on site program) on state map on website |
| How will it be measured? (How will you know if you accomplish the objective?) |
| Website will be created with a Provider Certification section, illustrating where certified providers are located on a map of Iowa. |
| Public Awareness Campaign will be created. |
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| Target completion date: (This date should be included in your objective.) February 28, 2017 |
| Individual/organization responsible: Lindsay Douglas, Veronika Kolder MD, and Erin Sullivan Wagner |

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| OBJECTIVE 3 |
| Please identify a specific, measurable, achievable, relevant and time-bound project objective: |
| Deliver at least one half-day multidisciplinary conference by June 30, 2017 |
| Activities: (What activities will lead to achievement of this objective?) |
| The half day multidisciplinary conference may be part of the 2017 Scofield Cancer Conference at UIHC, or hosted by Des Moines University, John Stoddard Cancer Center-Des Moines, or Mercy Hospital-Cedar Rapids. All of these health systems have expressed interest in the workshop for their practitioners. These groups have partnered well in the past and will likely collaborate on presentations and workshops. |
| The multidisciplinary conference will feature the educational/public awareness video and video clips integrated into interactive education regarding sexual health issues in people impacted by cancer. |
| Conference will include call to action for attendees, asking for implementation of National Comprehensive Cancer Network clinical practice guidelines for sexual dysfunction and scheduling of later all-day site visit |

How will it be measured? How will you know if you accomplish the objective?

At least one conference will be held in the Spring of 2017. And at least two will be held FY2018

Pre and posttest on knowledge and comfort level with taking a sexual history, and addressing sexual dysfunction with people impacted by cancer.

Participant evaluation on the quality of the conference

Number of all-day site visits scheduled

Target completion date: (This date should be included in your objective.) June 30, 2017

Individual/organization responsible: Veronika Kolder, MD, MD, Erin Sullivan Wagner, Daniel Zinnel-Hoffman, Nashae Julian, PhD

TARGET POPULATION

Target population: (Geography, race, age, gender, etc.)

Oncology healthcare providers in Iowa

How will the intervention address diversity or disparities within the target audience?

Our videos will portray diverse people impacted by cancer and diverse cancer care providers. We will specifically aim for diversity in sex, race/ethnicity, age, marital/partner status, sexual orientation, and gender expression, and diverse socioeconomic status.

A scholarship fund for travel expenses will enable providers with financial need attend the conferences.

What is your experience working with this population?

Erin Sullivan has been a public voice for Iowans impacted by cancer, sharing her story of cancer treatment-related sexual dysfunction with the oncology community in Eastern Iowa, Des Moines, and Fort Dodge. Veronika Kolder, MD and Brad Erickson, MD have partnered with Ms. Sullivan Wagner since 2014, raising awareness about sex and cancer through nursing CEU lectures at Des Moines University, Stoddard Cancer Center in Des Moines, and Mercy Medical Center in Cedar Rapids, IA.

Estimated number of Iowans reached by the project:

We will reach 70-100 care providers at each of 3-4 half-day multidisciplinary conferences over the course of two years.

We will bring Calgary-Cambridge sexual history-taking and train-the-trainer instruction to five sexual health champions at each of 4 clinics.

We anticipate that each of these champions will train another 20 care providers over the course of their careers.

We anticipate that 80 additional oncology providers will complete web-based education and certification.

We will solicit, screen, and post testimonials from persons impacted by cancer on the website and track donations to the Iowa Cancer Consortium made via the website.

EVIDENCE BASE

Proposed projects/interventions must be evidence-based, meaning there is scientific evidence to support it.

Examples of evidence-based sources:

- The Community Guide: <http://www.thecommunityguide.org>
- Research-tested Intervention Programs (RTIPs): <http://rtips.cancer.gov/rtips>

- **Cancer Control P.L.A.N.E.T.:** <http://cancercontrolplanet.cancer.gov>
- **Scholarly journal articles**

Please explain the evidence for your project model and identify the source used to show evidence:

- The 2014 National Comprehensive Cancer Network Clinical Practice Guidelines for sexual dysfunction state that discussions about sexual function are a ‘critical part of survivorship care’, yet such discussions often don’t take place due to ‘lack of training of health care professionals, discomfort of providers with the topic, and insufficient time during visits’ (Deninger CS, et al., J Natl Compr Canc Netw 2014;12:184-92). Our project addresses all three of these challenges through a public awareness campaign, half-day multidisciplinary conferences, and all-day on-site follow up visits which include 1) the Calgary-Cambridge model of intensive sexual history-taking and train-the-trainer instruction and 2) address lingering barriers to implementation including resource allocation and coding.
- Beyond sexual rehabilitation after cancer, empowering people impacted by cancer to maintain full agency over their ability to function sexually is essential for health, quality of life, and personhood (Landau ST et al., Am J Obstet Gynecol 2015;213(2):166-74). This is particularly important when treatment options are likely to cause sexual dysfunction and provides further rationale for our educational focus.
- Public health social media campaigns hold promise in changing user behavior (Freeman et al., Public Health Res Pract 2015;25(2):22521517), can reach large audiences (eg: ‘Just a Little Heart Attack’ by American Heart Association Go Red for Women campaign with over 234,000 views on YouTube), and can facilitate changes in health policy (eg: Healthcare Equality Index of the Human Rights Campaign, www.hrc.org).
- Several meta-analyses show that technology can enhance learning and multiple studies have shown that video, specifically, can be a highly effective educational tool (Brame CJ, <https://cft.vanderbilt.edu/guides-sub-pages/effective-educational-videos/>).
- A multidisciplinary approach based on the biopsychosocial model is the gold standard for treatment of sexual dysfunction and provides the rationale for the half-day multidisciplinary conference (Beier KM et al. Urologe A 2006;45:953-4; Kunkel EJ, et al., Psychosomatics 2000;41:136-40; Krychman). www.medscape.org/viewarticle/575789_5).
- Obtaining commitment to an action step, especially in a public setting (in our case, commitment to becoming a ‘sexual health champion’ during the half-day multidisciplinary conference), and using models who publicly perform the desired action or say they have benefited from it (in our case, individual ‘sexual health champions’ and model clinics and hospitals who affirm implementation of sexual health care), is likely to have a positive persuasive impact (Community Tool Box, Chapter 6, Section 2, Using Principles of Persuasion, ctb.ku.edu, accessed 5-12-16).
- The Calgary-Cambridge patient interview model is used internationally and at the Carver College of Medicine in Iowa City, Iowa, to teach medical and physician assistant students how to talk to patients about sensitive topics, including sexual history-taking (Kurtz S, et al., Academic Med 2003;78:806 and Silverman J et al., Skills for Communicating with Patients, 3rd ed., 2013, CRC Press, Boca Raton, FL.). The model results in measurable improvement in communication skills (Chaudhary & Gupta, Int J Appl Basic Med Res. 2015;5(Suppl 1):S41-S44 and Hausberg MC, et al. BMC Med Educ 2012;12:16).
- The train-the-trainer model increases sustainability of our project, has been used to train direct care providers, and reduces the cost to clinics of future medical personnel training by using employees as instructors (LaVigna et al. Ped Rehab 2005;8:144-55; Page et al., J Appl Behav Anal 1982;15:335-51; Parsons & Reid, J Appl Behav Anal 1995;28:317-22; Shore et al., J Appl Behav Anal 1995;28:323-32).
- A value-based, patient-centered approach, with efficient clinic personnel allocation and proper coding for services, can decrease the perception that sexual health care is a revenue drain for which there is insufficient time in the oncology setting (Porter & Lee, Harvard Business Review <http://hbr.org/2013/10/the-strategy-that-will-fix>, accessed 5/9/16 and Hill E, Fam Pract Manag 2003;10(9):31-6).
- Because web-based medical education is convenient and practical (BCMJ 2004;46(6):279-81), and nurses have positive perceptions about online learning (Karaman S., BMC Med Ed 2011;11:86), we will create a sustainable web-based educational program, that is informed by the preceding half-day conferences and enhanced by the previously created video clips, during the second year of the project

EVALUATION

Evaluating the Initiative: <http://ctb.ku.edu/en/evaluating-initiative>

What data will you be using and how will you collect it?

Pre-test and post-tests will be administered at conferences, site visits, and with the web-based education.

How will you know your project is successful? Consider both immediate and long-term success.

90 day follow up conference calls for all facilities that host site visits to get feedback and address challenges they have faced since participation.

The website will collect feedback about the project from persons impacted by cancer and providers. It will also offer further assistance and training.

These comments will document future needs related to implementation of sexual health care and efficacy of the current project.

Who will complete the evaluation component of the project? (Include name, email and phone number.)

Erin Sullivan Wagner- After Cancer, Solutions for Sexual Health, erin@aftercancer.co, 319-631-5000

Veronika Kolder- University of Iowa Hospitals and Clinics, veronika-kolder@uiowa.edu, 319-321-3498

Daniel Hoffman-Zinnel-Director of Education and Leadership, Planned Parenthood of the Heartland, daniel.hoffman-zinnel@ppheartland.org, 515-235-0446

Lindsay Douglas- University of Iowa Marketing Department, lindsay-douglas@uiowa.edu, 319-335-3500

SUSTAINABILITY/DISSEMINATION

Sustaining the Work or Initiative: <http://ctb.ku.edu/en/sustaining-work-or-initiative>

In what ways will your project continue after the funding cycle?

The **All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer** website will continue to provide sexual health resources for Iowans impacted by cancer and education for care providers. In addition, links to resources for clinic leadership and coders will continue to be available through the website.

Provider and clinic commitment to sexual health care will continue to be incentivized through visual recognition on a state map. Testimonials from persons impacted by cancer who have used the website resources or benefited from clinic implementation of sexual health care will continue to be displayed on the website and contributions to the Iowa Cancer Consortium via the website will continue to be tracked.

Using content from the half-day multidisciplinary conferences, enhanced by videos, we will have developed the online educational version of the project which will be available on the website.

Our half-day multidisciplinary conferences and all-day site visits will have trained 20 sexual health champions who will continue to train new local care providers.

Our activities will allow us to develop relationships with care providers around the state and we will remain a lasting resource to the oncology community.

Below, please indicate how you will share your work with other groups across the state:

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| X | Upload to Iowa Cancer Plan online project bank. |
| X | Provide updates at Iowa Cancer Consortium meetings and teleconferences. |
| X | Write an Iowa Cancer Consortium newsletter article about project efforts. |
| X | Present posters or presentations at statewide meeting, conferences, webinars, etc. |
| X | Share project progress on social media. |
| X | Work with mass media to share information about the project. |

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| | Other: |
| X | Meet with PRISM Program for Integrative Sexual Medicine, University of Chicago, Illinois |
| X | Introduce project with a poster at Scientific Network for Female Sexual Health and Cancer meeting in Houston, Texas, in October 2016 |
| X | Introduce project to University of Iowa Hospitals and Clinics gynecologic oncology group during an in-service in November 2016 |

How will this project lead to long-term change (include changes in policies and systems)?

Through increased public awareness, self-sustaining education and implementation programs, and intensive work with the oncology community during site visits, we will train 20 sexual health champions, training-the-trainer for future sexual health care providers in oncology settings. Our collaboration with each other and the content of our educational programs will prioritize sexual health for Iowans impacted by cancer, a de facto policy change, through incentivizing education and commitment to sexual health care via the project website. Since sexual dysfunction has biological, psychological, and social aspects, our target audience includes advance practice nurses, physician assistants, nurses, physical therapists, social workers, and therapists. We will bring about systems change by incorporating content that address all identified barriers to implementation of sexual health care in the oncology setting.

ALIGNMENT WITH THE IOWA CANCER PLAN

2012-2017 Iowa Cancer Plan: <http://www.canceriowa.org/2012-2017IowaCancerPlan.aspx>

Below, please indicate which 2012-2017 Iowa Cancer Plan **goal** this project aligns with:

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| | 1. (PREVENTION) Whenever possible, prevent cancer from occurring. |
| | 2. (SCREENING) When cancer does occur, find it in its earliest stages. |
| | 3. (TREATMENT) Improve the accessibility, availability, and quality of cancer treatment services and programs. |
| X | 4. (QUALITY OF LIFE) Ensure optimal quality of life for people impacted by cancer. |

This project aligns with the following 2012-2017 Iowa Cancer Plan **priority**:

Priority I:

Increase knowledge and awareness of the issues relevant to people impacted by cancer.

This project aligns with the following 2012-2017 Iowa Cancer Plan **strategy**:

Educate health-care providers, patients, families, and community on:

- Dimensions of quality of life (e.g., physical, spiritual, emotional)
- Specific and unique needs of cancer survivors, including sexual health, physical activity, nutrition, fertility, depression, anxiety, palliative care, and end of life
- Symptom management throughout the cancer continuum

(Optional) This project aligns with the following additional 2012-2017 Iowa Cancer plan **priority(ies)** and **strategy(ies)**:

PROPOSED PROJECT BUDGET

Please see grant instructions for allowable expenses. <http://canceriowa.org/FY17IFPInstructions.aspx>

| Budget Items and Explanation | Consortium Funds | Other Funding (In-kind support, collaborator financial support, & other financial support.) | Total Funds |
|---|--------------------|--|--------------------|
| Staff Support | | | |
| Curriculum development (5 hours@\$125x4 people) | \$2,500 | \$2,500 | \$5,000 |
| Project chair staff time | | \$10,000 | \$10,000 |
| | | | |
| Travel | | | |
| Presentation/workshop travel (230 miles x 2trips x \$.39/mile x 4 people) | \$717.60 | | \$717.60 |
| | | | |
| Printing & Copying | | | |
| Handouts, surveys, creation of marketing materials | \$50 | \$500 | \$550 |
| Develop evaluation materials | | \$375 | \$375 |
| | | | |
| Space | | | |
| Room usage | \$500 | \$1,000 | \$1,500 |
| | | | |
| Food/Beverage | | | |
| coffee(light) snack for workshop participants | \$1,800 | | \$1,800 |
| | | | |
| | | | |
| Creation/development of 3-5 minute video | \$7,000 | | \$7,000 |
| Creation/development library of video clips | \$2,400 | | \$2,400 |
| Creation/development of website | \$2,800 | | \$2,800 |
| | | | |
| TOTALS | \$17,767.60 | \$14,375 | \$32,142.60 |



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